

APPLICATION TO WILLOW HEIGHTS

A Division of Partnership for Progress, Inc.
60191 Willow Street, Atlantic, IA 50022
Phone 712-243-3411 Fax 712-243-6716

<i>Name of Applicant:</i>	<i>SS #</i>
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<i>DOB:</i>	<i>Birthplace:</i>	<i>Mom's Maiden Name:</i>
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<i>Contact Person:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>Guardian:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>Conservator:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>MPOA/POA:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>Rep. Payee:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>IHH/Case Manager:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>Mental Health Advocate:</i>	<i>Phone #</i>
<i>Address:</i>	

<i>Region/County of Residency:</i>

<i>Mental Health Commitment: Yes/No</i>	<i>If yes, what County?</i>
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<i>Current Psychiatrist:</i>	<i>Phone #</i>
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<i>Current Physician:</i>	<i>Phone #</i>
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<i>Diagnosis:</i>

<i>Title 19#</i>	<i>Medicare#</i>
<i>MCO:</i>	<i>MEPD: Yes or No</i>

<i>Private Ins. Company:</i>	<i>Policy #</i>
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Income: Include income from work, Social Security, SSI, and Veteran's Benefits

<i>Source</i>	<i>Amount</i>	<i>How Often Received</i>

Resources: Cash, checking accounts, savings accounts, vehicles, stocks & bonds, life insurance (with cash value), certificates of deposit, trust funds, etc.

<i>Type of Resource</i>	<i>Amount or Value</i>	<i>Location</i>

<i>Burial Fund: Yes/No</i>		<i>If yes, where?</i>
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<i>Burial Plot: Yes/No</i>		<i>If yes, where?</i>
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Any other information about the applicant that you would like us to know:

**Please include a Current Social History, ICP, Assessment, Psychiatric or Psychological Evaluation.*

<i>Person completing application:</i>	<i>Date:</i>
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