



Mail or fax completed application with required documentation to:
Arc of Onondaga - Horizons Article 16 Clinic
600 South Wilbur Avenue, Syracuse, NY 13204
Fax #: 315-476-1582
For more information, contact the Treatment Coordinator at
315-476-7441 x1111 ~ HorizonsIntake@arcon.org

Horizons Article 16 Request for Additional Services

(Please type or print clearly)

Participant's Name: _____ DOB: _____

Address: _____

Phone: _____ Social Security #: _____ Medicaid #: _____

Person making request: _____ Agency: _____

Address: _____ Phone: _____

Contact for Scheduling: _____ Phone: _____

Please forward results to: _____

(Note: Legal Guardians must give consent for service)

Additional Service(s) Requested:

- Psychological Assessment (IQ)
Psychological Assessment (Adaptive)
Sexuality Assessment
Guardianship/Medical Affidavits
Social Work Counseling
Rehabilitation/Vocational Counseling
Physical Therapy*
Occupational Therapy*

*Prescription from Primary Care Physician must accompany request.

Is the individual currently receiving any other Article 16 Clinic Services? *Yes (Please List) No

Specify needs to be addressed:

FOR OFFICE USE ONLY

Tx Coord. Notes: _____

I have reviewed all of the medical documents requested and forwarded to the clinic related to the care of this individual and give my approval for the service(s) requested.

Medical Director Approval Signature: _____ M.D. Date: _____

Clinic Treatment Coordinator Signature: _____ Date: _____