Community Habilitation 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 ❑ In process
* If yes, provide copy of self-directed contract

Family	Residential Provider
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

Care Manager Name: _____ Telephone: _____

Care Manager Agency: _____

Email: _____

Please attach:

- ❑ Copy of the applicant's most current Life Plan
- ❑ Waiver Notice of Decision (NOD) all pages
- ❑ Initial LCED (with physician signature)
- ❑ DDP2
- ❑ Copy of all insurance cards (Medicaid, Medicare, private insurance)
- ❑ Current LCED
- ❑ Psychological Evaluation
- ❑ Letter of Eligibility
- ❑ SARF

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

Mobility:
❑ Independent ❑ Physical assistance ❑ Walker
❑ Wheelchair

Medical needs:
❑ Seizure disorder ❑ Lifesaving devise (epi pen, VNS)
❑ Other _____

Dining:
❑ Independent ❑ Some physical assistance ❑ Total support
❑ Choking risk ❑ Food allergies _____

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
❑ Emotional outbursts	❑	❑	❑	❑	❑	❑
❑ Property destruction	❑	❑	❑	❑	❑	❑
❑ Physically assaults others	❑	❑	❑	❑	❑	❑
❑ Verbally abusive	❑	❑	❑	❑	❑	❑
❑ Self-injurious	❑	❑	❑	❑	❑	❑
❑ Harasses others	❑	❑	❑	❑	❑	❑
❑ Elopement	❑	❑	❑	❑	❑	❑
❑ PICA	❑	❑	❑	❑	❑	❑
❑ Steals	❑	❑	❑	❑	❑	❑
❑ Smears feces	❑	❑	❑	❑	❑	❑
❑ Inappropriate sexual behavior	❑	❑	❑	❑	❑	❑

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

_____

_____

Day's applicant interested in:
❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

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