**Lutheran Services in Iowa**

**Services For People with Disabilities - Hourly**

**Referral/Admission Information**

|  |  |
| --- | --- |
| **Organization** | Lutheran Services in Iowa - PARENT |

**Demographics**

|  |  |
| --- | --- |
| **First Name** |       |
| **Middle Name** |       |
| **Last Name** |        | **Suffix** | [ ]  Jr [ ] Sr [ ] I [ ] II [ ] III [ ] IV [ ] V |
| **Date of Birth** |       |
| **Gender** | [ ]  Male [ ]  Female | **Birth Sex** | [ ]  Male [ ]  Female [ ] Unknown |
| **Sexual Orientation** | [ ]  Lesbian/gay/homosexual [ ]  Straight/heterosexual [ ]  Bisexual [ ] Don’t Know[ ]  Choose not to disclose [ ] Something else:       |
| **Gender Identity** | Identifies as: [ ]  Male [ ]  Female [ ]  Chose not to disclose [ ]  Male-to-Female (MTF)/Transgender Female/Trans Woman [ ]  Female-to-Male (FTM)/Transgender Male/Trans Man [ ]  Genderqueer, neither exclusively male nor female [ ]  Additional gender category or other, please specify:       |
| **Race** |       |
| **Ethnicity** | [ ]  Asian (not Hispanic or Latino) [ ]  Black or African American (not Hispanic or Latino) [ ]  Hispanic or Latino [ ]  Native American or Alaska Native[ ]  Two or more Races (not Hispanic) [ ]  White (not Hispanic or Latino) [ ]  Not Provided  |
| **Marital Status** | [ ] Single [ ] Married [ ] Divorces [ ] Separated [ ] Partnered [ ] Widowed |
| **Religion** |       |
| **Smoking Status** | [ ]  Current Smoker [ ]  Former Smoker [ ]  Never Smoked [ ]  None  |
| **Preferred Language** | [ ]  English [ ]  Spanish [ ]  Other:       |
| **Other Language** |        | **Need Interpreter** | [ ]  Yes [ ]  No |
| **Military Status** | [ ]  Active Guard/Reserves [ ]  Full-Time Active [ ]  Individual Ready Reserve [ ]  National Guard [ ] Reserves [ ] None  | **Military Service** | [ ]  Overseas [ ] Reserves |

**Contact Information**

|  |  |
| --- | --- |
| **Contact Name** |        |
| **Physical Address** |       |
| **City** |        |
| **State/Zip** |       | **OK to Send Mail?** | [ ] Yes [ ] No |
| **Mailing Address the same as Physical Address?** | [ ] Yes [ ] No, list address:       |
| **Client Phone** |       | [ ] Cell (ok to call/text reminders) [ ] Cell (ok to call reminder) [ ] Cell (ok to text reminder) [ ]  Home (ok to call reminder) [ ]  Phone (Do not use for automated messages [ ] Work  |
|  | Primary Number? [ ] Yes [ ] No | OK to identify as LSI? [ ] Yes [ ] No |
| **Guardian or****Representative** **Phone** |       | [ ] Cell (ok to call/text reminders) [ ] Cell (ok to call reminder) [ ] Cell (ok to text reminder) [ ]  Home (ok to call reminder) [ ]  Phone (Do not use for automated messages [ ] Work  |
|  | Primary Number? [ ] Yes [ ] No | OK to identify as LSI? [ ] Yes [ ] No |
| **Calling Notes** |        |
| **E-mail** |        |

**Employment Information**

|  |  |
| --- | --- |
| **Employment Status** | [ ]  Full Time [ ]  Part Time [ ]  Student [ ]  None |
| **Occupation** |        | **Job Title** |        |
| **Not in Labor Force** | [ ]  Not in Labor Force [ ] Disabled [ ] Homemaker [ ] Retired [ ] Student [ ] Volunteer [ ]  Other:        |

**Education Information**

|  |  |
| --- | --- |
| **Education** |        |
| **Education Type/Subject** |        |

**Household Information**

|  |  |
| --- | --- |
| **Annual Household Income** |       |
| **Number of Individuals in Household** |       | **Individuals under 18** |       |
| **Source of Income** | Choose all that apply and select a Primary:[ ]  Alimony [ ]  Child Support [ ]  Family/Relative[ ]  Savings/Investment[ ]  Wages/Salary Income[ ]  FIP[ ]  SSDI[ ]  SSI | [ ]  Primary[ ]  Primary[ ]  Primary[ ]  Primary[ ]  Primary[ ]  Primary[ ]  Primary[ ]  Primary |

**LSI Referral Information**

|  |  |
| --- | --- |
| **Referral Reason** |       |
| **Service Line Referred To** | Services For People with Disabilities |
| **Specific Program Referred To** | [ ]  Services For People with Disabilities Hourly[ ]  Services For People with Disabilities Respite |
| **Placement at Referral** |       |
| **County of Residence** |       |
| **Referral Source** |       |
| **Referral Name** |       |
| **Referral E-mail** |       |
| **Referral Phone** |       |
| **Marketing Type** |       |

**Guarantors/Insurance Holder**

|  |  |
| --- | --- |
| **Self** | [ ]  Yes [ ]  If No, please list:        |

**Payer(s)**

|  |  |
| --- | --- |
| **Begin Date** |        |
| **Payer Name** | [ ]  Waiver [ ]  County [ ]  Grant [ ]  Other:       |
| **Plan** | [ ] BI [ ] CMH [ ] Hab [ ] HD [ ]  ID[ ] Amerigroup (AG) [ ] IME [ ] Iowa Total Care (ITC) |
| **State ID#** |       |
| **Insurance ID #** |       |

**Program Admission (LSI Office Use)**

|  |  |
| --- | --- |
| **Date/Time** |       |
| **Organization** | [ ]  Ames [ ]  Council Bluffs [ ]  Des Moines [ ]  Dubuque [ ]  Marshalltown [ ]  Newton [ ] Waterloo  |
| **Program** | [ ]  Services For People with Disabilities Hourly[ ]  Services For People with Disabilities Respite |
| **Primary Staff**  |       |

**Provider Information– (Respite)**

|  |  |
| --- | --- |
| **Specific Provider Requested?** | [ ]  Yes [ ]  No  |
| **Provider Name:**  |       |

**Checklist:**

**[ ] Current Plan**

**[ ] Social History**

**[ ] Assessment**