

# CONFIDENTIAL

Authorization #

## FOCUS ON YOUTH FUND Application Form for Johnson County Children

Child's Name:		Birth Date:	
Race/Ethnicity of Child:		Male or Female:	
Is this child a Johnson County resident? <input type="checkbox"/> Yes <input type="checkbox"/> No.		School the child attends:	
What is the child's mental health diagnosis?		<input type="checkbox"/> Assessment Pending	
Required: Attach a copy of the diagnosis from a licensed mental health professional or medical doctor			
Parent / Guardian Name:		Number of Family Members in the Household:	
Address:			
Phone:		Email address:	
<b>Funding Need</b>	<b>Service Provider Name and Contact info</b> Required: Organization Name, contact name & phone # (Provider located in Johnson or Linn County only)	<b>\$ Amount</b>	
<input type="checkbox"/> Prescription Medication (attach a copy of the prescription)			
<input type="checkbox"/> Respite Care			
<input type="checkbox"/> Assessment			
<input type="checkbox"/> Individual or Family Counseling			
<input type="checkbox"/> Other (Describe)			
	TOTAL AMOUNT REQUESTED	➡	
This need is:		<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	

Who made the child's diagnosis?
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<p><b>Provide a brief description of the child/family situation:</b></p>
<p><b>Required: Explain how the requested services(s) will help your child with their mental health challenges:</b></p>
<p><b>What outcomes are expected as a result of receiving Focus on Youth Funds?</b></p> <p><input type="checkbox"/> Funding will help prevent an out of home placement.</p> <p><input type="checkbox"/> Funding will reduce the length of stay in placement.</p> <p><input type="checkbox"/> Funding will assist a child returning home from placement.</p> <p><input type="checkbox"/> Funding will prevent a child from becoming expelled from school or dis-enrolled from another community program.</p> <p><input type="checkbox"/> Other (Describe):</p>
<p><b>Does the child have insurance, and if so, what kind?</b></p> <p><b>Have <u>ALL</u> other funding resources been explored</b> i.e., Hawk I, Title XIX, State Child Care Assistance, Private insurance?</p> <p><b>Please explain what funding options have been explored:</b></p>
<p>Name of referring worker (if applicable):</p> <p>Agency (if applicable):</p> <p>Phone: _____ Email: _____</p> <p>Does this child meet the lowa definition of SED (Serious Emotional Disturbance)? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unsure</p> <p>*If "No," is an assessment pending?</p>
<p>Gross (before taxes) household family income in last 30 days (include job income, child support/alimony, Social Security benefits, unemployment, workman's comp, pension, FIP and income from all other sources.)</p> <p style="text-align: center;">\$ _____</p>
<p>I attest that the family income information provided on this application is true and accurate to the best of my knowledge.</p> <p style="text-align: center;">Parent/Guardian signature _____ Date _____</p>

**RELEASE OF INFORMATION STATEMENT:**I understand that protected mental health information is being released to Johnson County Social Services (JCSS). I authorize the release or exchange of relevant information among agencies for the purposes of coordinating community services. This release is valid for twelve (12) months from the date of signature. I understand that I can revoke this release at any time by contacting JCSS. I understand that Federal Law prohibits any further disclosure of this information.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Present this form (Faxed copy cannot be accepted) to the Social Services Coordinator for funding authorization:**

Note: FOCUS ON YOUTH funding is available through June 30 2018 or until funding is exhausted or extended

Revised 02/01/17

An Leonard Phone: 319.356.6090

Johnson County Social Services 855 S. Dubuque Street, Suite 202B Iowa City, Iowa 52240

Note: Applications will be processed within 5 business days if all application materials are included and complete.

**Authorization Signature:**

FOR OFFICE USE ONLY!

**Date:**

**Approved**  **Denied**