

CONCERNED, INC.

**REFERRAL APPLICATION CHECKLIST**

The staff of Concerned, Inc. would like to thank you for showing an interest in our programs. Please note that the information listed below is required before an application for our program can be considered. A decision will be made within thirty (30) days of receipt of all requested information. Further information may be requested if it is felt that an informed decision couldn't be made on the documents received.

**Please mark items with an "X" below, if included in the Intake Packet**

- Completed Application for Services
- Current Physical Examination (less than 12 months old)
- Current List of all Medications (names, dosages, times taken)
- Current Psychological/Psychiatric Evaluation (less than 5 yrs. old) if applicable
- Social History if applicable
- Other Pertinent Information
- Written Funding Approval
- Copies of all Legal Documents (guardianship, conservator, payee, Durable Power of Attorney, committals, etc.)
- Signed Releases of Information

Programs applying for (you may check multiple):  Organizational Employment (Work Services)

Adult Day Services     Community Employment     HCBS Residential Services

**To enhance our ability to provide quality services to the people we serve and to increase the likelihood of a successful program for this individual, please complete all requested information as thoroughly as possible. Please send the completed Application for Services and other Supplemental Information to:**

**CONCERNED, INC.  
Attention: Deb Henrich  
P.O. Box 47  
Harlan, Iowa 51537**

**Please feel free to contact Deb Henrich, Organizational Employment Coordinator at (712) 755-5834, with any questions you may have regarding the above information.**

**Thank You!**