Progressive Community Network

8410 Hickman Road, Suite 102
Clive, IA 50325
Phone: 515-993-2285
Fax: 515-993-2036
Progressivecommunitynetwork.com

Service Application

Date Received:

Thank you for your interest in services with Progressive Community Network. We request the following information (as applicable) as part of our referral process to assist us in determining the service needs of the applicant:

- Current social history
- List of current medications & diagnoses
- SIS assessment/InterRAI
- Individual Service Plan (ISP)
- Incident reports from prior 6 months
- Psychiatric/psychological assessment
- Contact information for involved family/support

Date: _____
Applicant's Full Name: _____
Telephone: _____Current Address: _____
Date of Birth: _____ Gender: _____
Primary Diagnosis: _____
Is current placement in jeopardy? Yes / No Placement needed by date: _____
Has the applicant ever received services outside of the family home? Yes / No
If yes, current/most recent provider: _____
Telephone: _____
Guardian Name (if applicable): _____
Relationship: _____
Guardian Telephone: _____
Guardian Email (if applicable):_____
Case Manager/Care Coordinator: _____
Case Manager/Care Coordinator Telephone: _____
Case Manager/Care Coordinator Email: _____

Funding Source: Wellpoint / MFP / Iowa Total Care / Molina / Private Pay / NA
Funding Type: ID Waiver, Tier: _____ Habilitation, Tier: _____

Applicant's Financial Source: Social Security (SSA) / Supplemental Social Security (SSI) / Trust Fund / Veteran's Benefits (VA) / Child Support Adoption Subsidy / Other Service(s)

*Please email completed application to info@progressivecommunitynetwork.com or drop it off at our main office located at 8410 Hickman Rd. Clive, IA. 50325.

Progressive Community Network

8410 Hickman Road, Suite 102
Clive, IA 50325
Phone: 515-993-2285
Fax: 515-993-2036
Progressivecommunitynetwork.com

Service Application (Continued)

Service Delivery Requested

- ____ Host Home: is a service where individuals live in private family homes and receive specialized assistance from a dedicated caregiver.
- ____ HCBS 24/7 SCL Homes: is a service where an individual would live in their own home with one to three roommates and have dedicated staff that work in shifts to provide support.

Health/Medical Information:

- Adaptive Equipment Used--Cane, Walker, Wheelchair (Manual), Wheelchair (Motorized), Other (please list):

  _____

- Specialized Medical Needs (Blind, Deaf, Diabetic with insulin shots, Seizures, Dialysis, Feeding Tube, etc.):

  _____

  _____

Referral History:

1. Does the applicant have a current court committal? Yes / No
2. Has the applicant ever been arrested? Awaiting charges? On probation? Parole? Yes / No
3. Has the applicant been accused/convicted of sexual abuse? On the registry? Yes / No
4. Does the applicant have a history of cruelty to animals? Yes / No
5. Does the applicant have a history of attempted suicide? Yes / No
6. Does the applicant have a history of fire setting? Yes / No
7. Does the applicant have a history of cutting, swallowing, and insertion of foreign objects or strangulation? Yes / No

The information we have asked you to provide is necessary for the effective administration of the services for which you are applying. The information collected will only be used by authorized agency personnel. Use of this information for purposes other than expressed herein will not occur without your prior written approval, unless such other use is specified.

Completed by: _____ Date: _____

Relationship to applicant: _____

*Please email completed application to info@progressivecommunitynetwork.com or drop it off at our main office located at 8410 Hickman Rd. Clive, IA. 50325.