



50 Allegiance Circle, Evanston, Wyoming 82930  
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[www.mrsi.org](http://www.mrsi.org)

**“Assisting Each Person Served In Achieving The Highest Quality Of Life!”**

**APPLICATION FOR SERVICE**

Date of Application: \_\_\_\_\_

I, \_\_\_\_\_, hereby request admission to Mountain Regional Services, Inc. for the following program(s).

Services offered within MRSI:

- \_\_\_\_\_ Community Employment Services: Employment Supports/Job Development
- \_\_\_\_\_ Community Housing (Community Living Services)
- \_\_\_\_\_ Community Integration (Adult Day Services)
- \_\_\_\_\_ Payee
- \_\_\_\_\_ Supported Living

There are other services available through the Medicaid Waivers. Please speak with your Case Manager for information regarding other necessary services.

I agree to abide by MRSI rules and regulations and to voluntarily participate in any program of habilitation/rehabilitation training that best meets my needs and takes place in the least restrictive environment.

\_\_\_\_\_  
Person Served Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Received By

\_\_\_\_\_  
Date

**REQUIRED DOCUMENTS:**

**Documents necessary for MRSI to begin processing your request:**

**Date Received**

MRSI Application	_____
Most recent Psychological Evaluation	_____
Most recent ICAP	_____
Current Funding Amount	_____
Current Service Level	_____
Case Manager Information	_____
Current IPC or IEP (if participant is student)	_____
Guardianship Documents	_____
Legal History	_____
Medical Diagnosis	_____
Medical History (including updated vaccination record)	_____
Medication list including: Prescribing doctor, dosage, times taken, purpose	_____
Psychiatric History: Name of psychiatrist, release of information form, medication history	_____
List of Previous Placements	_____
Previous Placement Records	_____

**Documents that must be received upon acceptance to MRSI:**

Social Security Card (copy)	_____
Medicaid ID Card (copy)	_____
Birth Certificate (copy)	_____
SSI/SSDI Verification	_____
State ID	_____
Medical Examination Report	_____
Medical Release form for all medical personnel: Doctor(s), dentist, etc.	_____
Psychological History: Name of therapist(s), release of information, all previous evaluations available	_____

**When arriving at MRSI, the following items must be received:**

- 30 day supply of pre-set medications
- Prescriptions for all medications
- Documentation of medication(s) provided upon arrival date
- Personal belongings: Bed, dresser, adaptive equipment, spending money, electronics, etc.

**SECTION I - GENERAL INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address if Different: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Marital Status: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Preferred Religion: \_\_\_\_\_ Are you active? \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Referral Source: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**SECTION II: AREAS OF INTEREST, STRENGTHS, ABILITIES, PREFERENCES:** \_\_\_\_\_

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What do you want to achieve by attending MRSI? What are your goals, plans for the future and objectives? Please describe: \_\_\_\_\_

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**SECTION III: DISABILITY INFORMATION:**

**Provide Psychological/Neuro-Psychological Document or complete the following if additional diagnosis is not included in evaluation(s).**

Current Mental/Behavioral Disability Diagnosis: \_\_\_\_\_

Current IQ \_\_\_\_\_ Date Tested \_\_\_\_\_ By Who \_\_\_\_\_

<u>Disability</u>	<u>Who diagnosed</u>	<u>At what age</u>	<u>Symptoms</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**SECTION V: MEDICAL INFORMATION**

	Name:	Address/Phone #	Last/Upcoming Appointment	Release
Primary Physician	_____	_____	_____	_____
	_____	_____	_____	_____
Dental Provider	_____	_____	_____	_____
	_____	_____	_____	_____
Vision Provider	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____

Current Medication list: May attach a list if necessary

Medication	Physician	Dosage/Schedule	Purpose	Date Prescribed

**Hospitalizations:**

Date:	Facility:	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prior Residential Treatment:**

Date:	Facility:	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION VI: FINANCIAL INFORMATION**

Do you currently receive:

Medicaid Waiver Services? Comprehensive \_\_\_\_\_ Supports \_\_\_\_\_

Wyoming title XIX Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is your number? \_\_\_\_\_

Supplemental Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the monthly amount? \_\_\_\_\_

Social Security Disability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the monthly amount? \_\_\_\_\_

Please list all other assets: \_\_\_\_\_  
\_\_\_\_\_

**SECTION VII: EDUCATIONAL HISTORY:**

School (List name, address, and type of education)	Dates Attended/Graduation Date
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(1) _____ _____ _____	_____
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(2) _____ _____ _____	_____
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(3) _____ _____ _____	_____
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**SECTION VIII: WORK HISTORY**

(1) Employer (Name and address) \_\_\_\_\_  
Position held \_\_\_\_\_ Dates \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(2) Employer (Name and address) \_\_\_\_\_  
Position held \_\_\_\_\_ Dates \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(3) Employer (Name and address) \_\_\_\_\_  
Position held \_\_\_\_\_ Dates \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**SECTION IX: MILITARY HISTORY**

Dates of Service: \_\_\_\_\_

Branch: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Thank you for your interest and application with MRSI. We will process your application as quickly as possible. For questions or further information, please contact Kyle Tase at ktase@mrsi.org.