

Date and time of application: \_\_\_\_\_

I am applying for:

Check all that apply:

Day Habilitation Services

Employment Services

Community Living/Residential Services  Hourly  24 Hr  ICF/ID

**GENERAL INFORMATION**

Full Name \_\_\_\_\_

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

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

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

SS# \_\_\_\_\_

Home Phone \_\_\_\_\_

Medicaid# \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medicare# \_\_\_\_\_

Email \_\_\_\_\_

MCO Member ID \_\_\_\_\_

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**

Funding Source \_\_\_\_\_

Financial Resources	Amount
<input type="checkbox"/> SS	\$ _____
<input type="checkbox"/> SSI	\$ _____
<input type="checkbox"/> SSA	\$ _____
<input type="checkbox"/> SSDI	\$ _____
<input type="checkbox"/> Wages	\$ _____
<input type="checkbox"/> Other	\$ _____

**Legal Status**

Legal guardian Name \_\_\_\_\_

Payee Name \_\_\_\_\_

Conservator Name \_\_\_\_\_

Convicted Felon Explain \_\_\_\_\_

Outstanding Charges Explain \_\_\_\_\_

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

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

Check all that apply

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

Allergies \_\_\_\_\_

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

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

Seizures \_\_\_\_\_

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

Medications \_\_\_\_\_

Other \_\_\_\_\_

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

**CONTACT INFORMATION**

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

Title \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Primary Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

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

**Date & Time Received by Progress Industries:** \_\_\_\_\_

**P.I. Representative Signature:** \_\_\_\_\_

**Additional Documents required Prior to Enrollment:**

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 aids 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 operates four HUD financed buildings; – Progress East, Progress North, Progress West and (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 P.I. representative has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988). He 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.

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