



ADMISSION CRITERIA

Link Up Enterprises, Inc. (hereafter referred to as LUE, Inc.) will accept consumers based on the following criteria:

1. For HCBS – MR Waiver Supported Community Living (SCL) Services, the applicant must have a primary diagnosis of mental retardation; the primary need for services should stem from diagnosis.
2. The applicant must be requesting services for community-based services
3. The applicant and their guardians must accept the risks associated with community based services
4. Family/guardians must be willing to cooperate for the purpose of programming and care.
5. The applicant must be able to reliably self-administer all medication and follow all doctors' orders with supervision or prompting (if necessary). If the applicant is unable to do this, they must have other arrangements, outside of LUE, Inc., for the service to be provided.
6. The applicant must not be involved in illegal alcohol use, alcohol abuse or illegal drug use.
7. The applicant must have adequate financial sponsorship.
8. The applicant must be his/her own payee, or have an assigned payee, external to any Link-Up Enterprises, Inc. affiliate.



APPLICATION PROCEDURE & REFERRALS PROCESS

It is the policy of LUE, Inc. to consider persons for acceptance without regard to race, color, creed, religion, gender, age, or cultural background. Referrals may come from any interested party, but must be made through LUE, Inc. main office at:

7526 Hickman Road

Windsor Heights, IA 50322

Either by completing initial application on the website www.linkupus.com or by calling 515 334 7303

1. Complete Request for Service Form, Intake Form, and Agreement Form
2. Submit all additional documents as requested on Request for Service Form
3. Participate in a personal interview to include application, LUE, Inc. staff, and others as requested by applicant.
4. Interview and application materials will be shared with Admissions Committee.
5. Applicant will be informed of the decision made by Admissions Committee within seven (7) business days following the decision.
6. If accepted, a personal planning meeting will be held with the individual to determine individual needs.

APPEAL PROCESS FOR INTAKES

In the event an applicant is not satisfied with the intake decision, the following appeal process may be conducted:

1. The applicant, guardian and/or their referring counselor must notify the LUE, Inc. Case Aide Coordinator with an explanation as to why they are requesting an appeal. This explanation should be received within five (5) business days following the receipt of decision.
2. The Case Aide Coordinator will meet with the applicant and referring counselor to discuss the situation. If an agreement cannot be reached, the applicant may proceed to the next step.
3. Inform the Case Aide Coordinator of their dissatisfaction with the outcome. The Case Aide Coordinator will notify LUE, Inc. Director of Program services.
4. The Director of Program Services and the Director of the involved program will meet with the applicant and the referring party to discuss the situation and review the intake information. They will make a decision within ten (10) business days.

REQUEST FOR SERVICE

Date of Application: _____

Applicant's name: _____

Current Address: _____

Phone: (____) _____ Date Of Birth: _____

Social Security Number: _____ Medicaid Number: _____

Is an applicant his or her own guardian? _____ If not, who is? _____

Parent / Guardian Name: _____

Parent / Guardian Address: _____

Parent / Guardian Phone: (home) _____ (work) _____

Is the Parent / Guardian listed the person to contact in case of emergency? _____

If not, who should be contacted? _____

Address: _____

Telephone: _____

Please check the services desired from Link Up Enterprises, Inc.:

____ Supported Community Living ____ CDAC (In-Home Care) ____ Transportation

____ Chore Services ____ 24-Hours Supported Community Living ____ Respite

Other agencies or services to be involved: _____

MEDICAL

Primary Disability: _____

Secondary Disability: _____

Medications: _____

Is supervision of medication needed? _____

Doctor's Name: _____ Phone: _____

Address: _____

Primary Insurance: _____

Secondary Insurance: _____

Additional Comments: _____

***Applicant must be med-compliant and able to self-administer medications or have arrangements made for that service to be provided.**

FINANCIAL

Current benefits (list amount received each month)

SS _____ SSI _____ SSDI _____ Food Stamps _____

AFDC _____ Other _____

Have you received past benefits that are now terminated? _____

Additional Comments: _____

EDUCATION

Name of School: _____

Location: _____

Highest Grade Completed: _____ Date: _____

Did you participate in Special Education: _____

Education Goals: _____

RELATED SKILLS

Self help skills you are able to perform: _____

Strengths: _____

Areas of Need: _____

Leisure time preferences: _____

REFERRAL

Referral Source: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Case Manager: _____

Funding Source for SCL: _____

County of Legal Settlement: _____

Agencies / Individuals to receive reports: _____

Other interested people you want involved on your team: _____

Person filling out form: _____

LUE requires that the individual have knowledge of and support for this referral before the Admission Committee will consider it. If in agreement, please sign below:

Applicant Signature: _____

Co-guardian: _____ Case Manager: _____

The following documents *must* be submitted with the complete application before the Admissions Committee will consider it:

_____ Signed Release of Information included in application

_____ Most recent psychological evaluation

_____ Case Management ICP

_____ Most recent two months of progress notes (if with a current provider)

_____ General medical / physical examination completed within the last 12 months

_____ Guardianship documents

_____ Reports from previous programs (if applicable)

_____ Specialist examination report (if appropriate)

AUTHORIZATION TO RELEASE / RECEIVE CONFIDENTIAL INFORMATION

I, _____, hereby give permission to LUE, Inc. to release information to:

LUE's Admissions Committee

The reason for the information being released is:

to determine eligibility and provide recommendations for services

The specific information to be released is:

application for services packet

How the information is to be used:

during the Admissions Committee meeting to review application

This release is valid for one year, unless LUE is contacted and the release is revoked.

Signature of Application: _____ Date: _____

Person completing form: (If applicable): _____ Date: _____

Signature of legal guardian (If applicable): _____

Please return completed application to the following:

Link Up Enterprises, Inc.
Attn: Case Aide Coordinator
7526 Hickman Road
Windsor Heights, IA 50322
Fax 515 334 7306