ProWorks, Inc. Application

Please complete the following forms and return to ProWorks. Along with these forms please include the following information (if applicable):

- Individual Service Plan (ISP) or equivalent form including social history
- Copy of most recent physical exam and any other pertinent medical information
- Psychological evaluation
- Current residential program information and risk management plan
- Current day program/vocational information and risk management plan
- List of dietary needs/allergies/physical restrictions or any other special needs
- Recent behavior/incident reports (if any) and copy of behavior management program, if required

Applicant's Name: _____
First Middle Last

Address: _____
Street City State Zip

Telephone: (____)_____ (_____)_____

Primary caregiver: _____ Phone #: _____

Type of Billing Services: ☐ TBI waiver ☐ DD waiver ☐ VCA ☐ MI ☐ CADI waiver

Diagnosis Code : _____

Guardianship Status: ☐ Self ☐ Parental ☐ Private ☐ Court Appointed ☐ Conservatorship ☐ Co-Conservatorship ☐ Ward of Commissioner

Legal Guardian(s): _____
Full name Relationship

Address: _____
Street City State/Zip Phone #

County Casemanager: _____
Name County

Address: _____
Street City State/Zip Phone #

Primary Diagnosis: _____ **Secondary Diagnosis**: _____

Approval to accept or deny a person will be:
Based upon the evaluation of the person's assessed needs and ProWorks' lack of capacity to meet those needs.

Skills / Ability

Communications: Check as it applies: Receptive: ☐ Good ☐ Limited Expressive: ☐ Good ☐ Limited

☐ Non-verbal ☐ No means to communicate ☐ Sign Language ☐ Picture Book ☐ Augmentative Talker

Specialized Services: (check area currently receiving)

☐ Speech Therapy ☐ Occupational Therapy ☐ Other (Specify) _____

Does applicant have any physical disabilities which require the use of special devices/aids (wheelchair, braces, walker, orthopedic shoes, cane, splints, etc.) Please list:

_____

Maladaptive Behaviors: (check & complete as it applies): Display behaviors? ☐ **No** ☐ **Yes, what kind?**

Physical aggression: type & frequency:_____

Verbal aggression: when occurs & frequency: _____

S.I.B. (self-injurious/bite self, pick sores, etc.): _____

Mental Illness: type & frequency: _____

Stealing: what & frequency: _____

Pica: type & frequency: _____

Property displacement: type & frequency: _____

Other: specify type & frequency: _____

Self-Preservation: (check level that applies)

- Ambulatory skills ☐ Independent ☐ Needs Assistance Comments_____
- Evacuation skills ☐ Independent ☐ Needs Assistance Comments_____
- Protect self from abuse/neglect ☐ Independent ☐ Needs Assistance Comments_____
- Operate appliances ☐ Independent ☐ Needs Assistance Comments_____
- Protect self from physical aggression ☐ Independent ☐ Needs Assistance Comments_____

Self-Care:

- Eating skills ☐ Independent ☐ Needs Assistance Comments_____
- Toilet skills ☐ Independent ☐ Needs Assistance Comments_____
- Dressing skills ☐ Independent ☐ Needs Assistance Comments_____
- Hygiene skills ☐ Independent ☐ Needs Assistance Comments_____

Community:

- Money Management ☐ Independent ☐ Needs Assistance Comments_____
- Street-crossing ☐ Independent ☐ Needs Assistance Comments_____
- Ordering/Shopping ☐ Independent ☐ Needs Assistance Comments_____
- Orientation ☐ Independent ☐ Needs Assistance Comments_____

STANDARD RELEASE OF INFORMATION

I understand that I and my legal representative have full access to my records and recorded information that is maintained, collected, stored, or disseminated by the company. Private data are records or recorded information that includes personal, financial, service, health, and medical information. I, hereby, authorize **ProWorks, Inc.** to routinely release my private information those staff of **ProWorks, Inc.** who have a need to know including: executive and administrative staff, financial and nursing staff including assigned or consulting nurses, management staff including the Designated Coordinator and/or Designated Manager, and direct support staff. In addition, my support team or expanded support team may receive my private information as needed, including my county case manager, employer, behavior professionals, and other licensed service providers.

