

Illinois Department on Aging  
Community Care Program

# APPLICATION FOR SERVICE

<b>Office Use Only</b>	
CCU County Code _____	Date Sent _____
Date Received _____	By _____

## PART I. APPLICANT INFORMATION:

A. Name \_\_\_\_\_  
Last First M.I.

B. Address \_\_\_\_\_  
Street \ Rural Route Apt. #

\_\_\_\_\_ City State Zip Code

C. Phone Number \_\_\_\_\_ D. Birth Date \_\_\_\_\_

E. Social Security No. /I.D. # \_\_\_\_\_

**PART II. CERTIFICATION:** I certify that to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand the information will be disclosed only for purposes of administration of services, and I may be asked to verify the information I have provided. I understand I have the right to object to any adverse action and to request an appeal.

\_\_\_\_\_  
Signature of Applicant OR Authorized Representative Date

### Senior Programs

**PART III.**  
**NOTICE:** A decision regarding your eligibility for Community Care services must be made within 30 calendar days of the date this completed form is received by the Case Coordination Unit.

Grundy Co. Health Dept. 1320 Union St. Morris, IL 60450-2426 815/941-3422 CCU Name and Address
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You must be notified in writing of the decision within 15 calendar days after it is made, and you will receive services, if you are eligible, within 15 calendar days after the Notice of Eligibility is mailed to you. **However**, any delay you cause in failing to provide information requested by the Department on Aging will extend these time limits. If, in the course of evaluating your application, the case manager feels it is appropriate, you will be referred to another agency to assist you with your service needs at your request.

This state agency is requesting disclosure information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 435/5 and 435/5.1. Disclosure of this information is VOLUNTARY, however, failure to comply may result in this form not being processed.

**READ INFORMATION ON OTHER SIDE**

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966 (Voice); 1-888-206-1327 (TTY).

