



Program Application

Easterseals Iowa provides exceptional services to ensure all people with disabilities or special needs, and their families, have equal opportunities to live, learn, work, and play in their communities.

The following programs require an application to request services. Please contact the Easterseals Iowa Outreach Coordinator at 515-309-1783, toll free at 1-866-533-9344 or TTY at 515-289-4069 with any questions you may have, or to request the application in an alternative format.

Job Training & Employment Services

Supported Employment

Supported Employment assists clients in both obtaining and maintaining community-based employment. A job developer supports clients in determining employment opportunities they are interested in and finding a job. Job developers also support clients to fill out applications, prepare resumes and perfect interview skills. Once a job is obtained, a job coach assists clients to learn job responsibilities, the culture and values of the work environment, job accommodations and explaining how employment affects their benefits.

Funding accepted: IVRS, ID waiver, BI waiver, Habilitation, 100% county funding or Private Pay.

Supported Education

Supported Education is a unique program designed to give participants support and guidance as they develop marketable skills through post-secondary education. Participants are provided with ongoing support throughout the semester with registering for classes, accessing campus resources and communicating with faculty. There is also a one-week skills training available prior to each semester focusing on stress and time management, college expectations and developing natural support on campus.

Funding accepted: 100% county funding or Private Pay.

Day Habilitation

Life Club

The Easterseals Iowa adult day habilitation program Life Club takes place on site at Camp Sunnyside as well as in the Des Moines community. The program provides training in skills such as socialization, communication, problem solving, creative thinking, peer relationships and more. Life Club clients make friends, get out to see different community attractions and choose and lead activities they enjoy. Team members focus on strengths and independence as clients participate in activities. Favorite activities include horseback riding, swimming, sports, bowling, singing and wellness.

CSI: Clients Socially Integrated

Clients Socially Integrated is a community-based day program for adults with disabilities focused on learning transferable skills that lead to independence in the community. This is achieved by spending the day out in the community, learning to navigate the public transportation system, relationship building, problem solving and deciding as a group what activities to do. Communication, safety, transportation, and independent skills are sharpened as clients visit historical sites, volunteer, visit coffee shops, go to movies and much more.

Funding accepted: ID waiver, Habilitation, 100% county funding or Private Pay.

Supported Community Living

Supported Community Living provides people with disabilities the opportunity to live as independently as possible in the community. Services include support with safety, housekeeping, finances, communication, employment, socialization, transportation, and wellness.

Hourly Supported Community Living

Hourly Supported Community Living serves children and adults with disabilities in the Des Moines Metro and surrounding areas. Services can be received monthly, weekly, or up to multiple days a week. Increments can

be provided up to eight hours per day; staffing permitting. This goal-focused program maintains the independence clients currently have while working toward greater independence in their homes and their communities. Clients can learn to access their community in new and exciting ways by utilizing public transportation, grocery shopping, forming relationships with peers, wellness, and maintaining medical appointments. Services can also be provided in the place of residence where clients can improve independent living skills such as household maintenance, meal planning, and budgeting.

Funding accepted: Habilitation, ID waiver, BI waiver, 100% county funding or Private Pay.

Daily Supported Community Living

Daily Supported Community Living serves adults who require eight or more hours of service per day. Service is provided in the place of residence and the community, where clients learn independent living skills such as household maintenance, meal planning, budgeting, and socialization—all while working toward the goal of greater independence.

Funding accepted: ID waiver, BI waiver, 100% county funding or Private Pay.

Host Home Services

In the Host Home Program, Easterseals Iowa pairs a person in need of daily SCL services with a single provider to provide services to a client in the provider's home. The client will move into the provider's home and live with the provider and their family. The goal of the program is to provide the least restrictive environment in the community to allow the client to learn and grow in their independence while developing relationships with members of the community. Providers assist clients with goals, personal cares, and general life skills. Providers also provide up to 24 hours of oversight per day, as well as assist with medication administration, management of personal finances, and transportation. Easterseals Iowa provides oversight, training, and technical assistance to the provider, client, and client family.

Funding accepted: ID waiver, BI waiver 100% county funding or Private Pay.

