


**CONFIDENTIAL**

Authorization #

**FOCUS ON YOUTH FUND Application Form for Johnson County Children**

<b>Child's Name:</b>		<b>Birth Date:</b>
<b>Race/Ethnicity of Child:</b>		<b>Child Gender:</b>
<b>Is this child a Johnson County resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No.		<b>School the child attends:</b>
<b>What is the child's mental health diagnosis?</b>		<input type="checkbox"/> <b>Assessment Pending</b>
<b>REQUIRED: Attach a copy of the diagnosis from a licensed mental health professional or medical doctor</b>		
<b>Parent / Guardian Name:</b>		<b>Number of Family Members in the Household:</b>
<b>Address:</b>		
<b>Phone:</b>		<b>Email address:</b>
<b>Funding Need</b>	<b>Service Provider Name and Contact info</b> Required: Organization Name, contact name & phone # (Provider located in Johnson or Linn County only)	<b>\$ Amount</b>
<input type="checkbox"/> Prescription Medication (attach a copy of the prescription)		
<input type="checkbox"/> Assessment		
<input type="checkbox"/> Individual or Family Counseling		
<input type="checkbox"/> Other (Describe)		
	<b>TOTAL AMOUNT REQUESTED</b>	
<b>This need is:</b> <input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing		

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

<b>Required: Explain how the requested services(s) will help your child with their mental health challenges:</b>
<b>Does the child have insurance, and if so, what kind?</b>
<p><b>Have <u>ALL</u> other funding resources been explored</b> 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): _____</p> <p>Agency (if applicable): _____</p> <p>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</p> <p>*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** \_\_\_\_\_

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

[Focus@JohnsonCountyIowa.gov](mailto:Focus@JohnsonCountyIowa.gov)

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

Questions can be directed to [Focus@JohnsonCountyIowa.gov](mailto:Focus@JohnsonCountyIowa.gov) or 319-356-6090

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

<b>Authorization Signature:</b> _____	FOR OFFICE USE ONLY!
<b>Date:</b> _____	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>