Please return to your local Sioux Rivers Regional Office in Dickinson, Emmet, Lyon, O'Brien, Plymouth, or Sioux County.

FUNDING APPLICATION

Commitment Fees-Sheriff and Attorney, Jail-Based Services, Block Grant Funds, or Service Coordination

Application Date:

First Name: Last Name: MI:

Nickname: Birthdate:

U.S. Citizen: ___Yes ___No If you are not a citizen, are you in the country legally? ___Yes ___No

SSN# Primary Phone #:

Current Address: _____ _____ ____ _____ _____
Street City State Zip Code County

Address begin date:

Did you move to this address for the purpose of attending college? __ Yes ___ No

Are you currently a student? ___ Yes ___ No Use as current mailing address: ____ Yes __ No
If not, what is your current mailing address:

Current Residential Arrangement (please check one): ___ Private Residence ___Foster Care/Family LifeHome
____ Correctional Facility ___Homeless/Shelter/Street ___Other

Emergency Contact Person:
Name: _____Relationship:_____
Address: Phone:
Employer _____ **Monthly Income**_____ **Resources above $2000**_____

Guardian appointed by the Court? ___ Yes ___No Payee Appointed by Social Security? ___ Yes ___ No

Name:_____ Name:_____

Health Insurance Information (Check all that apply) __ Medicaid __Medicare A, B,D __No Insurance
__ Private Insurance Company Name

Disability Group/Primary Diagnosis (if known): ___ Mental Illness ___Intellectual Disability
___Developmental Disability ___Substance Abuse ___Brain Injury

Referral Source: Phone:

What services are you applying for?

I certify that the above information is true and complete to the best of my knowledge, and I authorize regional or county staff to check for verification of the information provided including verification with other Iowa Regions and County Government and the state of Iowa Department of Human Services (DHS) and the Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the Region or County in establishing my ability to pay for services requested, and in ensuring that appropriate of services requested. I understand the information in this document will remain confidential.

_____ _____
Applicant's Signature (or Legal Guardian) Date

_____ _____
Signature of other completing form if not Applicant or Legal Guardian Date