Case Management

Easterseals Iowa Case Management promotes independence by proactively partnering with individuals and their families. We connect with services and supports to best meet every person's unique needs. From achieving employment to securing housing, accessing healthcare to building a support system, our solution-focused, problem-solving professionals leverage individual and team strengths to reach each person's goals. Our case managers are knowledgeable advocates who encourage hope, create space for change, motivate toward achievement and celebrate success. We foster an effective, integrated approach to fulfill our mission of ensuring everyone has equal opportunity to live, learn, work, and play in their community.

Case Management serves children and adults with disabilities in Polk and surrounding counties.

Funding Accepted: Fee for Service/HIPP ID or BI waiver through Iowa Medicaid or Private Pay.

ADMISSION CRITERIA

Easterseals Iowa strives to provide quality programs that produce outcomes desired by the applicant and the funding source. Applicants must meet the following admission criteria to begin the intake procedure:

- All applicants must have a funding source. Easterseals Iowa residential camping program has a limited amount of campships available. Applicants may request financial assistance forms from the Intake Coordinator.
- All applicants will be reviewed for any safety issues that may be potentially harmful to themselves, others, and/or property.

ADMISSION PROCESS

Referral of applicants should be made to the Easterseals Iowa Intake Coordinator, either by completing this application or by calling 515-309-1783. The Intake Coordinator may request one or more of the following to determine the necessity of an intake staffing:

- Medical examination
- Current Social history & Assessment

- Results of vocational testing or training
- Educational evaluation and information
- An individual service plan, when applicable
- Other agency reports

No person will be denied Easterseals Iowa services without gathering basic information to understand service needs and challenges. When an intake is not necessary, the applicant will be accepted for services and provided an estimated date when Easterseals Iowa services may begin. The intake staffing shall consist of the Easterseals Iowa Intake Coordinator, the applicant, guardian if applicable, the referring party and/or funding source.

At the intake staffing, the applicant will be informed of the expectations of the program and its participants. The expected outcome of the services and estimated time needed for services will be determined at the intake staffing. A decision regarding the applicant's admission to an Easterseals Iowa program will be made within 14 business days following the intake staffing.

If admission is recommended, the applicant and the referring agency will be notified by letter that the applicant will be put on the approved list and admitted as space becomes available. If it is determined that the applicant does not meet admission criteria or that the services for which the applicant was referred do not meet their needs, the applicant and the referring counselor will be notified by letter. When possible, a referral to another agency will be recommended. Contact the Intake Coordinator with any questions about this process.

APPEAL PROCESS FOR INTAKE DECISIONS

In the event an applicant is not satisfied with the intake decision, the following appeal process may be conducted:

- The applicant, guardian, and/or their referring counselor must notify the Easterseals Iowa Intake Coordinator with an explanation as to why they are requesting an appeal. This explanation should be received within five business days following receipt of the decision.
- The Intake Coordinator will meet with the applicant and referring counselor to discuss the situation.
- If an agreement cannot be reached, the applicant may inform the Intake Coordinator of their dissatisfaction with the outcome. The Intake Coordinator will notify the Easterseals Iowa Director, Customer Care & Compliance.
- The Director of Customer Care & Compliance along with the director of the involved program will meet with the applicant and the referring party to discuss the situation and review the intake information. A decision will be made within ten business days following the meeting.

Information regarding program certification, accreditations, and outcomes are available on request.

Program(s) of interest:

Case Management

Benefits Counseling

Day Habilitation—Life Club

Day Habilitation—Clients Socially Integrated

- Day Habilitation: Full or part-time interest or need? _____

Job Training & Employment Services—Supported Employment

- Level of support needed: Minimum Medium Full/High

- Identify any alone time restrictions: _____

Job Training & Employment Services—Supported Education

Daily Supported Community Living

Hourly Supported Community Living

- Hours a month: _____

- Days/Times available or needed: _____

Host Home services



Fill out this application completely & provide current social history, assessment & care plan for review.

