



## 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:**

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## 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:

Arc of Onondaga  
Attn: Ruth Ann Riposa  
600 S. Wilbur Ave  
Syracuse, New York 13204

[ruthann.riposa@arcon.org](mailto:ruthann.riposa@arcon.org)

Phone: (315) 476-7441 x 1170 Fax: (315) 476-1582