

Charlene Nelson
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Dear Prospective Employee,

Enclosed you will find the application for the "Consumer Option Choice" positions. Thank you for your interest in this terrific program.

Please fill out the forms to the best of your ability. I know that it is long, but hopefully the interviews will go more quickly if many of the questions are answered. I thought, too, that it's easier to answer subjective questions in the calm of your home and with time to ponder than to answer them in an unfamiliar setting.

Thanks,



Charlene Nelson

Enc.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

 NAME SIGNATURE

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

IOWA DEPARTMENT OF HUMAN SERVICES

REQUEST & ACKNOWLEDGEMENT TO CONDUCT REGISTRY AND RECORD CHECK

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the department's clients or provide Department approved services for the Department's clients and hereby request the Department conduct such a Registry and Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

SEXUAL OFFENDER REGISTRY

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature _____

_____ Date

CHILD ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature _____

_____ Date

DEPENDENT ADULT ABUSE REGISTRY

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature _____

_____ Date

CRIMINAL HISTORY RECORD

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the department's clients or provide Department approved services for the Department's clients.

Signature _____

_____ Date

**INFORMATION REQUIRED FOR REGISTRY AND RECORD CHECK
PLEASE TYPE or PRINT LEGIBLY**

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable) Consumer Choices Option (CCO)
Date of Birth	Gender	Social Security Number (###-##-####)	Reason for Check
Address		Address 2	
City	State	ZIP	
For DHS Employees, Volunteers, or Contractors only:		Position:	
Institution:	Serv. Area:	CSCMR:	Cent. Off.:

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	
<input type="checkbox"/> Exempt from backup withholding	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

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Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Applicant's Name: _____

Home Phone: _____ Work Phone: _____

1. Tell us about yourself:

2. What are your present goals?

3. What are your future goals?

4. What do you consider to be your strengths?

5. What do you consider to be your weaknesses?

6. What things frustrate you the most and how do you handle them?

7. What are your hobbies?

8. What motivates you?

9. Give examples regarding your organizational skills:

10. In which areas would you desire to have more training?

11. What aspects of your present employment are most enjoyable or rewarding to you?

12. What is the least favorite aspect of your present job?

13. Explain what skills you have obtained from previous positions that you feel would be beneficial in this job:

14. If a client became verbally abusive or aggressive, what would you do?

15. What methods would you use to motivate a client?

16. Explain how you would handle conflict within a group of friends?

17. Explain how you would handle disagreement with a professional, like your doctor?

18. Cite an example of cooperation with others personally experienced:

19. Provide an example of a situation that lacked communication, how it impacted you and how you resolved it:

20. Cite example of working under pressure:

21. Do you have any specific questions about this position at this time?

22. What issues of safety would be of concern to you or affect you in this type of job?

23. Which special-needs (disabled) populations have you worked with and how?

24. Skills training: _____ CPR _____ First Aid
_____ Other (explain)

25. What other abilities do you possess which you feel would be of benefit to this position?

26. Why should the client consider hiring you over the other applicants?

27. Are you flexible in scheduling (the days and hours you work)?

28. Are you able to be flexible in working in a variety of situations?

29. If selected, how much time should be allowed to give notice to your present employer?

30. What hourly compensation would you like to receive?

31. Why are you considering participation in the Consumer Choice Option?

32. What are some things that you would want to avoid in this position and why?

33. Can you describe for me a difficult obstacle you have had to overcome, how you handled it and how the experience affected you?

34. What have you done in your life experiences that you feel was truly creative?

35. What qualities do you feel a successful Consumer Choice employee would have?

Consumer Option Application

Applicant's Name: _____

References: (Please include references of professionals or past clients that you are familiar with or those with which you have had like positions. Please do not include friends, relatives and minor acquaintances.) We are looking for:

Pastors, Past Employers, Past Clients, Lawyers, Doctors, Landlords, School Administrators, Teachers, etc.

Reference No. 1:

Name: _____

Address: _____

Phone No.: _____

Capacity in Which You Have Known Them:

Reference No. 2:

Name: _____

Address: _____

Phone No.: _____

Capacity in Which You Have Known Them:

Reference No. 3:

Name: _____

Address: _____

Phone No.: _____

Capacity in Which You Have Known Them:

WRIGHT COUNTY COMMUNITY SERVICES CASE MANAGEMENT CONFIDENTIALITY POLICY

POLICY: Consumers, and, if applicable, the consumer's family members have the right to privacy. Personally identifiable information shall be released or disclosed only in accordance with applicable State and Federal regulations.

