CONFIDENTIAL

Authorization #

FOCUS ON YOUTH FUND Application Form for Johnson County Children

Child's Name:	**Birth Date:**
Race/Ethnicity of Child:	**Male or Female:**
Is this child a Johnson County resident? ☐ **Yes** ☐ **No.**	**School the child attends:**
What is the child's mental health diagnosis? ☐ **Assessment Pending** **Required: Attach a copy of the diagnosis from a licensed mental health professional or medical doctor**	
Parent / Guardian Name:	**Number of Family Members in the Household:**
Address:	
Phone: **Email address:**	

Funding Need	**Service Provider Name and Contact info** Required: Organization Name, contact name & phone # (Provider located in Johnson or Linn County only)	**$ Amount**
☐ Prescription Medication (attach a copy of the prescription)		
☐ Assessment		
☐ Individual or Family Counseling		
☐ Other (Describe)		
	TOTAL AMOUNT REQUESTED ⇨	
This need is: □ One-Time ☐ Ongoing		

Who made the child's diagnosis?
Provide a brief description of the child/family situation:

Note: FOCUS ON YOUTH funding is available through June 30 2023 or until funding is exhausted or extended

Required: Explain how the requested services(s) will help your child with their mental health challenges:

Does the child have insurance, and if so, what kind?

Have ALL other funding resources been explored i.e., Hawk I, Title XIX, State Child Care Assistance, Private insurance?

If the child is uninsured, what barriers prevent the child from having health insurance?

Please explain what funding options have been explored:

Name of referring worker (if applicable):
Agency (if applicable):
Phone: Email:

Does this child meet the Iowa definition of SED (Serious Emotional Disturbance)? ☐ Yes ☐ No* ☐ Unsure
*If "No," is an assessment pending?

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.)

$ _____

I attest that the family income information provided on this application is true and accurate to the best of my knowledge.

Parent/Guardian signature _____ Date _____

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.

Authorization Signature: FOR OFFICE USE ONLY!

Date: ☐ **Approved** ☐ **Denied**

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