

Shelter House Supported Community Living Program  
PROGRAM APPLICATION

CLIENT NAME:  
DATE OF BIRTH:  
MEDICAID #:  
SOCIAL SECURITY:  
DATE COMPLETED:

Current Address: \_\_\_\_\_  
Current Telephone #: \_\_\_\_\_

Referral Source/Emergency Contact: \_\_\_\_\_  
Referral Source/Emergency Telephone #: \_\_\_\_\_

Services and/or Supports needed (circle)

- Symptom management
- Household skills
- Social skills
- Money management
- Medication management
- Rights protection advocacy
- Community Resources
- Social/natural support development
- Communication skills
- Maintain living environment
- Other:
- Other:

CLIENT SIGNATURE:

DATE:

\_\_\_\_\_  
STAFF SIGNATURE:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
STAFF NAME:

Shelter House Staff will review your application and respond to you with a notice of decision within three weeks of your application with regard to eligibility for services.

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NOTICE OF ADMISSION DECISION

CLIENT NAME:  
DATE OF BIRTH:  
MEDICAID #:  
SOCIAL SECURITY:  
DATE COMPLETED:

Shelter House Supported Community Living Program has made a decision about your recent application for services:

- You have been approved for admission for services. Your assigned staff will contact you in the next few days to schedule a meeting or you can call the Service Coordinator at 319 338 5416 ext 221 to schedule a meeting.
- You have been approved for admission for services but can not be admitted at this time due to the following:
- You have not been approved for services due to the following reason:

In the event you can not be admitted at this time, please review the enclosed listing of area services that may provide you support.

In the event you have not been approved for services and wish to appeal that decision please contact Shelter House at 319 351-0326 and request a grievance/complaint procedure is sent to you

STAFF SIGNATURE:

DATE:

\_\_\_\_\_

STAFF NAME: