



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

May 14, 2010

GENERAL LETTER NO. 3-B-AP-3

ISSUED BY: Division of Mental Health and Disabilities Services

SUBJECT: Employees' Manual, Title 3, Chapter B, *STATE RESOURCE CENTERU APPENDIX*, page 1, revised; and the following form:

470-4402 *Application for Admission to a State Resource Center*, revised

Summary

These revisions delete the references to the "deputy director for field operations" and replaces them with the "division administrator for mental health and disabilities services" to reflect the Department's new administrative structure.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 3, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
1	October 27, 2006
470-4402	10/06

Additional Information

Refer questions about this general letter to the division administrator for mental health and disability services.

Application for Admission to a State Resource Center

To: The _____ County Board of Supervisors

I, _____, _____
Name *Address*

am the _____ of _____
Parent, Guardian, Legal Representative *Name of Individual to Be Served*

for whom I seek voluntary admission to _____ Resource Center.
I believe the individual is or may be a person with mental retardation. (Attach supporting information.)

Type of admission requested: Admission Temporary admission Outpatient admission

Birth date of individual _____

Signature

Date

Signature

Date

We, the Board of Supervisors of _____ County, hereby make application
for voluntary admission of _____ to the Superintendent of the
Name of Individual

_____ Resource Center in accordance with Iowa Code sections
222.13 and 222.13A. Our determination is, that the individual for whom application is made

has legal settlement in _____ County or has no legal settlement.
(If the determination is that legal settlement is in a county other than the county making the application
or the person has no legal settlement, attach documentation to support that determination.)

This application has been made through the central point of coordination process. (CPC signature
required for all applications for an adult individual.)

CPC Administrator

Chairperson, County Board of Supervisors

Application approved as a state case: Yes No Date _____

Administrator, Mental Health and Disability Services Division

Readmission: Yes No

[Application for Admission to a State Resource Center, Form 470-4402](#)

Purpose Form 470-4402 is used to make application for admission to a resource center.

Source Print the form from the on-line manual. Resource centers may print their own supply.

Completion The first section of the form is completed by the individual who is seeking admission to the resource center, or by the individual's legal representative.

The second section of the form is completed by the central point of coordination or the county board of supervisors of either the individual's county of residence or the county of legal settlement.

The third section of the form is completed by the division administrator for mental health and disability services or the division administrator's designee when approval as a state case is requested.

Distribution The original is submitted to the resource center through the Residential Technical Assistance Team (RTAT).

Data Information supporting the individual's diagnosis of mental retardation or possible mental retardation is attached.

Documentation is attached to support the legal settlement determination if legal settlement is determined to in a county different than the county signing the application or if the determination is that the individual has no legal settlement.