

A Transitional Living Center

*The Kelley House: 202 E. Nebraska, Greensburg, Kansas 67054
The Julius House: 501 S. Pine Street, Greensburg, Kansas 67054*

*A service of the Iroquois Center for Human Development, Inc.
610 E. Grant Ave., Greensburg, Kansas 67054
Phone: 620-723-2272 Fax: 620-723-3450*

Application Form

Personal Information:

Admission Date: _____

Name: _____

SSN: _____

Current Address: _____

Current Phone Number: _____

Age: _____ **Date of Birth:** _____ **Sex:** M/F

Current county of residence: _____

County of responsibility: _____

Financial Information:

(List the monthly amounts for the following income sources)

SSI \$ _____ **SSDI \$** _____ **Other income \$** _____

VA benefits \$ _____ **Medicaid Spend Down \$** _____

Please mark all that apply and provide a copy of card(s) with this application:

Medicare? _____ Medicaid? _____ Medikan? _____

Please send copies of insurance card(s) with this application:

Do you have private insurance? (list the provider) _____

Do you have a guardian? (list name, phone number, and address) _____

(When you come to the Iroquois Center for your intake-appointment, you will need to bring the **guardianship papers** to the receptionist.) This paperwork is very **important** for our center to have in your chart.

Do you have a payee? (list name, phone number and address) _____

Do you have a conservator? (list name, phone number, and address) _____

Referral Source:

Person making referral: _____

Phone Number: _____

Relationship to person referred: _____

Community Mental Health Center: _____

CMHC case manager or contact person: _____

Phone number: _____

Reason for referral: _____

Family/Contact Information: Releases Signed

Date _____

List family member you want contacted in case of an emergency:

Relationship: _____

Phone number: _____

Address: _____

List non-family member person you want contacted in case of an emergency: _____ Relationship: _____

Phone number: _____ Date _____

Address: _____

List any family member that you do not want contacted in case of an emergency _____ Relationship: _____

Phone number: _____

Address: _____

Medical Information: Releases Signed

Medical doctor: _____ Date _____

Phone number _____

Address: _____

Psychiatrist: _____ Date _____

Phone number: _____

Address: _____

List other doctors seen within the past year (dentist, optometrist, etc...)

Releases Signed

Doctor: _____ Seen for: _____

Phone number: _____ Date _____

Address: _____

Doctor: _____ Seen for: _____

Phone number: _____ Date _____

Address: _____

Please list mental health diagnosis and all medications you currently take, including dosage and frequency:

Name of pharmacy: _____ **Releases Signed** **Date** _____
Phone number: _____
Address: _____

List any allergies or medical conditions we should be aware of: _____

List all medical and psychiatric hospitalizations within the past year:

Hospital: _____ **Releases Signed** **Date** _____
Reason for admission: _____
Length of stay: _____

Hospital: _____ **Releases Signed** **Date** _____
Reason for admission: _____
Length of stay: _____

Hospital: _____ **Releases Signed** **Date** _____
Reason for admission: _____
Length of stay: _____

(List additional hospitalizations on backside of form)

Other Information:

What skills do you wish to learn and what goals do you hope to accomplish by living at the Kelley/Julius House?

**If circumstances occurred and you would need to leave prior to successful completion of the Transitional Living Program:
What would be your plan?**

Where would you live? _____
Who would we contact? _____
Phone # _____
What assistance would be helpful for you? _____

When and where did you last live independently in the community and for how long? _____

Please send copy of driver's license with application.

Do you own a car? _____ **Make/Model** _____ **Color** _____
License Plate # _____ **State** _____
Driver's License# _____ **& State** _____

****If Psychiatrist questions prescriptions that interfere with driving conditions they may request that your car keys be turned into staff for your protection.**

****You may be asked to sign a release of information form so that the Iroquois Center for Human Development, Inc., may contact any of the individuals listed on this form.**

****After this form is completed and the requested records are received, the referral will be processed, and an interview will be arranged with the Housing Coordinator. If you are eligible to live at the Kelley/Julius House and there is**

an opening, the Housing Coordinator will help you with further plans for admission. If you are eligible and there is not an opening, your name will be put on a wait list.

[Please remember to send all supportive documentation. (Copy of Insurance(s), Guardianship Papers, Progress Notes from Mental Health Center, Diagnosis, Psychiatrist Notes, Psychosocial Notes, and Driver's License.)]

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The information provided in this application is complete and accurate to the best of my knowledge. I understand the process for admission after I submit this application form.

(Person referred)

(Witness)

(Date of Application)

(Date)

9-02-09 csc