

## **Application for Services**

A <u>completed</u> 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:**

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

Applicant	or Legal Representative Signature		Date					
	Applicant's In	formation	formation					
Name	Street	City	State	Zip				
Phone	Best time to call?	Date of Birth	Age	Male				
Cell Phone	-	Social Security Nun	nber	Female				
		Medicaid Numb	er					
Services	l Requested	Case Ma	Case Manager / Phone Number					
Fundir	g Source	How did	How did you hear about VODEC?					

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

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

Service Provider Information									
Service Prov	vider Name		Street			С	ity	State	Zip
Pho	one		Contact Perso	on		Date of Se	rvices from	Тур	e of Services
Fax P	hone					Date of S	ervices to		urrent Agency evious Agency
Service Prov	vider Name		Street			с	ity	State	Zip
							,		L. L
Pho	200		Contact Perso	20		Data of So	rvices from	Tun	e of Services
FIC	Jie		Contact Perse			Date of Se	INCES ITOIT	тур	e of services
Fax P	hone					Date of S	ervices to		urrent Agency
									evious Agency
Service Prov	vider Name		Street				ity	State	Zip
Phone			Contact Persto	on		Date of Se	rvices from	Тур	e of Services
Fax Phone						Date of S	ervices to	Curren	it Agency
								Previou	s Agency
			Applica	ant's Me	dica	l History			
YesNo	Does Applicar	nt have a v	ision impairmen	t?		Yes No	Does Applicant h	ave a hearin	ig impairment?
List any known alle	rgies				List	Seizure type, freq	uency and age of o	onset	
-	Name of Medica	ation	Dose	Time	9	Route		Reason:	
Please list									
all current									
<b>medications</b> (Use back									
of page if necessary)									
Signed Doctor's – order must be									
in place <b>prior</b>									
to receiving services if the									
Medication									
Managers at									
VODEC are to Administer									
Medications to the Applicant.									
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					_				

	Applica	ant's Financial Informat	ion				
	Name of Fina	ancial Supports		Amount p	er Month		
	SSI	\$					
	SSDI		:	\$			
Income	Other			\$			
Information	Other		!				
	Other			\$	\$		
	Other		:	\$			
	Other	:	\$				
	Legal Guardian's Name	Street	City	State	Zip		
	Phone	Cell Phone	Emergency Co	ntact	Email		
			YesN	lo			
	Conservator's Name	Street	City	State	Zip		
	Phone	Cell Phone	Emergency Col		Email		
	Power of Attorney's Name	Street	City	State	Zip		
Contact Information	Phone	Cell Phone	Emergency Co	ntact	Email		
			YesN				
	Payee's Name	Street	City	State	Zip		
	Phone	Cell Phone	Emergency Con YesN		Email		
	Primary Caregiver's Name	Street	City	State	Zip		
	Phone	Cell Phone	Emergency Col		Email		

