

SOUTHEAST IOWA LINK
MENTAL HEALTH DISABILITY SERVICES
County of Residence Determination Worksheet

“County of residence” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

First Name: _____ Middle Name: _____ Last Name: _____ Maiden/Nickname: _____

Date of Birth: _____ SSN#: _____

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Current Address **City** **State** **County**

- Private Residence/Household – Alone Private Residence/Household – With Relatives
 Private Residence/Household – With Unrelated Persons Foster Care/Family Life Home
 Correctional Facility Substance-related Treatment Facility 24-Hour Habilitation Home
 24-Hour Supported Community Living Home Residential Care Facility(RCF) RCF/ID RCF/PMI
 Intermediate Care Facility(ICF)/Nursing Home ICF/ID State MHI State Resource Center
 Homeless/Shelter/Street Other: Explain _____

Dates of Residency at this address: _____ to _____

If you are NOT homeless, skip this section. If you are homeless, please indicate where you slept the last five nights:

- 1) _____ 2) _____ 3) _____
 4) _____ 5) _____

Do you intend to live in this county permanently or for an indefinite period of time? Yes No

Explain: _____

Residency Determined? Yes, County of Residence: _____
 No, Please Continue.

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Previous Address **City** **State** **County**

- Private Residence/Household – Alone Private Residence/Household – With Relatives
 Private Residence/Household – With Unrelated Persons Foster Care/Family Life Home
 Correctional Facility Substance-related Treatment Facility 24-Hour Habilitation Home
 24-Hour Supported Community Living Home Residential Care Facility(RCF) RCF/ID RCF/PMI
 Intermediate Care Facility(ICF)/Nursing Home ICF/ID State MHI State Resource Center
 Homeless/Shelter/Street Other: Explain _____

Dates of Residency at this address: _____ to _____

Residency Determined? Yes, County of Residence: _____
 No, Please Continue.

