
APPLICATION FOR SERVICES

(FINANCIAL)

Date of Application: _____

Applicant's Full Name: _____

Applicant's Present Address: _____

Date Applicant Moved to This Address: _____ Applicant's Phone Number: _____

Applicant's Birthdate: _____ Social Security No.: _____ - _____ - _____

Names of Applicant's Parents: _____

Applicant's Legal Guardian Name: _____ Phone: _____

Address: _____

Email: _____

Date Guardian Was Appointed: _____

Does Applicant Receive: SS or SSI _____ What Is The Amount Received? _____
(circle one)

Is The Applicant Employed? YES _____ NO _____ Where Employed? _____

Child Support Amount: Received _____ Paid _____

List Other Sources of Income & Amounts: _____

List Other Outstanding Debts & Amounts: _____

Does Applicant Have Any Checking or Savings Accounts? YES _____ NO _____

If Yes, List Name of Institution(s) and Balance of Account(s) Below:

Applicant's Landlord Name: _____ Phone: _____

Address: _____

Amount of Rent: _____

Is Applicant Related to The Landlord? YES _____ NO _____

Does Applicant Have Any Roommates? YES _____ NO _____

Name(s) Of Roommate(s) (if applicable) _____

Will OHI Be Providing Any Services Other Than Payee? YES _____ NO _____

(Turn over)



OPPORTUNITY HOMES, INC.

606 Iowa Avenue, PO Box 166, Decorah, IA 52101 **Phone:** 563-382-8140 **Fax:** 563-382-5049
Website: www.opportunityhomes.org **Find Us on Facebook:** Opportunity Homes, Inc. – OHI

APPLICATION FOR SERVICES

(FINANCIAL)

Sex: _____ Marital Status: _____

Medicaid No.: _____ Medicare No.: _____

Case Manager: _____ County: _____

Case Manager Email: _____

___ **Trustee** Name: _____ Phone: _____

Address: _____

___ **Conservator** Name: _____ Phone: _____

Address: _____

___ **Payee** Name: _____ Phone: _____

Address: _____

Current Primary Caregiver or Provider:

Name: _____ Birthplace: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____