

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

<b>Organization</b>	Lutheran Services in Iowa - PARENT
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**Demographics**

<b>First Name</b>					
<b>Middle Name</b>					
<b>Last Name</b>		<b>Suffix</b>	Jr	Sr	I II III IV V
<b>Date of Birth</b>					
<b>Gender</b>	Male	Female	<b>Birth Sex</b>	Male	Female Unknown
<b>Sexual Orientation</b>	Lesbian/gay/homosexual	Straight/heterosexual	Bisexual	Don't Know	
	Choose not to disclose	Something else:			
<b>Gender Identity</b>	Identifies 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:				
<b>Race</b>					
<b>Ethnicity</b>	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				
<b>Marital Status</b>	Single	Married	Divorces	Separated	Partnered Widowed
<b>Religion</b>					
<b>Smoking Status</b>	Current Smoker	Former Smoker	Never Smoked	None	
<b>Preferred Language</b>	English	Spanish	Other:		
<b>Other Language</b>			<b>Need Interpreter</b>	Yes	No
<b>Military Status</b>	Active Guard/Reserves	Full-Time Active	Individual Ready Reserve	National Guard	Reserves None
			<b>Military Service</b>	Overseas	Reserves

**Contact Information**

<b>Physical Address</b>					
<b>City</b>					
<b>State</b>					
<b>Zip</b>		<b>OK to Send Mail?</b>	Yes	No	
<b>Mailing Address the same as Physical Address?</b>	Yes	No, list address:			



**LSI Referral Information**

<b>Referral Reason</b>	
<b>Service Line Referred To</b>	Services For People with Disabilities
<b>Specific Program Referred To</b>	Services For People with Disabilities Daily
<b>Placement at Referral</b>	
<b>County of Residence</b>	
<b>Referral Source</b>	
<b>Referral Name</b>	
<b>Referral E-mail</b>	
<b>Referral Phone</b>	
<b>Marketing Type</b>	

**Guarantors/Insurance Holder**

<b>Self</b>	Yes    No
<b>First Name</b>	
<b>Last Name</b>	
<b>Relationship to client</b>	
<b>Address</b>	Same as client or enter:
<b>Person is</b>	Legal Guardian    Emergency Contact    Contact for Appointments Receive Statements for Client    Self-Pay
<b>Phone</b>	

**Payer(s)**

<b>Begin Date</b>	
<b>Payer Name</b>	Waiver
<b>Plan</b>	BI    CMH    Hab    HD    ID Wellpoint (Amerigroup-AG)    IME    Iowa Total Care (ITC)    Molina
<b>State ID#</b>	
<b>Insurance ID #</b>	

**Program Admission (LSI Office Use)**

<b>Date/Time</b>	
<b>Organization</b>	SFPD Site #
<b>Program</b>	Services For People with Disabilities Daily
<b>Primary Staff</b>	