

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

1700 S. 1st Avenue Suite 25A

Iowa City, IA 52240

Att: Jerry Springer, Program Manager

Phone: (319) 358-2912

Fax: #319-731-0166

Email: jerry@buildersofhope.us and visit us at website: www.buildersofhope.us

Welcome!

- Please give us 5 business days to review your application, and contact Jerry Springer or Jessie Henry at (319) 358-2912 to set up a personal interview.
- If we do not hear from you within 5 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.

Respectfully,

Builders of Hope, Program Manager

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APPLICATION

Name: _____

Date: _____

Address: _____

Age: _____

Gender: ___M___F

You are applying for:

Phone: _____

Iowa City Outreach

Social Security No. _____

Iowa City Lodge Program

Date of Birth: _____

Cedar Rapids Outreach

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:

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

Applicant Grievance Policy

Current applicants may disagree with a Builders of Hope staff member's decision regarding your admission to the Builders of Hope program. If there is a disagreement, the applicant may take the following steps:

1. Talk with the Builders of Hope staff member that you have been communicating with and see if you can work things out and come to an agreement or understanding.
2. Talk with the Executive Director about the matter. You can reach the Executive Director by calling 319-358-2912.
3. Write a letter to the Board of Directors. State your problem or concern and what you would like to have happen. You can 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.