



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

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

**County of Residence Determination Worksheet**

“County of residence” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

\*  
 \_\_\_\_\_  
 Current Address City State County

- Private Residence/Household – Alone  Private Residence/Household – With Relatives
- Private Residence/Household – With Unrelated Persons  Foster Care/Family Life Home
- Correctional Facility  Substance-related Treatment Facility  24-Hour Habilitation Home
- 24-Hour Supported Community Living Home  Residential Care Facility(RCF)  RCF/ID  RCF/PMI
- Intermediate Care Facility(ICF)/Nursing Home  ICF/ID  State MHI  State Resource Center
- Homeless/Shelter/Street  Other: Explain \_\_\_\_\_

Dates of Residency at this address: \_\_\_\_\_ to \_\_\_\_\_

If you are NOT homeless, skip this section. If you are homeless, please indicate where you slept the last five nights:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- 4) \_\_\_\_\_ 5) \_\_\_\_\_

Do you intend to live in this county permanently or for an indefinite period of time?  Yes  No  
 Explain: \_\_\_\_\_

Residency Determined?  Yes, County of Residence: \_\_\_\_\_  
 No, Please Continue.

\*  
 \_\_\_\_\_  
 Previous Address City State County

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- Intermediate Care Facility(ICF)/Nursing Home  ICF/ID  State MHI  State Resource Center
- Homeless/Shelter/Street  Other: Explain \_\_\_\_\_

Dates of Residency at this address: \_\_\_\_\_ to \_\_\_\_\_

Residency Determined?  Yes, County of Residence: \_\_\_\_\_  
 No, Please Continue.

Continue on next page if residency is not determined.



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Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

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 Intermediate Care Facility(ICF)/Nursing Home     ICF/ID     State MHI     State Resource Center  
 Homeless/Shelter/Street     Other: Explain \_\_\_\_\_

Dates of Residency at this address: \_\_\_\_\_ to \_\_\_\_\_

Residency Determined?  Yes, County of Residence: \_\_\_\_\_  
 No, Please Continue.

\*

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

- Private Residence/Household – Alone     Private Residence/Household – With Relatives  
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 Intermediate Care Facility(ICF)/Nursing Home     ICF/ID     State MHI     State Resource Center  
 Homeless/Shelter/Street     Other: Explain \_\_\_\_\_

Dates of Residency at this address: \_\_\_\_\_ to \_\_\_\_\_

Residency Determined?  Yes, County of Residence: \_\_\_\_\_  
 No, Please Continue.

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the County MHDS staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the County in confirming residency. I understand that the information in this document will remain confidential.

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Applicant's Signature (or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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Signature of other completing form if not Applicant or legal Guardian \_\_\_\_\_ Date \_\_\_\_\_