



Date: _____

I. Applicant Information

Full Name: _____ Phone: _____

Address: _____

DOB: ____/____/____ Gender: M F Primary Diagnosis: _____

Is current placement in jeopardy? Yes No Placement needed by: ____/____/____

Has the applicant ever received services outside of the family home? Yes No

If yes, current/most recent provider: _____

Primary language and method of communication: _____

II. Guardian Information (as applicable)

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

III. Case Manager/Care Coordinator Information

Full Name: _____ Agency: _____

Email: _____ Phone: _____

IV. Financial Information

Funding Source

- Amerigroup Iowa Total Care Regional funding
 Private Pay N/A

Funding Type

- BI Waiver MH/DS ECR
 ID Waiver HAB Waiver

Applicant's financial source

- Social Security (SSA) Supplemental Social Security (SSI) Trust Fund
 Veteran's Benefits (VA) Employment Other: _____



V. Services Desired

Hourly Supported Community Living Daily Supported Community Living

VI. Health / Medical Information

Does the applicant have any allergies? Yes No

If yes, please list: _____

Does the applicant have any physical disabilities? Yes No

If yes, please explain: _____

Adaptive Equipment: Cane Walker Wheelchair Other: _____

Specialized Medical Needs (blind, deaf, seizures, dialysis, feeding tube, etc.): _____

Please list any current medications and dosage: _____

VII. Referral History

Does the applicant have a current court committal? Yes No

If yes, please explain: _____

Has the applicant ever been arrested? Awaiting charges? On Probation? On Parole? Yes No

If yes, please explain: _____

Has the applicant been accused of sexual abuse/convicted of sexual abuse/ on the registry? Yes No

If yes, please explain: _____

Does the applicant have a history of cruelty to animals? Yes No

If yes, please explain: _____

Does the applicant have a history of suicidal ideation? Yes No

If yes, please explain: _____

Does the applicant have a history of fire setting? Yes No

If yes, please explain: _____

Does the applicant have a history of fire setting? Yes No

If yes, please explain: _____

Does the applicant have a history of cutting, swallowing, or inserting foreign objects or strangulation? Yes No

If yes, please explain: _____

Does the applicant have history of drug use/abuse? Yes No

If yes, please explain frequency, method, and date of last use: _____



Does the applicant have history of alcohol use/abuse? Yes No
If yes, please explain: _____

Does the applicant have a history of violence? Yes No
If yes, please explain: _____

Does the applicant utilize iStart or any other behavioral support service? Yes No
If yes, please list: _____

Does the applicant have a history of elopement? Yes No
If yes, please explain: _____

Please provide the following documentation to assist us in determining the service needs of the applicant: current social history, list of diagnoses, SIS assessment/InterRAI, Individual Service Plan (ISP), incident reports from the last 6 months, psychiatric/psychological assessment, progress notes, and Behavior Support Plan (BSP).

The information requested is necessary for effective administration of services for which you are applying. The information collected will only be used by authorized agency personnel. Use of this information for purposed other than expressed herein will not occur without your prior written approval unless such other use is specifically authorized by law.

I understand that if I give false representation by withholding or altering information, the applicant's services with Fast-Trans may be terminated.

Completed by: _____ Date: _____

Thank you for your interest in Fast-Trans! Please give us ten (10) business days to review your referral.

Please return form via email to info@fasttransllc.net

For additional information check out or website, www.fasttransllc.net or give us a call at 319-929-8356