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

Organization

Lutheran Services in Iowa - PARENT

Demographics

First Name								
Middle Name								
Last Name			Suffix	Jr Si	I I	II II	I IV	V
Date of Birth								
Gender	Male Female	Birth Sex	Male	Femal	e Ur	nknown		
Sexual	Lesbian/gay/homosexual	l Straight/het	erosexual	Bisexual	Do	on't Knov	W	
Orientation	Choose not to disclose	Something els	se:					
Gender	Identifies as: Male	Female Chose	not to disc	lose				
Identity	Male-to-Female (MTF)/	Transgender Fema	ale/Trans W	oman				
	Female-to-Male (FTM)/	Transgender Male	/Trans Mar	ı				
	Genderqueer, neither exc	clusively male not	r female					
	Additional gender catego							
Race								
Ethnicity	Asian (not Hispanic or L	atino)						
	Black or African Americ	an (not Hispanic	or Latino)					
	Hispanic or Latino							
	Native American or Ala	ska Native						
	Two or more Races (not	Hispanic)						
	White (not Hispanic or L	Latino)						
	Not Provided							
Marital Status	Single Married Di	ivorces Separa	ated Par	tnered V	Vidowe	d		
Religion								
Smoking								
Status	Current Smoker Forr	ner Smoker N	ever Smok	ed None	;			
Preferred								
Language	English Spanish	Other:						
Other								
Language			N	Need Interp	reter	Yes	No	
Military	Active Guard/Reserves							
Status	Full-Time Active							
	Individual Ready Reserv	re						
	National Guard							
	Reserves None		Military	Service	Ov	erseas	Reserv	/es

Contact Information

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

Phone 1				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 Number?	Yes	No	OK to identify as LSI? Yes No
Phone 2				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 Number?	Yes	No	OK to identify as LSI? Yes No
Calling Notes				
E-mail				

Employment Information

Employment						
Status	Full Time Part Tir	ne Student	None			
Occupation			Job Title			
Not in Labor	Not in Labor Force	Disabled	Homemaker	Retired	Student	Volunteer
Force	Other:					

Education Information

Education	
Education	
Type/Subject	

Household Information

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

LSI Referral Information

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

Guarantors/Insurance Holder

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

Payer(s)

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

Program Admission (LSI Office Use)

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