

Iowa Department of Human Services

SSI Advocacy Project Referral

The Iowa Department of Human Services has selected MAXIMUS to assist in identification of children in DHS custody who have disabilities and may be eligible for Supplemental Security Income (SSI) benefits. If you would like to send a referral, please complete and submit the following information. If you have questions about referrals, please contact MAXIMUS at 1-800-778-1406 or <u>iowassi@maximus.com</u>.

| Child's Name | Date of Birth | SSN | Case Number | | |
|---|---------------|-------------------|-------------|--|--|
| | | | | | |
| Name of Foster Parents/Facility and Name of Facility Contact | | Date of Placement | | | |
| | | | | | |
| Address | | Phone Number | | | |
| | | | | | |
| Is there a court order or petition placing child in DHS/JCO custody? Yes No | | | | | |
| Does the child have a diagnosed mer | rment? 🗌 Yes | 🗌 No | | | |
| If "NO" for either of the above questions, STOP and do not proceed with referral. | | | | | |
| Does the child have a deceased or disa | 🗌 Yes | 🗌 No | | | |
| Is the child receiving any benefits based retired parent's account? | led or | 🗌 No | | | |

The following are some indicators that a child may qualify for the SSI program (check all that apply):

- Child has recently received (within the last 6 months) or is receiving psychiatric hospital services due to diagnosed mental impairments other than substance abuse
- Child was recently discharged from or is currently in a residential facility due to diagnosed mental impairments other than substance abuse
- Child receives special education services to address severe learning problems
- Child receives **intensive** outpatient counseling or therapy
- Child has moderate to severe intellectual disability (IQ 70 or less)
- Child has severe developmental delays (functioning one-half or less of chronological age)
- Child receives intensive medical services or treatment for a physical impairment
- Infant (less than 6 months old) born at a very low birth weight (2 lbs. 10 oz.)

| Referred By | Telephone | Date |
|-------------------|-----------|-------|
| Guardian Ad Litem | Telephone | Email |

Send referral to: MAXIMUS SSI Advocacy 309 Court Avenue, Box 237 Des Moines, IA 50310

| Telephone: | 1-800-778-1406 |
|------------|---------------------|
| Email: | iowassi@maximus.com |
| Fax: | 515-699-8535 |