



Exceptional  
Persons, Inc.

Please mail, fax, or email your completed application to:

760 Ansborough Avenue • P.O. Box 4090  
Waterloo, Iowa 50704-4090  
Admissions Fax: (319) 232.0453  
Email: [intakes@episervice.org](mailto:intakes@episervice.org)

## APPLICATION/REFERRAL FOR SERVICES

Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Medicaid No.: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

County of Residency/Settlement: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Conservator: \_\_\_\_\_ Phone: \_\_\_\_\_

Income (Source & Amount): \_\_\_\_\_ Payee: \_\_\_\_\_

Primary Diagnoses: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Provider or Primary Caregiver:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Reason for referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of person making referral:**

\_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE NOTE:** Additional information is necessary to screen a person for program eligibility. An application will be considered complete when the following documentation is received:

- 1) Social History
- 2) Medical History / Reports
- 3) Psychological Evaluation (including Full Scale IQ)
- 4) Psychiatric Evaluation
- 5) Current Case Management Plan / Individual Program /Individual Educational Plan
- 6) Assessments
- 7) List of providers of other services and or past services

**Diagnosis of the person requesting EPI services (check any that may apply):**

\_\_\_\_\_ Mental Retardation      \_\_\_\_\_ Mental Illness      \_\_\_\_\_ Spectrum Disorder  
\_\_\_\_\_ Brain Injury      \_\_\_\_\_ Developmental Disorder

**Please check all that may be of interest to the person requesting EPI services:**

**Service Options for Children (age 17 and younger only):**

\_\_\_\_\_ Respite provided on an individual basis in the home or community  
(Respite is defined as a break for the caretaker when they are NOT at work)  
\_\_\_\_\_ Weekday Group Respite taking place during day/evening hours at a site  
\_\_\_\_\_ Weekend Group Respite taking place during day/evening and overnight hours at a site  
\_\_\_\_\_ Day Habilitation---group or individual skill building opportunities offered in the community of programming site  
- ages 16+  
\_\_\_\_\_ Other \_\_\_\_\_

**Service Options for Adults (age 18 or older only):**

\_\_\_\_\_ Skill building and minor support activities in the home and/or community during day/evening hours  
(Hourly Supported Community Living)  
\_\_\_\_\_ Small House with 4 or less people where staff provides skill building opportunities, support and supervision  
fourteen (14) or more hours per day (Daily Supported Community Living)  
\_\_\_\_\_ Large House with 8 to 12 people where staff provides skill building opportunities, support and supervision  
fourteen (14) or more hours per day (Daily Supported Community Living)  
\_\_\_\_\_ Day Habilitation with skill building activities at a site during the day including occasional leisure community  
activities (Day Habilitation at the CHOICE program)  
\_\_\_\_\_ Employment Services  
\_\_\_\_\_ Respite provided on an individual basis in the home or community  
(Respite is defined as a break for the caretaker when they are NOT at work)  
\_\_\_\_\_ Other \_\_\_\_\_

**If unsure of choices offered, please describe here what you want or need from EPI services:**

---

---

---