P. O. Box 6005 * Evanston, Wyoming 82931-6005
Telephone: (307) 789-3710 Fax: (307) 789-0823
www.mrsi.org

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

APPLICATION FOR SERVICE

I, ____, hereby request admission to MRSI for the following program(s).

Date of Application: _________________________Waiver Applied for: ______Comprehensive ______Support _______ CABI

Services offered within MRSI:

_____ Adult Day Services
_____ Community Living Services
_____ Community Support Services
_____ Companion
_____ Crisis Intervention
_____ Environmental Modification
_____ Homemaker
_____ Payee
_____ Personal Care
_____ Respite
_____ Skilled Nursing
_____ Specialized Equipment
_____ Supported Employment
_____ Transportation

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

_________________________________ _____________________
Program Coordinator Date

DOCUMENTS NECESSARY TO APPLY MRSI SERVICES

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 (copy)	________
Medical Examination Report	________
Medical Release form for all medical personnel: Doctors, 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 provided upon arrival date
List of adaptive equipment
Personal belongings: Bed, dresser, spending money, cigarettes (if applicable)

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: ______________________________ # of Dependents: _____________________________

Height ___________________ Weight ________________ Eye Color ____________________________

Identifying Marks: ____

Preferred Religion: __________________________________ Are you active? _______________________

Guardian? Yes _____ No _____

Mailing Address: ____

Phone # __________________________________ Cell Phone _____________________________________

Emergency Contact Name: _______________________________ Phone # ___________________________

Referral Source: ____

Reason for Referral: ____

Secondary Emergency Contact _______________________________ Phone # ________________________

SECTION 2: FAMILY

Member (indicate if deceased or estranged):
Mother's name ____
Address, telephone number, e-mail:____

Father's name ____
Address, telephone number, e-mail: ____

Spouse's name ____
Address, telephone number, e-mail: ____

Please provide additional contacts if accepted into program, such as siblings, friends, etc.

SECTION 3: AREAS OF INTEREST, STRENGTHS:

Hobbies: ____

____

____

____

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 4: DISABILITY INFORMATION:

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

Current Mental/Behavioral Disability Diagnosis

Current IQ ______________ Date Tested ____________ By Who ______________________

Disability	Who diagnosed	At what age	Symptoms

Describe any behavioral problems that may affect provision of services, including hostility, low frustration tolerance, poor compliance with treatment, running away, hurting self or others, etc.

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____

Please describe any drug or alcohol use and any prior treatment those problems.

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SECTION 5: LEGAL HISTORY

MRSI is unable to serve any person required to register under sex-offender laws.
Please describe any current legal problems (including criminal charges and civil lawsuits).

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Please describe if applicant has ever been arrested for a misdemeanor or felony.

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Please describe if applicant has ever been in jail, prison or on probation.

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SECTION: 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 7: FINANCIAL INFORMATION

Do you currently receive:

Medicaid Waiver Services? Comprehensive __________ Supports __________ CABI ______________

Wyoming title XIX Medicaid? Yes _____ No _____ If yes, what is your number? ____________________

Wyoming Medicare? 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? ________

Food Stamps? Yes _____ No _____ If yes, what is the monthly amount: ___________________________

Private Insurance? Yes _____ No _____ Policy Company ____

Policy Number ____

Please list all other assets: ____

____

SECTION 8: EDUCATIONAL HISTORY:

School (List name, address, and type of education) | Dates Attended/Graduation Date

(1) ______________________________________ ______________________
____
____

(2) ______________________________________ ______________________
____
____

(3) ______________________________________ ______________________
____
____

SECTION 9: 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 10: 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 refer to the attached business card for contacts.