

# Application for Services



A completed application along with the Applicant's social history, current ICP/IEP, Behavioral Services Plan, Behavioral and Special Needs questionnaire must be received by the VODEC at 612 South Main Street in Council Bluffs, Iowa. Once all documents have been received, the VODEC will review each document for admission. Admission is subject to vacancy, approval, funding and eligibility requirements. All notifications of decisions regarding services will be communicated to applicants via telephone or in writing. It is the policy of the VODEC to be an Affirmative Action Equal Opportunity Employer for all qualified applicants for employment without regard to race, color, religion, sex, age, national origin or disability.

### VODEC Office Use:

BSP Received
Completed Application Received
Current Dental
Current ICP/IEP Received
Current Physical
Social History Received

Applicant or Legal Representative Signature			Date	
<b>Applicant's Information</b>				
Name	Street	City	State	Zip
Phone	Best time to call?	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone		Social Security Number		
		Medicaid Number		
Services Requested		Case Manager / Phone Number		
Funding Source		How did you hear about VODEC?		

<b>Applicant's Primary/ Concurrent Disability (Please circle one)</b>					
Autism Asperger's Syndrome	Behavior Disorder	Blind	Chronic Mental Illness	Brain injury	Deaf/Hard of Hearing
Down Syndrome	Intellectual Disability	Physical Disability	Other:		
<i>For Habilitation Services, please list the corresponding diagnosis code here:</i>					

<b>Applicant's Legal Information</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Applicant his/her own Legal Guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Applicant a U. S. Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does Applicant have a Legal Guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does Applicant have a Conservator?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does Applicant have a Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does Applicant have a Representative Payee?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has Applicant ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has Applicant ever received treatment for substance abuse, domestic violence, etc?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can VODEC obtain records regarding any convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can VODEC obtain records regarding any treatments?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Applicant currently involved in any custody orders or restraining orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Applicant currently involved in any court committals?



Special Provisions for Personal Care	Other Medical Concerns
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**Applicant's Financial Information**

	Name of Financial Supports	Amount per Month
Income Information	SSI	\$
	SSDI	\$
	Other	\$
	Other	\$
	Other	\$
	Other	\$
	Other	\$

Contact Information	Legal Guardian's Name	Street	City	State	Zip
	Phone	Cell Phone	Emergency Contact __ Yes __ No	Email	
	Conservator's Name	Street	City	State	Zip
	Phone	Cell Phone	Emergency Contact __ Yes __ No	Email	
	Power of Attorney's Name	Street	City	State	Zip
	Phone	Cell Phone	Emergency Contact __ Yes __ No	Email	
	Payee's Name	Street	City	State	Zip
	Phone	Cell Phone	Emergency Contact __ Yes __ No	Email	
	Primary Caregiver's Name	Street	City	State	Zip
	Phone	Cell Phone	Emergency Contact __ Yes __ No	Email	



1. Antecedents to any of the mentioned behaviors on the previous page:

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2. Consequences that have been used to decrease behaviors:

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3. List specific concerns regarding behaviors:

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4. List strengths:

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5. List weakness:

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6. List interests:

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7. List activities:

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8. List dietary concerns/ food likes/ food dislikes:

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9. Transportation needs:

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