

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

<b>Organization</b>	Lutheran Services in Iowa
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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 <input type="checkbox"/> No
<b>Mailing Address the same as Physical Address?</b>	Yes	No, list address:		

<b>Phone 1</b>	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
<b>Phone 2</b>	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
<b>Calling Notes</b>	
<b>E-mail</b>	

### Employment Information

<b>Employment Status</b>	Full Time Part Time Student None
<b>Occupation</b>	<b>Job Title</b>
<b>Not in Labor Force</b>	Not in Labor Force Disabled Homemaker Retired Student Volunteer Other:

### Education Information

<b>Education</b>	
<b>Education Type/Subject</b>	

### Household Information

<b>Annual Household Income</b>	
<b>Number of Individuals in Household</b>	<b>Individuals under 18</b>
<b>Source of Income</b>	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 SSDI Primary SSI Primary

**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>	