



8410 Hickman Road, Suite 102
Clive, IA 50325
Phone: 515-270-5353
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: _____

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



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Service Application (Continued)

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

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

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Service Application (Continued)

Introduction:

The following questions are designed to help us better understand your needs and preferences. By sharing this information, you enable us to make thoughtful placement decisions that best support you or your loved one. Your responses will guide us in creating the most positive, safe, and supportive environment possible.

1. What area are you looking to live in?
2. What type of Home would you prefer to live in?
3. Please describe what an average day in your life looks like:
4. What is your religious/faith base if any?
5. What are your interests and hobbies?
6. What does your “perfect” day look like?
7. What would you like a potential Host Home Provider to know about you?

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: _____

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