
APPLICATION FOR SERVICES

Date of Application: _____

Applicant's Full Name: _____

Applicant's Present Address: _____

Applicant's Phone: _____ Birthplace: _____

Birthdate: _____ Sex: _____ Marital Status: _____

Social Security No.: _____ - _____ - _____ Medicaid No.: _____ Medicare No.: _____

Case Manager: _____ County: _____

Case Manager Email: _____

___ **Legal Guardian** Name: _____ Phone: _____

Address: _____

Email: _____

___ **Co-Guardian** Name: _____ Phone: _____

Address: _____

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: _____

Applicant's Parents (if under age 18): Marital Status: M S D W (circle one)

Father's Name: _____ Living? _____ Birthdate: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Birthplace: _____ Social Security No.: _____ - _____ - _____

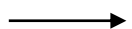
Mother's Name: _____ Living? _____ Birthdate: _____

Address: _____ Home Phone: _____

_____ Business Phone: _____

Birthplace: _____ Social Security 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

SERVICE APPLYING FOR: (please check AMOUNT & TYPE below)

AMOUNT: Daily Hourly

TYPE: ID Waiver Habilitation Chapter 24 Respite BI Waiver

State why application is being made: (attach supplementary sheet, if necessary)

Race: _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Diagnosed Epilepsy? Yes ___ No ___ **Type of Seizures:** _____

Allergies: (record in red ink) _____

Medications: (include dosage)

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Does applicant self-administer medication? Yes _____ No _____

Please list any special attention needed for management of bowels, bladder, or any aspect of personal care:

Rules for acceptance and participation in OHI programs are the same for everyone without regard to race, color, national origin, sex, age, handicap, creed, religion, or political affiliation.