



108 E. Industrial Street
DeWitt, IA 52742

ph: 563.659.4100
fax: 563.659.1120

www.communitycareonline.org

REFERRAL PACKET

Community Care, Inc. offers ICF/MR, RCF, HCBS, SCL, Home Health and Vocational services, including sheltered work, day habilitation and supported employment for individuals with disabilities. Policies for admission are the same for everyone, without regard to race, color, sex, religion, national origin, or other protected class. Each individual will be assessed in regards to their specific needs and the available openings. Any individual not immediately admitted, but accepted by the admissions committee, will be placed on a waiting list. Prior to admission, the candidate must have submitted an admissions packet, which is **FULLY** completed. The candidate must have a physical (including tuberculosis screening) within the 30days prior to admission for all facility-based programs). Funding for services must be arranged prior to any individual being admitted. Note: Each service offered by Community Care, Inc. has different regulations that dictate admission criteria. The appropriate Community Care, Inc. contact for each program listed below will be able to give details on such criteria.

Note: The referral packet for ICF/MR is different from this packet. Denise Beenk can be contacted to get an ICF/MR packet (563-659-4100 x4361).

Individuals that are required to register as a sex offender, or those individuals with a history of pyromania, will not be considered for admission to any CCI program.

563-659-4100

DeWitt, IA

Lisa Schmidt- Home Health

Lynne Burken- SCL

Denise Beenk- ICF MR

Robin Nims- Interim Director, Vocational & Day Habilitation

Lori Jahn- HCBS

641-3942391

New Hampton, IA

Tori Reicherts - RCF

641-828-0620

Knoxville, IA

Barb Adam - RCF

319-462-3875

Scotch Grove, IA

Rusty Rogerson - RCF

Referral	Packet
Community 108 E. Industrial	Care, Inc. Street
DeWitt, Iowa 52742	
	563-659-4100
	563-659-1120 (P)
	(F)
NAME:	SSN:
DOB:	RELIGION:
Current Address:	Person Making Referral (Name, Address, Phone #)
Diagnosis:	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	
Insurance:	Source(s) of Income and Amounts:
Medicaid #	SS \$ SSI \$

Medicare#	
Other:	Other \$
County of Legal Settlement:	Funding Source:
County of Residence:	_ County H A B
	_ S C L _ H O B S
CPC (name, address & phone):	
Case Manager (name, address & phone):	
Guardian (name, address & phone):	
Conservator (name, address & phone):	
Payee (name, address & phone):	
Mental Health Advocate (name, address & phone):	
County of Court Committal:	

Emergency Contact (name, address & phone):

Current Provider (name, address & phone):

Physician (name, address & phone):

Last Appointment:

Dentist (name, address & phone):

Last Appointment:

Psychiatrist (name, address & phone):

Last Appointment:

Optometrist (name, address & phone):

Last Appointment:

Therapist (name, address & phone):

Last Appointment:

Other Medical Professional(s) (name, address & phone):

Upcoming Appointments:

Please check all programs for which you would like to apply:

RCF Edinburgh
RCF Marion County Care
RCF New Hampton
SCL /Nab. Clinton Co. Hourly 24 Hour
SCL/Hab. Jones Co. Hourly 24 Hour
SCUHab. Scott Co. Hourly 24 Hour
SCUHab. Chickasaw Co. Hourly 24 Hour
SCUHab. Marion Co. Hourly 24 Hour
CCI Home Health
HCBS Scott Co. Hourly 24 Hour
HCBS Jones Co. Hourly 24 Hour
HCBS Chickasaw Co. Hourly 24 Hour
HCBS Clinton Co. Hourly 24 Hour
 Vocational Services-DeWitt Half Day Full Day
Day Habilitation - DeWitt Half Day Full Day
 Vocational Services-New Hampton

1) **Has the individual been hospitalized for physical aggression within the past six months?**

YES NO

~~Yes/No~~

2) **Has the individual displayed any physical aggression towards staff, or others, causing injury, within the past six months?**

YES NO

If yes, please explain: _____

3) **Has the individual damaged any property within the past six months?**

YES NO

~~Yes/No~~

4) **Has there been police intervention required for behavioral issues within the past six months?**

YES NO

If yes, please explain: _____

5) Has the individual ever been accused of sexual assault?

YES NO

~~If yes, please~~

6) Does the individual have a history of elopement in the past six months?

YES NO

If yes, please
explain:

7) What is the individual's current living situation?

8) Has the individual had placements in the past? If so, where and when?

9) Are there any pending civil or criminal charges?

YES NO

~~If yes, please~~

10) Is there any history of substance abuse?

YES NO

~~If yes, please~~

11) Recreation, Hobbies, and Leisure Time Pursuits:

12) Patterns of Behavior:

13) Likes, dislikes, significant habits:

The following documents must accompany this referral:

Current & complete Social History
Current Assessment
Current ICP/IPP

Most recent Psychological/Psychiatric Evaluation
Most recent physical
Current medication list

Thank you for your cooperation and assistance. We will contact you following the discussion of the packet by our admissions committee, which meets every Wednesday. Please return the referral packet, and direct any questions or concerns you may have regarding the referral, and admissions process, to the appropriate director.

If this packet is not completely filled out, admissions will be delayed until the information is provided. Please note that additional information will be requested/required following the initial screening process. Thank you.