



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: _____

Care Manager Name: _____

Telephone: _____

CCO Agency: _____

Email: _____

Please attach:

- A copy of the applicant's most current Life Plan
- 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 Physical assistance Walker
 Wheelchair

Therapy needs:

- Physical Therapy Occupational Therapy

Transportation:

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

Medical needs:

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

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 – 3:30p.

Lancaster/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: Fremont Hampton Galeville East Syracuse
 Midler Lancaster

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

Phone: (315) 401-4080 Ext. 1170 Fax: (315) 476-1582