Client Information	
Full Name:	Phone #:
Address:	Date of Birth:
Height: _____ Weight: _____	Email:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Medicaid/State ID:
Military/Veteran Status: <input type="checkbox"/> Active Duty, <input type="checkbox"/> National Guard/Reserve, <input type="checkbox"/> Veteran, <input type="checkbox"/> N/A <input type="checkbox"/> Member of Military/Veteran family	
Ethnicity: <input type="checkbox"/> Asian American, <input type="checkbox"/> Native American, <input type="checkbox"/> African American, <input type="checkbox"/> Caucasian, <input type="checkbox"/> Hispanic, <input type="checkbox"/> Other, <input type="checkbox"/> Choose not to Answer	
Marital status: <input type="checkbox"/> Single/Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Divorced	
Primary Language:	
Primary Diagnosis:	
Secondary Diagnosis:	
Reason for Referral:	
Funding Source: <input type="checkbox"/> ID waiver, <input type="checkbox"/> BI waiver, <input type="checkbox"/> Hab, <input type="checkbox"/> County, <input type="checkbox"/> Private Pay	

Case Manager Contact Info	
Name:	Agency:
Address	Phone #:
Email:	
Legal Guardian Contact Info	
Name:	Address:
Phone #:	Email:
Emergency Contact Info	
Name:	Phone #:
Relationship:	Email:
Agency if applicable:	

Voc Rehab Counselor- for Supported Employment referrals	
Name:	Email:
Phone #:	Funding Source after IVRS:

Please indicate if the individual needs support with the following activities of daily living:

	Independent	Some Support	Full Support	Comments
Personal Care & Hygiene				
Bathing/Showering				
Dressing				
Oral Hygiene				
Toileting/Restroom				
Eating				
Meal Prep				
Home Care				
Laundry				
Ambulation/Walking				
Writing/Reading				
Making purchases				
Wheelchair Mobility				
Transferring from toilet, shower, bed, chair, etc				

Indicate if any of the following equipment is used:	
Hoyer Lift	<input type="checkbox"/> Power <input type="checkbox"/> Battery <input type="checkbox"/> Hydraulic Pump Sling Type: _____
Hospital Bed	<input type="checkbox"/> 2 motor <input type="checkbox"/> 3 motor <input type="checkbox"/> Manual operation <input type="checkbox"/> Trapeze bar <input type="checkbox"/> Side rails Other bed details: _____
Shower Bench/Chair	<input type="checkbox"/> Extended over edge of tub/shower <input type="checkbox"/> In tub/shower unit <input type="checkbox"/> On wheels
Wheelchair	<input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Specialized cushion <input type="checkbox"/> Specialized seating and positioning Control Unit: <input type="checkbox"/> Joystick <input type="checkbox"/> Head Array <input type="checkbox"/> Cuff Control
Transfer	<input type="checkbox"/> Transfer Board <input type="checkbox"/> Other device: _____

Communication Support	Yes	No	Comments
Communication Device			
Visual Impairment			
Non-Verbal			
Braille			
Large Font			
Verbal			
ASL			

Behavioral Support	
Verbal or Physical Aggression	<input type="checkbox"/> Not Aggressive <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Self-injurious <input type="checkbox"/> Property damage
Elopement	<input type="checkbox"/> Stays with group <input type="checkbox"/> Actively leaves group <input type="checkbox"/> Declines to participate <input type="checkbox"/> Wanders away unintentionally <input type="checkbox"/> hides
Transitions	<input type="checkbox"/> transitions well <input type="checkbox"/> 5 min warning <input type="checkbox"/> Visual transition <input type="checkbox"/> Struggles with transitions
Over-Stimulation	<input type="checkbox"/> Large groups <input type="checkbox"/> Noises <input type="checkbox"/> Smells <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A

Does the client have nursing or home health aid support? If yes, please identify how often, what support is provided, and by which agency: (bathing dressing, stoma, catheter, medication, etc).

Completed by: _____ **Date:** _____

Submit completed application along with client care plan information to:
Intake Coordinator, Renee Bell at rbell@eastersealsia.org.

For questions contact Intake Coordinator at: 515-309-1783 (voice) or 515-289-4069 (TTY).

Easterseals Iowa, 401 NE 66th Ave. Des Moines, IA 50313