DEFINITIONS

Personally identifying information is defined as the following:

The name of a consumer, or the name of a family member.

The address or phone number of a consumer or family member.

Any personal identifier such as social security number, Medicaid number, driver's license number, etc.

Any distinguishing mark, which could reasonably be expected to identify a specific individual.

Consumer record or file--is defined as information regarding a consumer which is formally maintained in a specific manner whether that system be a hard physical file or information stored in a computer system.

Personnel who are authorized to have access to consumer files are limited to the following:

The person receiving services, or their legal representative. Legal representative shall include, but is not limited to the parent of a minor, or a court appointed guardian.

Staff of the Targeted Case Management (TCM) agency, including volunteers, and student interns.

Staff from County Case Management Services. Staff from County Case Management Services shall have access to consumer files so as to complete their duties as identified in the County Case Management Services 28E Agreement.

County Board of Supervisors.

Employees of authorized external agencies whose responsibility is to license, accredit, and monitor the program.

Physicians, psychologists, and other professional persons treating a consumer in an emergency situation.

Other persons or agencies for whom the person receiving services has given consent.

Parent--the biological or adoptive parent, or person having legal custody of a minor.

Legal guardian--person appointed by the court, charged with either limited or complete duties as ordered by the court.

PROCEDURE:

I. CONSUMER INFORMATION REGARDING CONFIDENTIALITY

- A. At the point that services are requested the applicant for services, or their legally authorized representative shall be advised about their right to privacy. They shall be instructed on how information is collected, maintained, and stored, how information shall be used, and the procedure regarding release of information.

II. RELEASE OF INFORMATION

- A. Personally identifying information, requiring consent of the consumer or the consumer's legal authorized representative, shall only be released or disclosed upon written consent of the consumer or the consumer's guardian.
1. There shall be one release per agency or individual.
 2. Exceptions are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies, certification or licensure purposes.
 - a. When released without a signed consent there shall be documentation in the consumer record of what information was released, to whom the information was released, and why.
 - b. Unless otherwise required by law, the consumer shall be notified of any release of information.
- B. The Case Manager shall complete the authorization to release information form.
1. The release of information form shall specify to whom the information shall be released by specifying the individual or the individual agency. In addition the Case Manager shall complete the address section of the release.
 2. The purpose of the release shall be specific to the role of TCM, indicating the functions of coordination, monitoring, and referral. In the event that the release is not for the purpose of TCM the Case Manager shall document the specific reason for the release of information.
 3. The Case Manager shall place checks by the items that are being released. If checking the section "Other" the Case Manager shall specify the contents of "Other." At no point shall the Case Manager use a blanket item such as "All other pertinent information" in the "Other" section.

4. The Case Management staff shall use discretion when releasing third party information.
 - a. Third party information will only be released if the consumer or guardian has signed a release of information informing them of the intent to release such information, as well as the specific items to be released.
 5. The consumer or legal representative shall receive a copy of the signed release. Refusal to accept a copy of the signed release shall be documented in the consumer's record.
 6. The release shall remain in effect for a maximum of 12 calendar months. Case Managers shall update the releases annually.
 7. The form is signed and dated by the consumer. If there is a guardian, the guardian shall sign all release forms.
 8. The consumer has the right to inspect the information that will be disclosed, and has the right to revoke the authorization at any time by submitting a written revocation to the Case Manager.
- C. In regards to a receipt of releases from other agencies or persons, only the Case Manager, or the Case Management Supervisor can release information. In releasing information, it should be ascertained that:
1. Authorization is addressed in written form explicitly to the agency.
 2. Authorization has all essential information filled in and complete.
 3. Authorization has consumer's signature or legal guardian's signature.
 4. The date is within one year's time.
- D. Upon receipt of a release of information authorizing the agency to release information to another agency or individual the following procedures should be observed:
1. Copies of any authorizations shall be placed in the "Release" section of the consumer file.
 2. Release information as requested.

III. OBTAINING INFORMATION

- A. When requesting information Case Managers shall either use the source of information's release form, or the TCM agency's release form. When using the agency's form the Case Manager shall thoroughly complete the form by:
1. Placing checks by the items he/she is requesting. If checking the section "Other" the Case Manager shall specify the contents of "Other." At no

point shall the Case Manager use a blanket item such as "All other pertinent information" in the "Other" section.

