IOWA Health and Human Services

Priority Needs Assessment – Long-Term Services and Supports

Disability Services

Applicant Information

Applicant First and Last Name	
Date of Birth	Date of Completion

List Requested Long-Term Services and Supports

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Need Criteria – Check all that apply and provide detail on the next page:

☐ Applicant has applied for the Iowa Medicaid Home and Community-Based Services (HCBS) Waiver and the Waiver Priority Need Assessment (WPNA) has been completed and submitted.

☐ Applicant has a completed functional assessment score that reflects need. List Assessment Score:

☐ Applicant is at risk of losing current placement

☐ Applicant's caregiver needs services in place to remain employed

☐ There is a potential risk of abuse and/or neglect by a caregiver, and/ or others residing with the applicant.

☐ The applicant has demonstrated behaviors that put the applicant at risk.

☐ The applicant has demonstrated behaviors that put others at risk.

☐ The applicant is at risk of facility placement when needs could be met through Disability Services LTSS gap services.

Additional Information
Provide additional information which explains how the applicant meets the need criteria(s) for the long-term services and supports checked above. Attach additional documents or sheets as necessary.

Assessment Completed by (print name)	Signature
Contact Phone Number	Relationship to Applicant
Contact Email	Date

Return the completed form to:

Iowa HHS

Attention: Aging & Disability Services, Disability Services

321 12th Street, Des Moines, IA

Or by email to: DSassistance@hhs.iowa.gov