Belches   Yes   No   Belittles   Yes   No   Bites   Yes   No     Bites Nails   Yes   No   Blames Others   Yes   No   Breaks Items   Yes   No     Calls Names   Yes   No   Cruelty to Animals   Yes   No   Cuts Self   Yes   No     Destroys   Yes   No   Excessive Masturbation   Yes   No   Drinks Alcohol   Yes   No     Expels Gas   Yes   No   Head Butts   Yes   No   Hordes Items   Yes   No     Ignores   Yes   No   Hordes Food   Yes   No   Interested in Younger   Yes   No     Ignores   Yes   No   Lies   Yes   No   Makes False Statements   Yes   No     Paces   Yes   No   PICA   Yes   No   Pullic   Makes False Statements   Yes   No     Puts Holes in Walls   Yes   No   Porgaram   Yes   No   Smears Feces   Yes   No     Spits   Yes   No   Stands Too Close <th>Behavio</th> <th>or Type</th> <th></th> <th>Frequency</th> <th>e Yes or No if Ap Behavio</th> <th></th> <th></th> <th>Frequency</th> <th>Behavio</th> <th>r Type</th> <th></th> <th>Frequency</th>	Behavio	or Type		Frequency	e Yes or No if Ap Behavio			Frequency	Behavio	r Type		Frequency
Bitles NailsYesNoOthersYesNoBreaks itemsYesNoCalls NamesYesNoCrueity to AnimalsYesNoCuts SelfYesNoDestroys ClothingYesNoExcessive MasturbationYesNoDrinks AlcoholYesNoExpels GasYesNoHead ButtsYesNoHits OthersYesNoExpels GasYesNoHead ButtsYesNoHits OthersYesNoHits SelfYesNoHordes FoodYesNoHordes ItemsYesNoIgnoresYesNoInappropriate Touching of OthersYesNoMakes False StatementsYesNoPacesYesNoLiesYesNoMakes False StatementsYesNoPacesYesNoPICAYesNoPicksYesNoPublic maslurbationYesNoPicksYesNoPuts Holes in WallsYesNoSame DoorsYesNoSame SecesYesNoStatadsYesNoSame Social CloseYesNoSame SecesYesNoStatadsYesNoSame Social CloseYesNoSame SecesYesNoStatadsYesNoSame Social CloseYesNoSame SecesYesNoStatadsYesNoSame Social <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>No</th> <th></th>											No	
Calls NamesYesNoCruelty to AnimalsYesNoCuts SelfYesNoDestroys ClothingYesNoExcessive MasturbationYesNoDrinks 	Bites Nails	Yes	No			Yes	No		Breaks Items	Yes	No	
Destroys ClothingYesNoExcessive MasturbationYesNoDrinks AlcoholYesNoExpels GasYesNoHead ButtsYesNoHits OthersYesNoHits SelfYesNoHordes FoodYesNoHordes ItemsYesNoIgnoresYesNoInappropriate Touching of OthersYesNoInterested in Younger OthersYesNoKicksYesNoLiesYesNoMakes False StatementsYesNoPacesYesNoPICAYesNoPulls HairYesNoPuts Holes in WallsYesNoPublic MasturbationYesNoPulls HairYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoStealsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoThreatens ObjectsYesNoOthersYesNoUses Illegal DrugsYesNoMakes SelfYesNo	Calls Names	Yes	No		Cruelty to	Yes	No		Cuts Self	Yes	No	
Expels GasYesNoHead ButtsYesNoHits OthersYesNoHits SelfYesNoHordes FoodYesNoHordes ItemsYesNoIgnoresYesNoInappropriate Touching of OthersYesNoInterested in Younger ChildrenYesNoKicksYesNoLiesYesNoMakes False StatementsYesNoPacesYesNoPICAYesNoPicksYesNoPinchesYesNoPublic MasturbationYesNoPulls HairYesNoPuts Holes in WallsYesNoStands Too CloseYesNoSmears FecesYesNoSpitsYesNoStands Too VerballyYesNoStaresYesNoTeasesYesNoSwearsYesNoTalks to SelfYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNoNo		Yes	No		Excessive	Yes	No			Yes	No	
IgnoresYesNoInappropriate Touching of OthersNoInterested in Younger ChildrenNoKicksYesNoLiesYesNoMakes False StatementsYesNoPacesYesNoPICAYesNoPicksYesNoPinchesYesNoPublic MasturbationYesNoPulls HairYesNoPuts Holes in WallsYesNoRefuses to go to Day ProgramYesNoRockingYesNoStratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoStands Too CloseYesNoStaresYesNoTeasesYesNoSwearsYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo		Yes	No			Yes	No			Yes	No	
IgnoresYesNoTouching of OthersYesNoYounger ChildrenYesNoKicksYesNoLiesYesNoMakes False StatementsYesNoPacesYesNoPICAYesNoPicksYesNoPinchesYesNoPublic MasturbationYesNoPulls HairYesNoPuts Holes in WallsYesNoPublic MasturbationYesNoPulls HairYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoSlams DoorsYesNoStaresYesNoTeasesYesNoSwearsYesNoTalks to SelfYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo	Hits Self	Yes	No		Hordes Food	Yes	No		Hordes Items	Yes	No	
KicksYesNoStatementsYesNoPacesYesNoPICAYesNoPicksYesNoPinchesYesNoPublic MasturbationYesNoPulls HairYesNoPuts Holes in WallsYesNoRefuses to go to Day ProgramYesNoRockingYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTips Over FurnitureYesNoWets SelfYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo	Ignores	Yes	No		Touching of	Yes	No		Younger	Yes	No	
PinchesYesNoPublic MasturbationYesNoPulls HairYesNoPuts Holes in WallsYesNoRefuses to go to Day ProgramYesNoRockingYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTeasesYesNoSwearsYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo	Kicks	Yes	No		Lies	Yes	No			Yes	No	
PinchesYesNoPulls HairYesNoPuts Holes in WallsYesNoRefuses to go to Day ProgramNoRefuses to go to Day ProgramNoRockingYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTeasesYesNoThreatens VerballyYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo	Paces	Yes	No		PICA	Yes	No		Picks	Yes	No	
Puts Holes in WallsYesNoRockingYesNoScratchesYesNoSlams DoorsYesNoSmears FecesYesNoSpitsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTeasesYesNoThreatens VerballyYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNoInterview	Pinches	Yes	No			Yes	No		Pulls Hair	Yes	No	
SpitsYesNoStands Too CloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTeasesYesNoThreatens VerballyYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo		Yes	No		to Day	Yes	No		Rocking	Yes	No	
SpitsYesNoCloseYesNoStaresYesNoStealsYesNoSwearsYesNoTalks to SelfYesNoTeasesYesNoThreatens VerballyYesNoThrows ObjectsYesNoTips Over FurnitureYesNoUses Illegal DrugsYesNoWets SelfYesNoOthersYesNoOthersYesNoOthersYesNo	Scratches	Yes	No		Slams Doors	Yes	No		Smears Feces	Yes	No	
Teases Yes No Threatens Verbally Yes No Throws Objects Yes No   Tips Over Furniture Yes No Uses Illegal Drugs Yes No Wets Self Yes No   Others Yes No Others Yes No Others Yes No	Spits	Yes	No			Yes	No		Stares	Yes	No	
Teases Yes No Verbally Yes No Objects Yes No   Tips Over Furniture Yes No Uses Illegal Drugs Yes No Wets Self Yes No   Others Yes No Others Yes No Others Yes No	Steals	Yes	No		Swears	Yes	No		Talks to Self	Yes	No	
Furniture Yes No Wets Self Yes No   Others Yes No Others Yes No	Teases	Yes	No			Yes	No			Yes	No	
	•	Yes	No			Yes	No		Wets Self	Yes	No	
Please use the space provided below to explain any behavioral, special needs or considerations	Others	Yes	No		Others	Yes	No		Others	Yes	No	
			Plea	se use the space	provided below to	o expla	in any b	ehavioral, special	needs or conside	eration	5	

- 1. Antecedents to any of the mentioned behaviors on the previous page:
- 2. Consequences that have been used to decrease behaviors:
- 3. List specific concerns regarding behaviors:
- 4. List strengths:
- 5. List weakness:
- 6. List interests:
- 7. List activities:
- 8. List dietary concerns/ food likes/ food dislikes:

9. Transportation needs: