IOWA Health and Human Services

# Priority Needs Assessment –Long-Term Services and Supports (LTSS) Housing

## Disability Services

### Applicant Information

| | |
|---|---|
| Applicant First and Last Name | |
| Applicant Date of Birth | Requested Monthly Amount |
| Requested Start Date | End Date of Request |

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

- ☐ Applicant has applied for and/or been determined ineligible for all other housing assistance. List all options explored and outcome:
- ☐ Applicant is participating in other Disability Services.
- ☐ Applicant is at risk of losing current housing or placement.
- ☐ 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 or others at risk.
- ☐ The applicant is at risk of facility placement when needs could be met through Disability Services LTSS gap services.
- ☐ The applicant needs to transition out of facility placement funded by Disability Services.

Additional Information

Provide additional information to support this request as needed. Attach additional documents or sheets as necessary.

| Requested by (print name) | Date |
|---|---|
| | |

| Request: ☐ Approved ☐ Not Approved | |
|---|---|
| Approved by (print name) | Date Effective |
| Amount | Duration |

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