OneVision
Advancing Independence and Inclusion

APPLICATION FOR SERVICES

This form can be filled out electronically and **emailed to kthoe@onevision.org.**

If you prefer, you can download the form to print, fill out, and **mail to**:

One Vision,
Attn: Krystal Thoe
PO Box 622
Clear Lake, IA 50428

APPLICANT INFORMATION:

Name: _____ Date of Birth: ____ / ____ / _____

Address: _____ City _____ Zip Code: _____

Phone #: (____) ____ - _____

Gender: _____ Social Security #: ____- ____ - _____

MCO: _____ MCO ID#: _____

Medicaid #: _____ Medicare #: _____

PERSON MAKING REFERRAL:

Name:_____ Relationship: _____

Email:_____ Phone #: (____) ____ - _____

Address: _____ City _____ Zip Code: _____

LEGAL GUARDIAN:

Name: _____ Relationship: _____

Email:_____ Phone #: (____) ____ - _____

Address: _____ City _____ Zip Code: _____

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APPLICATION FOR SERVICES *CONTINUED*

FUNDING TYPE:

___ ID Waiver ___ BI Waiver ___ Habilitation ___ Region/County ___ IVRS

___ Private Pay ___ Other: _____

I have other medical coverage: ___YES ___NO **IF YES:**

Policy type: _____ Company: _____

Policyholder/relationship: _____

PRIMARY DIAGNOSIS: _____

SERVICE(S) I AM INTERESTED IN: *Select all that apply*

___ HCBS Daily Site Home

- *(Small residence [5 or less] skill building, support and supervision provided 8 or more hours a day)*

___ Hourly SCL in home *(intermittent skill building)*

- Indicate hours needed per day: ____ h; number of days per week ___)

___ Smart Living

- *(Incorporates technology & remote support into any Home and Community-Based Services.)*

___ Vocational

- *(Comprehensive employment services from discovery of job interests to support on the job.)*

___ Other *(please describe)*:

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APPLICATION FOR SERVICES *CONTINUED*

LOCATION I WOULD LIKE TO RECEIVE SERVICES:

(Please indicate 1st and 2nd choice)

___ Clear Lake ___ Mason City ___ Nora Springs ___ Osage ___ Ventura

___ Garner ___ Lake Mills ___ Fort Dodge ___ Webster City

___ Anywhere available ___ Other *(please describe)*: _____

Reason I am applying for services from One Vision:

Factors that may affect me receiving services:

Things I need help with (Medical, Life Skills, Employment, etc):

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APPLICATION FOR SERVICES *CONTINUED*

Important things I want to be known about me:

Services I currently receive (Residential, Employment, Medical):

For more information *on which One Vision disability supports and services will best meet your needs and wants, email Krystal Thoe, Admission & Outreach Manager, at kthoe@onevision.org, or call her at 641-355-1251 (O) or 641-529-2089 (M).*

www.onevision.org