County Rural Offices of Social Services (CROSS)

For individuals living in: Clarke, Decatur, Lucas, Marion, Monroe, Ringgold & Wayne

Application Date: _____ **Date Received by Office:** _____

First Name: _____ **Last Name:** _____ **MI:** _____

Nickname: _____ **Maiden Name:** _____ **Birth Date:** _____

Ethnic Background: ☐White ☐African American ☐Native American ☐Asian ☐Hispanic ☐Other _____

Sex: ☐Male ☐Female **US Citizen:** ☐Yes ☐No **If you are not a citizen, are you in the country legally?** ☐Yes ☐No

SSN#_____ **Marital Status:** ☐Never married ☐Married ☐Divorced ☐Separated ☐Widowed

Legal Status: ☐Voluntary ☐Involuntary-Civil ☐Involuntary-Criminal ☐Probation ☐Parole ☐Jail/Prison

Are you considered legally blind? ☐Yes ☐No **If yes, when was this determined?** _____

Primary Phone #: _____ **May we leave a message?** ☐Yes ☐No

Current Address: _____
Street City State Zip County

Begin Date _____

☐ **I live:** ☐ Alone ☐ With Relatives ☐With Unrelated persons

☐**Use as current Mailing Address:** ☐**Yes** ☐**No If not,**

_____

Previous Address_____
Street City State Zip County

Begin Date_____ End Date_____

Current Service Providers:

	Name	Location
1.		
2.		
3.		

Current Residential Arrangement: (Check applicable arrangement)
☐**Private Residence** ☐**Foster Care/Family Life Home** ☐**Correctional Facility** ☐**Homeless/Shelter/Street**
☐**Other**_____

Veteran Status: ☐**Yes** ☐**No Branch & Type of Discharge:** _____**Dates of Service:** _____

Current Employment: (Check applicable employment)

☐**Unemployed, available for work**	☐**Unemployed, unavailable for work**	☐**Employed, Full time**
☐**Employed, Part time**	☐**Retired**	☐**Student**
☐**Work Activity**	☐**Sheltered Work Employment**	☐**Supported Employment**
☐**Vocational Rehabilitation**	☐**Seasonally Employed**	☐**Armed Forces**
☐**Homemaker**	☐ **Volunteer**	☐**Other** _____

Current Employer: _____ **Position:** _____
Dates of employment: _____ **Hourly Wage:** _____ **Hours worked weekly:** _____

Employment History: (list starting with most recent to previous.)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				

Education: What is the highest level of education you achieved? _____ # of years _____ Degree

Emergency Contact Person:

Name: _____ **Relationship:** _____

Address:_____ **Phone:** _____

Guardian/Conservator appointed by the Court? ☐**Yes** ☐**No**

☐**Legal Guardian** ☐**Conservator** ☐**Protective Payee**

(Please check those that apply & write in name, address etc.)

Name: _____

Address: _____

Phone: _____

Protective Payee Appointed by Social Security? ☐**Yes** ☐**No**

☐**Legal Guardian** ☐**Conservator** ☐**Protective Payee**

(Please check those that apply & write in name, address etc.)

Name: _____

Address: _____

Phone: _____

List All People In Household:

Name	Age	Relationship	Social Security Number
1.			
2.			
3.			
4.			
5.			

INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.

If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

_____

_____

Gross Monthly Income (before taxes): (Check Type & fill in amount)	**Applicant Amount:**	**Others in Household Amount:**
☐ **Social Security**		
☐ **SSDI**		
☐ **SSI**		
☐ **Veteran's Benefits**		
☐ **Employment Wages**		
☐ **FIP**		
☐ **Child Support**		
☐ **Rental Income**		
☐ **Dividends, Interest, Etc.**		
☐ **Pension**		
☐ **Other**		

Total Monthly Income:_____ _____

Household Resources: (Check and fill in amount and location):

Type	**Amount**	**Bank, Trustee, or Company**
☐Cash		
☐Checking Account		
☐Savings Account		
☐Certificates of Deposit		
☐Trust Funds		
☐Stocks and Bonds (cash value?)		
☐Burial Fund/Life Ins (cash value?)		
☐Retirement Funds (cash value?)		
☐Other _____	_____	

Total Resources: _____

Motor Vehicles: ☐Yes ☐No (include car, truck, motorcycle, boat, recreational vehicle, etc.)

Make & Year: _____ Estimated value: _____

Make & Year: _____ Estimated value: _____

Make & Year: _____ Estimated value: _____

Do you, your spouse or dependent children own or have interest in the following:

House including the one you live in? ☐Yes ☐No Any other real estate or land? ☐Yes ☐No Other?_____ ☐Yes ☐No
If yes to any of the above, please explain: _____

_____

Have you sold or given away any property in the last five (5) years? ☐Yes ☐No **If yes, what did you sell or give away?**

_____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1st)

☐**Applicant Pays** ☐**Medicaid** ☐**Iowa Health and Wellness**
☐**Medicare A, B, D** ☐**Medically Needy** ☐ **MEPD**
☐**No Insurance** ☐ **Private Insurance** ☐ **HAWK-I**

Company Name _____

Address _____

_____

Policy Number: _____
(or Medicaid/Title 19 or Medicare Claim Number)
Start Date: _____ **Any limits?** ☐ **Yes** ☐ **No**

Spend down: _____ **Deductible:** _____

Secondary Carrier (pays 2nd)

☐**Applicant Pays** ☐**Medicaid** ☐ **Iowa Health and Wellness**
☐**Medicare A, B, D** ☐ **Medically Needy** ☐ **MEPD**
☐**No Insurance** ☐**Private Insurance** ☐ **HAWK-I**

Company Name _____

Address _____

_____

Policy Number_____
(or Medicaid/Title 19 or Medicare Claim Number)
Start Date: _____ **Any limits?** ☐ **Yes** ☐ **No**

Spend down: _____ **Deductible:** _____

Referral Source:

☐**Self** ☐**Community Corrections** ☐**Family/Friend** ☐**Social Service Agency**
☐**Targeted Case Management** ☐**Other** _____ ☐**Other Case Management**

Have you applied for any of the public programs listed below?

(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal _____ Have you applied for reconsideration_____. Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing: _____

☐**Social Security**_____ ☐**SSDI**_____ ☐ **Medicare**_____

☐**SSI** _____ ☐**Medicaid**_____ ☐**DHS Food Assistance**:_____

☐**Veterans** _____ ☐**Unemployment**_____ ☐**FIP** _____

☐**Other**_____ ☐**Other**_____

Disability Group/Primary Diagnosis: (If known)

☐Mental Illness ☐Chronic Mental Illness ☐Intellectual Disability ☐Developmental Disability ☐Substance Abuse ☐Brain Injury

Specific Diagnosis determined by:_____ **Date:**_____
Axis I: _____**Dx Code:** _____
Axis II:_____ **Dx Code:** _____

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

_____
_____
_____
_____
_____
_____
_____
_____

I certify that the above information is true and complete to the best of my knowledge, and I authorize County staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the county in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) **Date**

Signature of other completing form if not Applicant or Legal Guardian **Date**

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