I understand the purposes for collecting and releasing my private information. I also understand that the information released by this company will be used only by authorized agencies or entities.

The MN Government Data Practices Act protects your privacy, but also lets us release information about you to others if 1.) a law or government regulation requires it and 2) we tell you before we do it. The information below tells why and when we will ask for information about you that we do not currently have and release information about you. It applies to all future contacts you will have with us. The company will obtain authorization to release information of persons served when consultants, sub-contractors, or volunteers are working with the company to the extent necessary to carry out the necessary duties. The company will obtain authorization to release information of persons served when consultants, sub-contractors, or volunteers are working with the company to the extent necessary to carry out the necessary duties.

What are some reasons we use your information?

There are many reason we use your private information regarding service provision and continuity of care purposes. Your information allows us to tell you from other persons who get the same service; to understand what services you may need; deliver those services in the most effective and efficient way possible, to work efficiently and effectively with other organizations or people who also support you; to protect your rights; collect money from the federal, state, or county agencies for services provided; to make reports, audit, and evaluate our services to make them better; and/or to ensure that our services are designed and delivered in accordance with all federal, state, or county laws and regulations.

Do you have to provide us with information? What will happen if you do not provide us all the information? What happens if you do not release your information to others?

Generally, the law says you do not have to give us all the information we ask for; however, we need some information to give you services. If we do not get it, or if we cannot share it with others who work with you, then we might not be able to assist you or assist you effectively. Also, it is possible laws or regulations might order us to obtain or release it later. Our agency might receive fines or corrective action as a result of not having the information.

Who else may access your information when required?

The following entities also have access to persons' private data as authorized by applicable state or federal laws, regulations, or rules. Other entities or individuals authorized by law:

- Minnesota Department of Human Services
- County of company's social services
- U.S. Department of Health and Human Services
- Social Security Administration
- Federal, state, or county auditors
- Adult or Child Protection units and investigators
- The MN Ombudsman for Mental Health or Developmental Disabilities
- County of financial responsibility
- Local or state health departments
- Law enforcement personnel and attorneys
- Various state departments
- Representative payee and financial workers
- Other licensed service providers as needed

You have the right to access your information and to request copies.
You and/or legal representative have the right to request that your records or recorded information and documentation be altered and/or to request copies. If you would like copies of your information, please provide us with five (5) days notice, if possible. Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the person served or other individuals or persons. Information will be maintained on this disclosure and you may request this information and request copies.

What can you do if you believe your information is inaccurate?
Your objections must be in writing and should be submitted to our company. This written notice must include why you believe the information is incorrect. Please include an explanation of the information that you disagree with. A copy of this objection you submitted in writing will be maintained in your service recipient record. Your explanation will be attached any time that information is shared with another agency.

What privacy rights do minors have?
If you are under eighteen (18), your legal representative/legal guardian may see data about you and authorize others to see it. You can make a request to have specific information withheld from people with whom you do not want your information shared. Your legal representative/legal guardian will make a determination if the information will be shared.

Summary/consequences – I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information. But not doing so may affect this company's ability to provide needed services to me.
- If I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this consent with a written notice at any time, but this written notice will not affect information this company has already released.
- The person(s) or agency(ies) who receive my information may need to pass it on to others.
- If my information is passed on to others by this company, it may no longer be protected by this authorization.
- This consent will end in one annual year from the date I sign it, unless the law allows for a longer period.

I understand that without my prior, written consent, the sharing of my information will not occur with any agency not listed above, for any reason not described above, or for any use not described above. I understand that I also have the right to review any information which is maintained by **ProWorks, Inc.** about me, as provided for in MN Government Data Practices Act, section 13.46. I further understand that I may review the information before it is released, subject to my right to review this information under the controlling federal and state laws.

_____ _____
Person served and/or legal representative Date