

# APPLICATION FOR SERVICES

PROGRESS INDUSTRIES

Date and Time of Application \_\_\_\_\_

**I am applying for:**

**Check all that apply:**

- \_\_\_ Employment Services     Assessments     Prevocational     Job Search     Job Coaching  
\_\_\_ Community Living Services     SCL Hourly     24 Hr. SCL     24 SCL – Habilitation  
\_\_\_ Day Habilitation     Connections  
\_\_\_ ICF/ID

## GENERAL INFORMATION

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_  
Home Phone \_\_\_\_\_ Medicaid# \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Medicare# \_\_\_\_\_  
Email \_\_\_\_\_

Sex/Gender    \_\_\_ Male    \_\_\_ Female  
Marital Status:    \_\_\_ Single    \_\_\_ Married    \_\_\_ Divorced    \_\_\_ Separated    \_\_\_ Widowed    \_\_\_ Cohabitation  
Ethnic Origin:    \_\_\_ Caucasian    \_\_\_ African American    \_\_\_ Native American    \_\_\_ Asian    \_\_\_ Hispanic    \_\_\_ Other

Birth Place: \_\_\_\_\_ Primary Language: \_\_\_\_\_

## LEGAL / FINANCIAL INFORMATION

<b>Funding Source</b>	<b>Financial Resources</b>	<b>Amount</b>
___ ID Waiver	___ SS	\$ _____
___ Habilitation/Magellan	___ SSI	\$ _____
___ Brain Injury Waiver	___ SSA	\$ _____
___ ICF	___ SSDI	\$ _____
___ County	___ Wages	\$ _____
___ Private pay	___ Other	\$ _____

### **Legal Status**

\_\_\_ Legal guardian    Name \_\_\_\_\_  
\_\_\_ Payee    Name \_\_\_\_\_  
\_\_\_ Conservator    Name \_\_\_\_\_  
\_\_\_ Convicted Felon    Explain \_\_\_\_\_  
\_\_\_ Outstanding Charges    Explain \_\_\_\_\_

**MEDICAL INFORMATION**

**Primary Disability** \_\_\_\_\_

**Secondary Disability** \_\_\_\_\_

Check all that apply

Adaptive Devices \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Limitations \_\_\_\_\_

Medical Restrictions \_\_\_\_\_

Seizures \_\_\_\_\_

Special Diet \_\_\_\_\_

Medications \_\_\_\_\_

Degree of Mobility: \_\_\_\_\_

**CONTACT INFORMATION**

**Referring Agency** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

**Guardian** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Primary Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Secondary Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**MEDICAL CONTACT INFORMATION**

**Physician** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Specialist** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Dentist** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Optometrist** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Pharmacy** \_\_\_\_\_

Phone \_\_\_\_\_

Burial Contract \_\_\_\_\_

Location \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Attachments:**

Social History                       Physical/TB test                       Current Medications  
 Psychological evaluation                       Guardianship Papers                       IVRS Application

**FOR APPLICANTS FOR HUD HOUSING:** \_\_\_\_\_ **Not Applicable**

**Definition of Disabled:** Under Federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

**Based on the above definition, do you qualify as a person with disabilities under that definition?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Are you a student?** \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Are you subject to a lifetime sex offender registration requirement in any state?** \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Please list states where you and members of your household have resided** \_\_\_\_\_

If you have a disability, you have the right to request reasonable accommodation in order to participate in the application process or to make effective use of and enjoy a dwelling unit in the HUD housing program of Progress Industries.

A reasonable accommodation would be a change or adjustment to a HUD building or dwelling unit with adaptive devices such as, but not limited to, support/service animals, visual aides for hearing impaired, grab bars for mobility impairment, Braille devices.

Progress Industries will consider requests for reasonable accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

If accommodation does result in undue financial burden, Progress Industries will take other action that would not result in an undue burden or see if an alternative accommodation would meet the individual's needs.

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Progress Industries owns and operates four HUD financed buildings – Progress East, Progress North, Progress West (Zmolek Home) and Progress South (Garrett Apartments). We are required by HUD to notify individuals applying for housing in those buildings of the following information.

Progress Industries does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The following Progress Industries' employee has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988). She can be contacted at this address in writing, by telephone, and e-mail address. If you are hearing impaired you may also use the Iowa Relay to contact Progress Industries by calling 1-800-735-2942.

Scott Miller  
Progress Industries  
1017 East 7<sup>th</sup> Street North  
Newton, Iowa 50208  
(641) 792-6119  
[scott.miller@progressindustries.org](mailto:scott.miller@progressindustries.org)



**Person filling out form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**P.I. Representative Signature:** \_\_\_\_\_ **Date & Time Received:** \_\_\_\_\_