

Vita Health Services  
1725 6<sup>th</sup> Avenue  
Des Moines, Iowa 50314  
(515) 244-1895

## Vita Health Services Application for Services

### Applicant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ ☎ \_\_\_\_\_  
Street Address Apt#

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ SSN: \_\_\_\_\_  
Medicaid # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ ☎ \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

### Current Placement Information

Agency Name: \_\_\_\_\_ ☎ \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Agency Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

### Eligibility Information

Managed Care Organization: \_\_\_\_\_

Current Level of Care with MCO (e.g., U7, U8, U9) \_\_\_\_\_

IHH Care Coordinator: \_\_\_\_\_ Ph.  
\_\_\_\_\_

Case Manager: \_\_\_\_\_ Ph.  
\_\_\_\_\_

Medicaid eligibility established? Yes No If no, date eligibility process was:  
Initiated \_\_\_/\_\_\_/\_\_\_ Completed \_\_\_/\_\_\_/\_\_\_

Habilitation eligibility? Yes No If no, date eligibility process was:  
Initiated \_\_\_/\_\_\_/\_\_\_ Completed \_\_\_/\_\_\_/\_\_\_

### Financial Information

Financial Resources:

SSI Amt./Mo. \$ \_\_\_\_\_  SSR Amt./Mo. \$ \_\_\_\_\_

SSDI Amt./Mo. \$ \_\_\_\_\_  RR/Pension Amt./Mo. \$ \_\_\_\_\_

VA Benefits Amt./Mo. \$ \_\_\_\_\_  Other Amt./Mo. \$ \_\_\_\_\_

### Type of Service Requested

Supported Community Living:  Hourly  24-hour  Habilitation

HCBS / ID

Residential Care Facility

Applicant Name: \_\_\_\_\_

### Reason for Referral to Vita Health Services

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## Desired Service Outcomes/Goals

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## Presenting Issues and/or Concerns

**Medical:** Seizures?  Yes  No  Controlled Type/Frequency: \_\_\_\_\_

**Other recurring medical issues:**

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**Behavioral:**

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**Self Care/Skill Development/Community Access:**

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## Referral Source Information

Name:

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☎ \_\_\_\_\_

Address:

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Street Address

City

State

Zip

Contact Person: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

***Signature of Person Completing This Form***

***Date***