



Day Habilitation Services Application

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.

Medicaid #: Click or tap here to enter text.

Current Services: Click or tap here to enter text.
Day Hab, Res Hab, Comm Hab, Vocational, etc.

Waiver Enrolled: Yes No

Self-Directed: Yes No In process If yes, please provide a copy of Self-Directed Budget

Family Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Care Manager: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Residential Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Site applicant is interested in (program information on last page of application)

- | | | |
|---|--|-------------------------------------|
| <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 |

Day's interested in attending:

- Monday Tuesday Wednesday Thursday Friday

Please attach the following:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Life Plan | <input type="checkbox"/> Current LCED |
| <input type="checkbox"/> NOD all pages | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Initial LCED with physician's signature | <input type="checkbox"/> Letter of Eligibility |
| <input type="checkbox"/> Proof of PPD 2-step or an interferon-gamma release assays or IGRAs blood test. | |
| <input type="checkbox"/> Copy of Insurance cards (Medicaid, Medicare, and private insurance as applicable). | |

Special needs:

Please check all that apply

Mobility:

- Independent Physical assistance Walker
 Wheelchair

Therapy needs:

- Physical Therapy Occupational Therapy Speech Therapy

Transportation:

- Wheelchair transportation needed
 Air conditioning required *if required a script from a physician must be provided
 Door to Door Transportation needed (Durham staff walk person from house door to vehicle door)
 Face to Face transportation needed (Durham staff make face to face contact with responsible program)

Medical Needs:

- Seizure disorder Tube feeding Medication administration
 Insulin monitoring Hoyer lift Lifesaving devise (epi pen, VNS)
 Insulin administration Other: [Click or tap here to enter text.](#)

Dining:

- Independent Some physical assistance Total support
 Choking risk Food allergies: [Click or tap here to enter text.](#)

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	<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"/>
Physically assaults others	<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"/>
Self-injurious	<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"/>
Elopement	<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"/>
Steals	<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"/>
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: [Click or tap here to enter text.](#)

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.

Please return completed application to:

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

ruthann.riposa@arcon.org

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

