



JOE PARISI
DANE COUNTY EXECUTIVE

Dane County Department of Human Services
Division of Adult Community Services

Division Administrator – Todd Campbell

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Application for Behavioral Health Services
Dane County Department of Human Services

DATE OF APPLICATION:

APPLYING FOR:	Case Management Services	Residential Services
	If applying for RESIDENTIAL, indicate:	
		Short-Term Care (max of 60 days)
		Long-Term Care (60+ days needed)

Last Name		First Name		Identified Race/Ethnicity:	
List any previous names in this format: Last, First			Gender at birth		Preferred Gender:
Social Security Number			Date of Birth MM/DD/YYYY:		
Street Address		City, State, Zip Code		County of Residence	
Phone Number Where You Can Be Reached:				Marital Status:	
OK to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address:		
Veteran Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected?		VA Contact Person:		Phone Number:

CONTACT INFORMATION

Referring Person's Name:
Referring Person's Agency (if any):
Relationship to Applicant:
Daytime Phone Number:
Email Address:

Legal Guardian? Yes No
Name:
Address:
Phone Number:
Email Address:

System Case Manager's Name:
Affiliated Agency:
Phone Number:
Email Address:

Psychiatrist:	Phone Number:
Primary Care Provider:	Phone Number:
Payee/Money Manager:	Phone Number:
Other Professional:	Phone Number:
Family Member:	Phone Number:
Natural and Community Supports:	

FINANCIAL INFORMATION

Monthly Income:

Source of Income: SSI SSDI VA Other (please list):

Personal Assets or Trust Funds:

Insurance Status (please check all that apply):

<input type="checkbox"/> Medicaid – HMO:	<input type="checkbox"/> Medicare – Member #:
<input type="checkbox"/> BadgerCare+ -- HMO:	<input type="checkbox"/> Private Insurance – Type:
<input type="checkbox"/> MAPP	<input type="checkbox"/> Partnership/Family Care – MCO:
<input type="checkbox"/> MA Member #:	<input type="checkbox"/> Other (incl. VA Medical):

CURRENT LEGAL STATUS

Chapter 51 Commitment Guardianship/Protective Placement Conditional Release Probation or Parole
 Registered Sex Offender History of Arson or Violent Crime (please specify):

Dates of Chapter 51, Probation, or Parole:

MEDICAL INFORMATION

Psychiatric Diagnoses (please include ICD-10 Codes):

Medical Diagnoses:

Have you been referred to and/or assessed by the Aging and Disability Resource Center (ADRC) of Dane County?

Yes – When? No

Please list all hospitalizations and placements to the best of your knowledge

NEEDS INVENTORY

Please check all that apply if needing significant support and/or supervision with the following:

- | | |
|---|---|
| <input type="checkbox"/> Medication Supervision | <input type="checkbox"/> Daily Living Skills |
| <input type="checkbox"/> Physical Safety | <input type="checkbox"/> Vocation Support |
| <input type="checkbox"/> Social/Interpersonal Support | <input type="checkbox"/> Medication and Symptom Education |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Scheduling/Tracking Appointments |

HOUSING INFORMATION

History of bedbugs? No Yes, please explain:

Current Living Situation:

GOALS OF RESIDENTIAL PLACEMENT/CASE MANAGEMENT:

REASON FOR REFERRAL AND RELEVANT BACKGROUND INFORMATION NOT CAPTURED ABOVE (attach summary if desired):

Signature of Person Completing Form

Date Signed