Member Referral Application of Admission

Date: _____

The Pride Group
Helping Others, Help Themselves

Name: _____ *Birth Date*: _____ Phone: _____

*Current Address*_____

*Birthplace*_____ *Sex:* ☐ *male* ☐ *female* *SSN*_____

Medicaid (Title 19) number: _____ *Medicare Number:*_____

Managed Care Organization: _____ *MCO Number:*_____

*Main Diagnosis (F code)*_____

Does the member have a funding source established? ☐ YES ☐ NO

☐ *ID Waiver* ☐ *Homebased Habilitation* ☐ *Region Funding* ☐ *other*_____

List of relatives or friends

Name	*Relationship*	Address	Phone
1.			
2.			
3.			

Name and contact information of current Case Manager or IHH Care Coordinator:

Name: _____ Phone: _____

Mailing address:_____

email address: _____

Does this referral have legal guardian? ☐ YES ☐ NO *If Yes, please provide current contact information.*

Name: _____ Phone: _____

Address: _____

Does this referral have a payee? ☐ YES ☐ NO *If Yes, please provide current contact information.*

Name: _____ Phone: _____

Address: _____

Financial Information: monthly SSI: $_____ & SSDI: $_____ Other income: $ _____

If seeking RCF placement, has a regional authority approved RCF funding for this person? ☐ *YES* ☐ *NO*

If yes provide name of region & contact person: _____

Please indicate which location or locations you may be looking into for services:

Residential Care Facility:

_____Le Mars RCF (43 beds)
_____Primghar RCF (34 Beds)
_____Le Mars Pride 1 (8 beds)
_____Le Mars Pride 2 (7 beds)

Supported Community Living

DAILY

_____ Cherokee ID Waiver Home
_____ Le Mars ID Waiver Home
_____ Cherokee Habilitation Home
_____ Le Mars Habilitation Home
_____ Sioux City Habilitation Home

HOURLY

_____ Cherokee
_____ Le Mars
_____ Sioux City

Please return this application along with the following 5 items: 1) Social History 2) Current Medication List 3) Latest Psychiatric Evaluation 4) Current Care Plan/Quarterly Reports 5) 20 days of Current Progress Notes

Return by fax to: (712) 546-6589 or by e-mail to samantha.menke@thepridegroup.org

Upon return of this application and review of requested information, you will be contacted by the Referral Coordinator and/or Administrator of the selected site.

OFFICE USE: Accepted date & loc. _____ *Wait List date & loc* _____ *Denial date* _____