Community Support Advocates

6000 Aurora Ave, Suite B, Des Moines, IA 50322
Attn: Referral Coordinator
nataliem@teamcsa.org 515-883-1776 Phone
515-883-2171 Fax

Application for Services Date :_____

Program(s) for referral—Please mark any/all that apply:

_____ Integrated Health Program _____ Knowledge Empowers Youth (KEY)

_____ Targeted Case Management/Service Coordination

Client : _____ DOB: _____

Address: _____ Phone: _____

_____ SSN #: _____

Gender & Preferred Pronouns: _____

Diagnoses:_____

Medicaid Eligible: ☐ Yes ☐ No Applied for Medicaid: ☐ Yes ☐ No

Medicaid Number: _____ Managed Care Provider (MCO): _____

Monthly Income amount:$_____ Income Source: _____

Payee: ☐ Yes ☐ No If Yes, who: _____

Primary Care Physician/Clinic/Location: _____

Currently in School: ☐ Yes ☐ No Where:_____ Graduation Date:_____

Preferred method of contact? _____

Primary Contact Person:_____ Phone:_____

Email? _____

Referral Source: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

(If applicable)
Guardian Name: _____ Phone: _____

Address: _____

If Child:
Who is Legally able to sign: _____ Who has Custody:_____

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History of Previous Services (include substance abuse history—**include agency/location of service**):

_____

_____

_____

History of Previous Psychiatric Services (include hospitalizations, BHIS, therapy, psychiatrist—**include agency/location of service**):

_____
_____
_____

Services **currently** being received:

_____
_____
_____

History of Previous Arrests/Legal Concerns:

_____
_____
_____

Open Case with Vocational Rehabilitation? **Y** **N** If Y, name of counselor _____

Currently on HCBS waiver services? If so, which waiver _____

Services being requested (**BE SPECIFIC**):

_____

Referrals for other services already made to: _____

Date/Time/Location for YTDM:_____

Advanced Directives? _____

DHS & other referring providers: Please send copies of DHS case plan, Court orders, Guardianship papers (court orders & letters of appointment), person centered plan/case plan, psychiatric/psychological records, social history, & assessments