



# Dane County Department of Human Services

## Division of Behavioral Health Services

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JAMIE KUHN  
INTERIM DANE COUNTY EXECUTIVE

### 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    ☐ Employed    ☐ 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