

# **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: Jerry Springer, Director of Operations

Phone: (319) 358-2912

Fax: #319-731-0166

Email: [jerry@buildersofhope.us](mailto:jerry@buildersofhope.us) and visit us at website: [www.buildersofhope.us](http://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, Director of Operations

# BUILDERS OF HOPE

---

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

### 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: \_\_\_\_\_

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

# BUILDERS OF HOPE

---

## **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:

# **BUILDERS OF HOPE**

---

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?

# BUILDERS OF HOPE

---

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

---

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.