

BUILDERS OF HOPE

Supported Community Living Program (SCL) & Home and Community Based Services (HCBS)

APPLICATION

Please complete the application. Mail or fax, and/or email it to us at:

Builders of Hope

2711 Muscatine Avenue

Iowa City, IA 52240

Att: Heather Weber, Chief Visionary Officer

Phone: (319) 855-2221

Fax: #319-731-0166

Email: hlweber@buildersofhope.us and visit us at website: <http://www.buildersofhope.us>

Welcome!

- Please give us 7 business days to review your application and contact Heather Weber at hlweber@buildersofhope.us or 319-855-2221.
- If we do not hear from you within 7 working business days, we will contact you within 12 business days of receiving your application.
- If we are unable to establish communication with you within 30 days of your application due date, you will be required to complete a new application and reapply for services.
- Eligibility is determined by our admission criteria, application process, admissions committee, the interview with applicant, and program availability.

On occasion, we may have a waiting list. If this should occur during your application process, we will place you on the waiting list according to the date your application was received. All applications are processed based upon the original date of the application.

All application information is confidential. Information will be used to assess the support services you will require upon entering the program.

Builders of Hope does not discriminate on the basis of age, race, creed, sexual orientation, national origin or physical/mental disabilities.

Thank you for your interest in Builders of Hope.

Warmly,

Builders of Hope, Chief Visionary Officer

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APPLICATION

Name: _____

Date: _____

Address: _____

Age: _____

Gender: ___M___F

You are applying for:

Phone: _____

Iowa City Outreach

Social Security No. _____

Date of Birth: _____

Marital Status: _____

County of Residence: _____

Emergency Contact: _____

Relationship: _____

Address: _____

Phone: _____

Financial/Insurance Information:

___ Title XIX

___ Medicare

___ Other Insurance

___ Guardian

___ Conservator

___ Representative Payee

Source of Income:

___ Employment

___ Social Security

___ VA

___ Other

_____ Amount of Income

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Ethnicity:

Caucasian African American Hispanic Other

Are you currently receiving services from any of the following? If so, please check and list name of contact person on the line. If you are not receiving any of these services and feel that you are in need of these services, please check and indicate on the line that you are in need of, or interested in these services.

VNA: _____
 Hillcrest: _____
 DHS: _____
 Voc Rehab: _____
 Community Mental Health: _____
 Substance Abuse Treatment: _____
 UIHC: _____
 Family Doctor: _____
 DHS (Food Stamps, Section 8 Housing) _____
 Payee Services _____

Do you have any physical disabilities? If so, please explain:

Do you have any allergies or medical issues we need to be aware of? If so, please list:

Do you presently, or have you had in the past a psychiatric diagnosis? Please tell us where, and who made the diagnosis. Also, please list any hospitalizations you have had. Please let us know where, how long you were there, and why.

Is there any history of suicidal behavior? If yes, briefly explain:

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Please list any current medications and dosage:

Do you have a history of drug use/abuse? If so, please tell us frequency, method, and date of last use:

Do you have a history of alcohol use/abuse? If so, please explain:

Are you currently on probation/parole? If yes, please tell reason, length of time remaining, and name of parole/probation officer:

Do you have any history of violence? If so, please explain:

What type of informal support system do you currently have? Do you have family or friends you can depend upon?

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What specific goals do you wish to work on while participating in this program?

Please write a short essay exploring why you think that Builders of Hope may be a program that would benefit you and your well-being.

Is there anything else you would like us to know about you?

I have reviewed this application, and to the best of my knowledge the information is true and correct. I understand that if I give any false representation by withholding or altering information, my services with the Builders of Hope Program may be terminated.

Name: _____ Date: _____

Reviewed by: _____ Date: _____

Application accepted: _____ (Applications will be reviewed with a response within 12
Application denied: _____ business days from the date received)

Recommendations, referral process, or other available resources if organization is unable to accept applicant to program:

BUILDERS OF HOPE DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEXUAL ORIENTATION, NATIONAL ORIGIN OR PHYSICAL/MENTAL DISABILITIES.

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CLIENT GRIEVANCE POLICY

Clients may disagree with a staff member's decision. If there is a disagreement, the client is encouraged to take the following steps:

1. Talk with the primary staff counselor and see if you can work things out.
 2. Talk with the Builders of Hope Program Director to see if you can work things out and come to an agreement or understanding.
 3. Schedule a meeting with the Chief Visionary Officer about the matter of concern. You can reach the Chief Visionary Officer by calling 1-319-855-2221. If the client is not satisfied with the Chief Visionary Officer's decision, conclusion, and direction of the matter, the client may proceed to the next step.
- Write a letter to the Board of Directors of Builders of Hope. State your matter of concern. Anyone may make written suggestions or comments. Seal your letter in an envelope and mail your letter to:

Chairperson of the Board of Directors
2711 Muscatine Avenue
Iowa City, IA 52240

- The Board Chairperson will respond to your concerns by letter within 10 business days of receiving your correspondence. Any decisions made by the Board of Directors are final.