



Day Habilitation Services Application

Applicant's Name: _____ Date: _____

Address: _____

Telephone: _____ Date of Birth: _____

Medicaid #: _____ Current Services: _____
Day Hab, Res Hab, Comm Hab, Vocational, etc.

Waiver Enrolled: Yes No

Self-Directed: Yes* No * If yes, provide copy of self-directed contract

Family

Residential Provider

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

MSC name: _____

Telephone: _____

MSC agency: _____

Email: _____

Please attach:

- A copy of the applicant's most current ISP
- Waiver Notice of Decision (NOD) all pages
- Current LCED
- Initial LCED (with physician signature)
- Psychological Evaluation
- Letter of Eligibility
- Proof of PPD (2-step needed)
- Dining guidelines if available
- Physical exam if available
- Sexuality Assessment if available

Special Needs

Please check all that apply and provide specific information in the areas below:

Mobility:

- Independent
- Wheelchair
- Physical assistance
- Walker

Therapy needs:

- Physical Therapy
- Occupational Therapy

Transportation:

- Wheelchair transportation needed
- Air conditioning required * if needed a script from a physician must be provided

Medical needs:

- Seizure disorder
- Insulin monitoring
- Insulin administration
- Tube feeding
- Hoyer lift
- Other _____
- Medication administration
- Lifesaving devise (epi pen, VNS)

Dining:

- Independent
- Choking risk
- Some physical assistance
- Food allergies _____
- Total support

Behavioral concerns:

	NOT THIS YEAR	OCCASIONALLY Less than once a month	MONTHLY About once a month	WEEKLY About once a week	FREQUENTLY Several times a week	DAILY Once a day or more
<input type="checkbox"/> Emotional outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Property destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physically assaults others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Verbally abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-injurious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Harasses others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elopement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smears feces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information regarding the above or any other medical or physical restrictions, needs or concerns:

Program Information

Salina 677 South Salina St. Syracuse, NY 13202
Fremont 7041 Manlius Center Rd. East Syracuse, NY 13057
Hampton 203 E. Hampton Place, Syracuse, NY 13206
Galeville 500 Old Liverpool Rd. Liverpool, NY 13088

These programs offer quality experiences both on-site and in the community. Person centered programs offered Monday – Friday 8:00am – 3:30pm. Provides an individualized setting for people with sensory, behavioral, dietary, medical and ADL needs.

East Syracuse 216A W. Manlius St. East Syracuse, NY 13057
Midler 336 N. Midler Ave. Syracuse, NY 13206

These programs offer extensive community based activities. Although the majority of the people that attend these programs prefer community based services, onsite opportunities are also available. Person centered programs offered Monday – Friday 8:00am – 4:00pm.

Enhanced Abilities 677 South Salina St. Syracuse, NY 13202
Lancaster 1342 Lancaster Ave. Syracuse, NY 13210
Milestones 1342 Lancaster Ave. Syracuse, NY 13210

These programs offer community experiences Monday – Friday 8:00am – 3:30pm. Experiences are offered exclusively in the community. People who attend these programs enjoy a busy schedule filled with volunteer and socialization opportunities. Must have community alone time (10-15 minutes), limited supports in the areas of ambulation, dining and toileting and desire a full day of community experiences every day.

Site applicant interested in:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Salina | <input type="checkbox"/> Fremont | <input type="checkbox"/> Hampton |
| <input type="checkbox"/> Galeville | <input type="checkbox"/> East Syracuse | <input type="checkbox"/> Midler |
| <input type="checkbox"/> Enhanced Abilities | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Milestones |

Number of day's applicant interested in:

- 1 2 3 4 5

Please return completed application to:

Salina Day Habilitation
Attn: Shannon Moore Carlson
677 S. Salina Street 1st. Floor
Syracuse, New York 13202

scarlson@arcon.org

Phone: (315) 414-9084 Fax: (315) 579-0050