



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.

Mercy Project SEARCH

Project SEARCH is an internship program that places young adults with special needs in a real working environment, giving them skills to prepare for the workforce. The goal of the program is community-based employment for clients. Through total workplace immersion, clients experience a seamless combination of classroom instruction, career exploration, and relevant job-skills training obtained through strategically designed internships. While at their internships, participants receive follow-along job support services with the goal of becoming independent at their sites.

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 supports on campus.

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.

Supported Community Living

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

Hourly Supported Community Living

Hourly Supported Community Living serves children and adults from just a few hours per month up to eight hours per day. This goal-focused program maintains the independence clients currently have while working toward greater independence. Clients access the community in new and exciting ways by utilizing public transportation, grocery shopping, working out and forming relationships with peers.

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.

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 funded 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
- Social history
- 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 no intake is 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.

Application Date: _____

Intake Date: _____

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
- Job Training & Employment Services—Supported Education
- Supported Community Living—24-Hour
- Supported Community Living—Hourly
 - How many days & hours a month are desired & what days/times are preferred or available?

Fill out this application completely to have referral accepted.

Client's name: _____
(Last) (First) (Middle)

Current address: _____
(Street) (City) (County) (State) (Zip)

Telephone number: (____) _____ Cell Phone:(____) _____

E-mail address _____ Social Security #: _____

Date of Birth: ____/____/____ Medicaid/State ID #: _____

Gender: ____ Male ____ Female Managed Care Organization: _____

Height: _____ Weight: _____ Managed Care Organization ID #: _____

Military status:

<input type="checkbox"/> Active duty	<input type="checkbox"/> Member of Military/Veteran family
<input type="checkbox"/> National Guard/Reserve	(Child, spouse, parent)
<input type="checkbox"/> Veteran	<input type="checkbox"/> N/A

Ethnicity:

<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American
<input type="checkbox"/> African American	<input type="checkbox"/> Other
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Choose not to answer
<input type="checkbox"/> Hispanic	

Marital Status:
 Single/Never Married Separated Married Widowed Divorced

Primary Language: _____

If living with family, how many other individuals live with the client? _____

Please indicate if client uses any of the following equipment:

Hoyer lift
 Power operated
 Battery operated
 Hydraulic pump operated
 Describe the sling(s) used _____

Transfer board

Any other device to assist with transferring _____

Hospital bed
 two-motor
 three-motor
 manual operation
 trapeze bar
 side rails
 other bed details _____

Shower bench/chair
 extended over edge of tub/shower
 in tub/shower unit
 on wheels

Manual wheelchair
 specialized cushion
 specialized seating and positioning

Power wheelchair
 specialized cushion
 specialized seating and positioning
 control unit – joystick, head array, cuff control

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

Personal Cares
 Bathing/Showering
 Physical support with Dressing
 Getting in and out of bed
 Transferring to/from: Toilet Shower/bath Bed Etc.
 Toileting

Do you receive any nursing care & if yes, what support do they provide & how often? (stoma, catheter care, etc): _____

Do you receive assistance from home health services and if yes, what support do they provide & how often? (bathing, dressing, etc): _____

Group Home Name (if applicable): _____
(Contact name)

Contact info (if different from above): _____
(Street) (City) (State) (Zip) (Phone Number)

Legal Guardian's Name (if applicable): _____
(Last) (First)

Address (if different from above): _____
(Street) (City) (State) (Zip) (Phone Number)

E-mail Address: _____

Diagnosis: _____
(Primary) (Date of on-set)

(Secondary) (Date of on-set)

Emergency Contact (if not guardian): _____
(Last Name) (First Name)

Emergency Contact Phone Numbers:

(Home phone number) (Work phone number) (Cell phone number)

Referral Source (if applicable): _____
(Name) (Agency) (Phone number)

E-mail Address: _____

Primary Funding Source: _____
(Name) (Agency) (Phone number)

Secondary Funding Source: _____
(Name) (Agency) (Phone number)

Why are you interested in Easterseals Iowa? _____

Do you require alternative format documents (large type, Braille, etc.) or utilize alternative communication (sign language, device, etc.)? ___ Yes ___ No

If yes, please explain: _____

Signature of applicant: _____ **Date:** _____

Person completing form: _____ **Date:** _____

Signature of Legal Guardian (if applicable): _____

How did you hear about us? *(check all that apply)*

- Referral from another Agency or Case Manager
- Friends/Family
- TV Commercial
- Radio Commercial
- Email Newsletter
- Case Manager Email Newsletter
- Social Media
- Business Record or DSM magazine
- Other: _____

Submit this application to Intake Coordinator at Easterseals Iowa, 401 NE 66th Ave. Des Moines, IA 50313.
For questions contact 515-309-1783 (voice), 515-289-4069 (TTY) or rbell@eastersealsia.org.