SOUTHEAST IOWA LINK
SEIL
Mental Health and Disability Services

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

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

Change of Information Form

Date: ________/________/________ **SS#**_________-_________-_________

Applicant's Name: ________________________ **Phone Number:** _________________

Type Address:

__ 24-Hour Habilitation
__ Correctional Facility
__ Homeless/Shelter/Street
__ ICF/Nursing Home
__ Private Residence/household-Alone
__ Private Res/household-w/unrelated persons
__ RCF/PMI
__ State MHI
__ 24-Hour Supported Comm. Living
__ Foster Care/Family Life Home
__ ICF/ID
__ ICF/PMI
__ Private Res/household-w/Relatives
__ RCF/ID
__ Residential Care Facility
__ State Resource Center

Others in Household:

First Name and Last Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

Current Address:

____

Street Address City State Zip County

Use as mailing address? Yes or No ____

What is the Change?

_____ Address
_____ Name
_____ Payee/Guardian/Conservator
_____ Emergency Contact
______ Phone
______ Income
______ Services Needed
______ Resources
______ Service Provider
______ Employment
______ Insurance
______ Household size

Please give details of the change: ____

____

Effective Date of Change: ________/________/________

Signature of Applicant: ______________________________ **Date**: _____________

Signature of Person Completing this form: ________________________ **Date:** _____________