



**SOUTHEAST IOWA LINK (SEIL)  
MENTAL HEALTH AND DISABILITY  
SERVICES REGION**

**DES MOINES, HENRY, JEFFERSON,  
KEOKUK, LEE, LOUISA, VAN BUREN  
& WASHINGTON COUNTIES**

**Southeast Iowa Link Disability Services Application Cover Page**

SEIL staff shall review the application within ten (10) calendar days from the received date stamped on the application to determine if all necessary information is present and complete on the application. If the application is incomplete a request for missing information shall be returned to the applicant giving them ten (10) calendar days to provide the missing information. Failure to respond with necessary information and/or to provide a fully completed application will result in a denial of funding.

A complete application will have all information filled out on the application form, required verifications, a copy of photo identification, releases, verification of insurance coverage and verification of denial of eligibility for other funding sources. If applicable, required verifications may include parole agreements and district court orders. The notice of decision will be issued within ten (10) calendar days of the submitted application being considered complete with all required verifications. An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support.

If a functional assessment and/or other designated enrollment assessment is required, it will be completed within ninety (90) days. Once an individual's assessment is received, the individual will be referred for services to a provider of choice and issued a Notice of Decision within ten (10) days. Emergency and urgent services are not subject to a standardized functional assessment and/or designated enrollment assessment.

**Eligibility Requirements:**

The individual is at least eighteen years of age and a lawful resident of this state.

Gross household income is at 150% or below the current Federal Poverty Guidelines. Applicants with gross income up to 200% of Federal Poverty Guidelines may be eligible for funding to access preventative outpatient mental health services when they have no other funding source.

An individual cannot have resources greater than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household.

The individual must have a diagnosis of Mental Illness, Intellectual Disability or Developmental Disability.

**VERIFICATION REQUIRED FOR A COMPLETE APPLICATION:**

1. **APPLICATION** - you must complete all blanks, sign the application and verify and sign HIPAA Notice of Privacy Practices was provided
2. **IDENTIFICATION** - Driver's License or other photo identification (if this doesn't exist another non photo identification can be submitted)
3. **PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST 30 DAYS (3 MONTHS FOR SELF-EMPLOYED)**
  - a) Pay stubs or a signed statement from employer verifying gross and net wages including pay dates
  - b) Proof unemployment compensation benefits
  - c) Proof of FIP benefits
  - d) Proof of child support payments
  - e) Proof of SSI, Social Security, SSD or pension benefits
  - f) Self-employment financial records for the last 3 months
  - h) ANY other source of income
4. **BANK STATEMENTS FOR ALL ACCOUNTS** - most recent checking statement, most recent savings statement from the financial institution and all other types of bank accounts **for all household members**
5. **SIGNED RELEASE OF INFORMATION FORMS** - these will be provided with the application or when eligibility is determined
6. **VERIFICATION OF INSURANCE COVERAGE** - you will need to provide copies of your insurance cards, verification you have applied for insurance coverage or verification of denial of eligibility for Medicaid or Market Place insurance coverage
7. **WRITTEN VERIFICATION THAT YOU HAVE APPLIED FOR DISABILITY** (if applicable)
8. **WRITTEN VERIFICATION OF DIAGNOSIS** - a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis