



**Our Mission:**

**To inspire our clients to achieve their personal goals.**

**Our Vision:**

**A community empowered by the contributions of all.**

# Application for Services

**Our Values:**

- \*Self-Worth, Dignity & Respect**
- \*Inherent Potential**
- \*Rights & Responsibilities**
- \*Life-Long Learning**
- \*Independence**
- \*Self-Determination**

*Candeo affirms the Universal Declaration of Human Rights found at:  
<http://www.humanrights.com/what-are-human-rights/universal-declaration-of-human-rights/preamble.html>  
or by requesting a copy from the Candeo admissions staff.*

## APPLICATION PROCEDURE

2018

1. Complete Request for Services Form
2. Submit all additional documents as required on Request for Services Form
3. The Admission Coordinator or a Representative from the Leadership Team will conduct an initial interview with the Applicant, Guardian / Advocate and Case Manager.
4. Interview information and application materials will be shared with the Admissions Committee who will review the information within 5 business days. The Admissions Committee will take into account the information presented and decide on one of the following:
  - a. Accepted for waitlist/coordination of services
  - b. A call for review or clarification of problematic issues
  - c. Not accepted for services
5. The Admissions Coordinator will communicate (in writing) the decision to the applicant, referral source, and P/G/A (when applicable) within 10 days of the decision.

**Referral List:** All applicants interviewed and reviewed for acceptance will be placed on an internal referral list until appropriate funding, staff base, and if applicable, housemate and living situation is established. Applicants will be moved from the referral list to coordination of services based on need and confirmation of appropriate funding, staff base, and if applicable, housemate and living situation. Timeframe an applicant will be on referral list will be determined by emergent need, number of qualified applicants, funding, staff base and living situation and NOT by date of application/interview.

6. Upon moving from the referral list to coordination of services, the new client will be assigned a Service Coordinator who will begin the process for client services and determine the date to begin services.
7. An applicant not accepted may re-apply as conditions warrant. Reapplication must include documented evidence that the issues cited for non-acceptance have been resolved.
8. The referral source, applicant or P/G/A (when applicable) may appeal in accordance with Policy #622 – Appeals.

## **Admissions Criteria**

1. For All Applicants
  - a. The applicant must be requesting community-based services
  - b. The applicant and their guardians (if applicable) must accept the risks associated with community-based services.
  - c. Applicant, family and/or guardian must be willing to cooperate for purpose of programming and care.
  - d. The applicant must be willing and able to follow all Doctor's orders (dietary, medication etc.) with supervision or prompting (if necessary).
  - e. The applicant must be his / her own payee, or have an assigned payee, external to any Candeo affiliate.
  - f. The applicant must not be involved in illegal alcohol use, alcohol abuse or illegal drug use or must be actively involved and attending a Substance Abuse program or support. Services may be suspended or rescheduled if the client/applicant is under the influence of alcohol or illegal drugs, and the incident will be reported. Failure to remain in active treatment and free of use/abuse may be cause for discharge.
  - g. The applicant's location of services must be free of weapons that could endanger a client or staff, or if licensed legal weapons are on the premises, they must be secured in a way that is acceptable to the team. If a weapon is discovered or is unsecured on the premises, services may be suspended until the weapon is determined to be removed or secured properly. Refusal to comply may be cause for discharge.
  - h. The applicant must have adequate financial sponsorship by a contract accepted by Candeo
  - i. The services being requested must fall within Candeo's scope of practice be in alignment of Candeo's mission, vision, values and philosophy of services. Candeo's staff must represent the basic core competencies required to meet the individual's needs.
  - j. The applicant using a wheelchair must be able to assist in transfers to and from their wheelchair. The applicant understands that if their need for physical transfers increase Candeo will re-evaluate its ability to support the client regarding the scope of practice and core competencies for lifting and transferring which may result in discharge from services.
2. HCBS – ID/BI Waiver Supported Community Living (SCL) Services
  - a. The applicant must have a primary diagnosis of Intellectual Disability; primary need for services should stem from Intellectual Disability diagnosis, and be age 18 years or older.
  - b. The applicant must have a primary diagnosis of Brain Injury; primary need for services should stem from Brain Injury diagnosis, and be age 18 years or older.
3. Other contracted Supported Community Living (SCL) services
  - a. The applicant must have a primary diagnosis of Developmental Disability, Mental Illness or Autism (or any diagnosis along the Autism Spectrum), and be age 18 years or older.
4. Supported Employment (SE) Services
  - a. Job Development and Job Coaching: The applicant must have a primary diagnosis of Intellectual Disability, Developmental Disability, Mental Illness or Autism, (or any diagnosis along the Autism Spectrum), and be 18 years or older.
5. Habilitation Services – SCL
  - a. The applicant must be eligible for Habilitation Services as defined by the Iowa Administrative Code (IAC 78.27(2)) and be age 18 years or older.

