

Lutheran Services in Iowa
Services For People with Disabilities - Hourly
Referral/Admission Information

Organization

Demographics

First Name										
Middle Name										
Last Name			Suffix	Jr	Sr	I	II	III	IV	V
Date of Birth										
Gender	Male	Female	Birth Sex	Male	Female	Unknown				
Sexual Orientation	Lesbian/gay/homosexual		Straight/heterosexual		Bisexual		Don't Know			
	Choose not to disclose		Something else:							
Gender Identity	Identify as: Male Female Chose not to disclose Male-to-Female (MTF)/Transgender Female/Trans Woman Female-to-Male (FTM)/Transgender Male/Trans Man Genderqueer, neither exclusively male nor female Additional gender category or other, please specify:									
Race										
Ethnicity	Asian (not Hispanic or Latino) Black or African American (not Hispanic or Latino) Hispanic or Latino Native American or Alaska Native Two or more Races (not Hispanic) White (not Hispanic or Latino) Not Provided									
Marital Status	Single	Married	Divorced	Seperated	Partnered	Widowed				
Religion										
Smoking Status	Current Smoker	Former Smoker	Never Smoked	None						
Preffered Language	English	Spanish	Other:							
Other Language				Need Interpreter	Yes	No				
Military Status	Active Guard/Reserves Full-Time Active Individual Ready Reserve National Guard Reserves None		Military Service		Overseas	Reserves				

Contact Information

Contact Name	
	Parent Legal Guardian (will need a copy of paperwork)
Physical Address	
City	

State/Zip	Ok to Send Mail?		Yes	No
Mailing Address the same as Physical Address?	Yes No, list address:			
Client Phone	Cell (ok to call/text reminders) Cell (ok to call reminder) Cell (ok to text reminder) Home (ok to call reminder) Phone (Do not use for automated messages) Work Primary? Yes No OK to identify as LSI? Yes No			
Guardian or Representative Phone	Cell (ok to call/text reminders) Cell (ok to call reminder) Cell (ok to text reminder) Home (ok to call reminder) Phone (Do not use for automated messages) Work Primary? Yes No OK to identify as LSI? Yes No			
Calling Notes				
E-Mail				

Employment Information

Employment Status	Full Time	Part Time
Occupation	Job Title	
Not in Labor Force	Not in Labor Force Disabled Homemaker Retired Student Volunteer Other:	

Education Information

Education
Education Type/Subject

Household Information

Annual Household Income	
Number of Individuals in Household	Individuals under 18
Source of Income	Choose all that apply and select a Primary: Alimony Primary Child Support Primary Family/Relative Primary Savings/Investment Primary Wages/Salary Income Primary FIP Primary SSIDI Primary SSI Primary

LSI Referral Information

Referral Reason	
Service Line Referred To	Services For People with Disabilities
Service Line Referred To	Services For People with Disabilities Hourly Services For People with Disabilities Respite
Placement at Referral	
County of Residence	
Referral Source	
Referral Name	
Referral E-Mail	
Referral Phone	
MArketing Type	

Guarantors/Insurance Holder

Self	Yes If No, please list:
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Payer Name	County Grant Other:
Plan	BI CMH Hab HD ID Wellpoint IME Iowa Total Care(ITC) (Amerigroup)
State ID #	
Insurance ID #	

Provider Information– (Respite)

Specific Provider Requested?	Yes No
Provider Name	

Checklist:

Current Plan
Social History
Assessment

Program Admission (LSI Office Use)

Date/Time	
Organization	Ames Council Bluffs Des Moines Dubuque Marshalltown Newton Waterloo
Program	Services For People with Disabilities Hourly Services For People with Disabilities Respite
Primary Stuff	