

Friendship Ark Homes

CORE MEMBER APPLICATION



Loving one another as Christ has loved us.

CORE MEMBER APPLICATION

Friendship Ark Homes
130 S. Sheldon Ave.
Ames, Iowa 50014
515-292-9556

SECTION I: GENERAL INFORMATION

Date: _____

Name of person being referred: _____

Social Security number: _____

Date of Birth: _____

County of Legal Settlement: _____

Referral Source(s):

1. Referring Worker: _____

Home County: _____

Telephone: _____

2. Other Referring Person/Agency, if any: _____

Address: _____

Telephone: _____

Relationship to person being referred: _____

A. Reason for Referral

B. Level of Functioning:

C. Current Living Arrangement

Facility, if applicable: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

E-mail: _____

D. Previous Living Arrangements:

E. Guardianship Status

Does this person have a guardian? _____

Name of guardian: _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

F. Financial/Entitlement Information

1. Does this person receive SSI? _____

If yes, amount: _____

If no, has application been made? _____

Status of application (in process, denied, etc.) _____

2. Does this person receive SSDI or other Social Security? _____

If yes, specify type: _____ Amount: _____

If no, has application been made? _____

Status of application (in process, denied, etc.) _____

3. Title 19 number, if any: _____

4. Does this person have any other sources of income, for example pension, V.A., trust fund, etc.? _____ If yes, please specify source and amount.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

5. Does this person have a representative payee? _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

6. Does this person have a conservator? _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

SECTION II: PERSONAL INFORMATION

G. Commitment Status

Is this person under civil commitment? _____
If yes, briefly describe to whom, type of commitment, etc.

H. Miscellaneous Legal Information

Is this person involved in any pending civil or criminal legal actions? _____
If yes, please briefly describe. For example, scheduled commitment hearing, divorce or custody issues, pending or unresolved criminal charges, legal probation, etc.

I. Relevant Evaluation Activities

J. Previous Services Received

K. Current Service Involvements

L. Significant Medical Conditions

M. Social, Cultural, or Historical Factors That Influence The Person's Current Level of Functioning

N. Leisure Activities/Hobbies/Interests

O. Substance Abuse/Use History

Person Completing Application (Printed Name)

Person Completing Application (Signature)

P. Determination

Based on all the information available and our assessment of the person's abilities and needs, we have determined that Friendship Ark Homes' services:

- _____ Are appropriate for the person's needs.
- _____ Are NOT appropriate for the person's needs.

Director, Friendship Ark Homes

Please return this application to:

Friendship Ark Homes

130 S. Sheldon Ave.

Ames, Iowa 50014

515-292-9556