Once the following documentation has been received along with the completed application, the Admissions Coordinator or a Leadership Representative will contact all parties to schedule an initial interview:

**All Applicants:**

- \_\_\_\_\_ **Case Management**    \_\_\_\_\_ **Service Coordination** (please identify current program)
- \_\_\_\_\_ Signed Release of Information included in application
- \_\_\_\_\_ Case Management plan / Service Management plan (including TCM Assessment)
- \_\_\_\_\_ General medical / physical examination completed within the last 12 months
- \_\_\_\_\_ Guardianship documents (if applicable)
- \_\_\_\_\_ Social History
- \_\_\_\_\_ Current up to date list of all medical practitioners
- \_\_\_\_\_ Behavior support plans and/or Behavior modification plans (if applicable)
- \_\_\_\_\_ WRAP and/or Crisis Plan (if applicable)
- \_\_\_\_\_ Psychological Evaluation (if applicable)
- \_\_\_\_\_ Level of Care Assessment (ICAP, Locus, SIS-if applicable)
- \_\_\_\_\_ Copy of Social Security Card and insurance card

**Note: Incomplete applications will not be reviewed.**

***Candeo believes in self-determination and as an organization we support this belief through:***

- ***Empowering people to honor their own self-worth***
- ***Empowering people to recognize their own roles in society***
- ***Empowering people to value life-long learning***
- ***Empowering people to make informed decisions and experience natural consequences***
- ***Empowering people to accomplish their own dreams and goals***
- ***Empowering people to exercise their rights and responsibilities***

**REQUEST FOR SERVICES**

Date of Application: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Is applicant their own guardian? \_\_\_\_\_ If not, who is? \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ cell) \_\_\_\_\_

**Please check the services desired from Candeo:**

Intellectual Disability \_\_\_\_\_ SCL/DAILY \_\_\_\_\_ SCL/HRLY \_\_\_\_\_ Employment

Habilitation \_\_\_\_\_ SCL/DAILY \_\_\_\_\_ SCL/HRLY \_\_\_\_\_ Employment

Brain Injury \_\_\_\_\_ SCL/DAILY \_\_\_\_\_ SCL/HRLY \_\_\_\_\_ Employment

Employment Service (please specify)

\_\_\_\_\_ Career Exploration \_\_\_\_\_ Discovery \_\_\_\_\_ Job Coaching \_\_\_\_\_ Job Development

Identify Goals/Need for Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL**

Primary Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL**

Current benefits (list amount received each month)

SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Food Stamps \_\_\_\_\_ TANF \_\_\_\_\_

Housing Assistance (section 8) \_\_\_\_\_ Veteran Benefits \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Other \_\_\_\_\_

Have you received past benefits that are now terminated? \_\_\_\_\_

Would you like benefits planning education? \_\_\_\_\_

**EDUCATION**

School/Location \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Did you participate in Special Education? \_\_\_\_\_

**VOCATIONAL (please complete-application will not be reviewed if states see Social History)**

Please list previous employers / work experiences, job duties, dates and reasons for leaving.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

Dates of Employment: (start date) \_\_\_\_\_ (end date) \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_ Hourly wage: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

Dates of Employment: (start date) \_\_\_\_\_ (end date) \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hourly wage: \_\_\_\_\_

Please attach your resume or any additional information if necessary.

Please identify the days and hours that you are available to work: \_\_\_\_\_

Please identify vocational interests, as well as your specific strengths, and any other information that would be helpful for us to know: \_\_\_\_\_

**RELATED SKILLS (please complete-application will not be reviewed if states see plan)**

Self-help skills you are able to perform: \_\_\_\_\_

Strengths: \_\_\_\_\_

Areas of Need: \_\_\_\_\_

Leisure time preferences: \_\_\_\_\_

**REFERRAL**

Referral Source: \_\_\_\_\_

Case manager: \_\_\_\_\_

Case Manager Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medicaid MCO: \_\_\_\_\_ Amerigroup \_\_\_\_\_ United

Funding Source for SCL: \_\_\_\_\_

Funding Source for HBH: \_\_\_\_\_

Funding Source for SE: \_\_\_\_\_

Tier if applicable: \_\_\_\_\_

Does the client have an open Voc. Rehab (IVRS) case? Yes \_\_\_\_\_ No \_\_\_\_\_

Assigned IVRS Counselor and Contact information: \_\_\_\_\_

County of Legal Settlement: \_\_\_\_\_

Agencies / Individuals to receive reports: \_\_\_\_\_

Other interested people you want involved on your team: \_\_\_\_\_

Person filling out form: \_\_\_\_\_

**Candeo requires that the individual has knowledge of and support for this referral before it will be considered by the Admissions Committee. If in agreement, please sign below:**

Applicant Signature: \_\_\_\_\_

Co-guardian: \_\_\_\_\_

Co-guardian: \_\_\_\_\_



AUTHORIZATION TO RELEASE / RECEIVE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby give permission to Candeo to release information to:

Candeo's Admissions Committee

The reason for the information being released is:

to determine eligibility and provide recommendations for services

The specific information to be released is:

application for services packet

How the information is to be used:

during the Admissions Committee meeting to review application

This release is valid for one year, unless Candeo is contacted and the release is revoked.

Signature of Applicant: \_\_\_\_\_

Signature of Co-Guardian (if applicable): \_\_\_\_\_

Signature of Co-Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_