



P.O. Box V • Clear Lake, IA 50428

Phone: 641-357-5277 Fax: 641-357-6471

www.oppvill.org

## APPLICATION FOR SERVICES

CODE # 9.5

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

County (legal settlement): \_\_\_\_\_ Medicare #: \_\_\_\_\_

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

\_\_\_\_\_

Guardian: \_\_\_\_\_

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

Payee: \_\_\_\_\_

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

I am applying for services from Opportunity Village because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My wants and desires are (living arrangements, goals, employment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have the following needs:

1. Vocational – Employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Medical: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Life Skills (living, personal & educational): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Factors that would affect me receiving services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am currently receiving the following services (residential, vocational-employment,  
medical): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My current monthly income is:

Social Security \_\_\_\_\_

SSI \_\_\_\_\_

Railroad Pension \_\_\_\_\_

VA \_\_\_\_\_

(Please include a copy of cards.)

Wages/Earned Income \_\_\_\_\_

I have other medical coverage: \_\_\_ YES \_\_\_ NO

If yes:

Policy type: \_\_\_\_\_

Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_

I have a checking/savings account at (bank name/location): \_\_\_\_\_

My present balance is \$ \_\_\_\_\_ (checking) and \$ \_\_\_\_\_ (savings).

I have an irrevocable burial trust: \_\_\_ YES \_\_\_ NO

If yes, please provide a copy of the trust agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return form to:

Elisha Sylvester, Services Coordinator  
Opportunity Village  
PO Box V  
Clear Lake, IA 50428  
641-355-1248