



<p><b>Required: Explain how the requested services(s) will help your child with their mental health challenges:</b></p>
<p><b>Does the child have insurance, and if so, what kind?</b></p> <p>Have <b><u>ALL</u></b> other funding resources been explored i.e., Hawk I, Title XIX, State Child Care Assistance, Private insurance?</p> <p><b>If the child is uninsured, what barriers prevent the child from having health insurance?</b></p> <p><b>Please explain what funding options have been explored:</b></p>
<p>Name of referring worker (if applicable):  Agency (if applicable):  Phone: _____ Email: _____</p> <p>Does this child meet the Iowa definition of SED (Serious Emotional Disturbance)? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unsure  *If "No," is an assessment pending?</p>
<p>Gross (before taxes) household family income in last 30 days (include job income, child support/alimony, Social Security benefits, unemployment, workman's comp, pension, FIP and income from all other sources.)</p> <p style="text-align: center;">\$ _____</p>
<p>I attest that the family income information provided on this application is true and accurate to the best of my knowledge.</p> <p style="text-align: center;">Parent/Guardian signature _____ Date _____</p>

**RELEASE OF INFORMATION STATEMENT:** I understand that protected mental health information is being released to Johnson County Social Services (JCSS). I authorize the release or exchange of relevant information among agencies for the purposes of coordinating community services. This release is valid for twelve (12) months from the date of signature. I understand that I can revoke this release at any time by contacting JCSS. I understand that Federal Law prohibits any further disclosure of this information.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Present this form (Faxed copy cannot be accepted) to the Social Services Coordinator for funding authorization:**

An Leonard Phone: 319.356.6090

Johnson County Social Services 855 S. Dubuque Street, Suite 202B Iowa City, Iowa 52240

Note: Applications will be processed within 5 business days if all application materials are included and complete.

<p><b>Authorization Signature:</b> _____</p> <p><b>Date:</b> _____</p>	<p>FOR OFFICE USE ONLY!</p> <p><input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b></p>
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Note: FOCUS ON YOUTH funding is available through June 30 2021 or until funding is exhausted or extended

Revised 2021