- a. The Case Manager shall only request information that they feel is accessible from the other party.
2. Limiting the release to 12 calendar months.
3. Obtaining a separate signature from the consumer when attempting to obtain protected information.

IV. ACCESS

- A. For persons authorized to have access to consumer information, there are four methods of reviewing the record:
 1. Physical review of the record.
 2. Duplication of the information in the record.
 3. Responding to telephone inquiries about the consumer and/or information in the record.
 4. Participating in meetings where consumer identifying information is discussed.
- B. All consumers, and their legal representative shall have access to their records, unless otherwise determined by law. Parents of consumers who are over 18 years of age may have access to the consumer's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization from the consumer's records only if the parents have been appointed legal guardians by a court of law or there is a written authorization from the consumer to release information.
- C. During physical review of the record, a staff member from TCM, or upon approval of the Case Management Supervisor, a designated member of the support staff shall be present. This individual shall assist the requesting party in locating specific information.
- D. At no time may a person examining a record remove anything from it or otherwise make changes in it.
- E. When a physical record is requested by the courts, it shall be specified through a subpoena. Upon receipt of the subpoena, a member of the TCM shall be notified. The record is not to be shown to anyone until the Judge requests that the record be presented as evidence. The person accompanying the record must remain with the record at all times, including during any photocopying. The record is never to be left in the custody of the court. Verbal information regarding an individual consumer can only be offered in the court of law if a subpoena has been issued to a particular staff member.

- F. Refusal by the consumer to authorize release of information is not an automatic reason for denial of services. Failure to provide access to the information necessary for the development of the ICP or implementation of Case Manager responsibilities may be a basis for denial of services. The consumer shall be notified of the reason a denial of services occurs.

V. DESTRUCTION OF IDENTIFYING INFORMATION

- A. Information containing any identifying information shall be destroyed, preferably by the use of a shredder.

VI. APPEAL

- A. If a consumer and/or legal guardian believes his/her privacy rights have been violated by the TCM agency staff, the procedures for Dispute Resolution shall be followed.

Reviewed by _____ Date _____

Revised 1/24/01
S: Case Management / Forms / Employment Related Forms/ Confidentiality

Wright County

Provider and Program Participation Disclaimer

THIS DISCLAIMER, has been read, understood and signed this _____ day of _____, 20____, by _____ ("Provider").

The statements and intentions to this Disclaimer are as follows:

Wright County is a governmental entity organized under the Code of Iowa, governed by the Board of Supervisors. Mental health services are funded by Wright County and Administered by the Central Point of Coordination within the scope and according to the criteria of the County Management Plan. Wright County funds Covered Services for the benefit of Wright County Individuals who request assistance from Provider.

Provider has been chosen by an eligible person to provide mental health, mental retardation and/or developmental disability services and is interested in providing Covered Services for the benefit of an eligible Wright County Individual(s).

In consideration of the premises and promises contained herein, The Provider agrees as follows:

Relationship Between Wright County and Provider. The relationship between Wright County and Provider is solely that of independent contractor and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

Provider Hold Harmless and Indemnification. Provider shall defend, hold harmless and indemnify Wright County against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Wright County that arise out of acts or omission of Provider in the discharge of its responsibilities as requested by the consumer.

Wright County Hold Harmless and Indemnification. Wright County shall defend, hold harmless and indemnify Provider against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Provider that arise out of acts or omission of Wright County or Wright County employees, agents or representatives in the discharge of its responsibilities.

Laws and Regulations. Provider warrants that it is, and will continue to be, operating in full compliance with all applicable federal and state laws.

Compliance with Civil Rights Laws. Provider agrees not to discriminate or differentiate in the treatment of any individual based on sex, race, color, age, religion, national origin or otherwise qualified handicapped individual. Provider agrees to ensure mental health services are rendered to Wright County Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

Confidentiality of Records. Wright County and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to Wright County Individuals in accordance with any applicable laws and regulations. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from Wright County about Individuals, it is fully bound by federal and state laws and regulations governing the confidentiality of medical records and mental health records.

Covered Service Definition. Supported Community Living is for services and supports determined necessary to enable consumers to live and work in a community setting where the consumer is living in their own home. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. The service is also designed to be a comprehensive program to meet individual support needs of consumers which enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting.

PROVIDER: By: _____ Date: _____
Print Name: _____