

# Supported Community Living Request for Services - Goodwill of The Heartland

Employment Services  
1700 S. First Ave., Suite 11A  
Iowa City, IA 52240  
(319) 337-4889  
Fax: (319) 337-5494

Cedar Rapids Center  
1441 Blairs Ferry Road NE  
Cedar Rapids, IA 52402  
(319) 393-3434  
Fax: (319) 393-8935

**Instructions.** Complete both sides upon referral to the Goodwill program. Submit with documentation of disability, medical information, social history and other appropriate referral information. Thank you for this referral.

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Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (m.i.)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ SSI: \$ \_\_\_\_\_/mo. SSDI: \$ \_\_\_\_\_/mo.

Guardian \_\_\_yes \_\_\_no Name \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Payee \_\_\_yes \_\_\_no Name \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Disability: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Medications \_\_\_\_\_

History of aggression toward self, others and/or property: \_\_\_yes \_\_\_no \_\_\_unknown

Residential Status: \_\_\_Independent \_\_\_Family/friends \_\_\_Other \_\_\_\_\_

Transportation Status: \_\_\_Drives \_\_\_Bus \_\_\_Needs assistance on bus \_\_\_Paratransit

Vocational History: \_\_\_Currently working \_\_\_Worked previously, not currently \_\_\_Never worked

Employer \_\_\_\_\_ Job \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Job \_\_\_\_\_ Dates \_\_\_\_\_

County of Legal Settlement \_\_\_\_\_ Funding Source \_\_\_\_\_

Educational Information \_\_\_\_\_

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Community Living Barriers/Needs \_\_\_\_\_

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Community Living Goal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client preferences/requests for assistance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons to be included on the Interdisciplinary Team \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Referring Agency \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Referring Social Worker/Case Manager

\_\_\_\_\_  
Date