



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**

Jan Reusche- Home Health
Lynee Burken- SCL
Denise Beenk- ICF MR
Dixie Merritt- Vocational & Day Habilitation
Lori Jahn- HCBS

641-394-2391
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 Care, Inc.
108 E. Industrial Street

DeWitt, Iowa 52742

563-659-4100 (P)

563-659-1120 (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:

<p>Medicaid # _____</p> <p>Medicare# _____</p> <p>Other: _____</p>	<p>SS \$ _____ SSI \$ _____</p> <p>SSDI \$ _____ SSDAC \$ _____</p> <p>Other \$ _____</p>
<p>County of Legal Settlement: _____</p> <p>County of Residence: _____</p>	<p>Funding Source:</p> <p>___ County ___ HAB</p> <p>___ SCL ___ HCBS</p>
<p>CPC (name, address & phone):</p>	
<p>Case Manager (name, address & phone):</p>	
<p>Guardian (name, address & phone):</p>	
<p>Conservator (name, address & phone):</p>	
<p>Payee (name, address & phone):</p>	
<p>Mental Health Advocate (name, address & phone):</p> <p>County of Court Committal: _____</p>	

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 /Hab. Clinton Co. Hourly 24 Hour
- SCL/Hab. Jones Co. Hourly 24 Hour
- SCL/Hab. Scott Co. Hourly 24 Hour
- SCL/Hab. Chickasaw Co. Hourly 24 Hour
- SCL/Hab. 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

If yes, please explain: _____

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

If yes, please explain: _____

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 explain: _____

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 explain: _____

10) Is there any history of substance abuse?

YES NO

If yes, please explain: _____

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.