OPWDD Prevocational Services
Application

Applicant's Name: Date:

Address:

Telephone: Date of Birth:

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

Waiver Enrolled: ☐Yes ☐No

Self-Directed: ☐Yes ☐No * if yes, provide copy of self-directed budget

Family name:
Family address:
Family phone number:

Residential provider name:
Residential provider address:
Residential provider phone number:

Care Manager name:
Care Manager phone number:
Care Manager email address:

Number of days applicant is interested in:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

List your volunteer and work experience:

What type of work are you interested in?
☐ Food Service ☐ Janitorial ☐ Customer Service
☐ Clerical ☐ Retail ☐ Other

Mobility:
☐ Independent ☐ Physical Assistance
☐ Walker ☐ Wheelchair

Work Accommodations:

☐ Independent
☐ Assistance needed with writing
☐ Assistance needed with reading
☐ Other
☐ Cannot lift more than 25lbs
☐ Cannot stand for more than 15 minutes
☐ Adaptive equipment needed

Dining Needs:

☐ Independent
☐ Choking risk
☐ Food needs to be prepared (cut up/ground)
☐ Food allergies please specify:

Supervision in the community:

☐ Independent
☐ General Monitoring
☐ Hours of alone time please specify:
☐ Visual checks please specify:

Behavior	Occasionally	Monthly	Weekly	Daily
Elopement	☐	☐	☐	☐
Emotional outbursts	☐	☐	☐	☐
Verbally abusive	☐	☐	☐	☐
Harasses others	☐	☐	☐	☐
Steals	☐	☐	☐	☐
Sexually inappropriate	☐	☐	☐	☐

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

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's signature)
- Current Psychological Evaluation
- Letter of Eligibility Determination
- OPWDD approval to receive CBPV (SARF, front door letter)
- Copy of Medicaid Card
- Any vocational assessments previously administered
- Self-direct budget if applicable

Please submit completed application by e-mail or mail to:

Christopher Simone, Employment Options Manager
600 South Wilbur Ave. Syracuse, NY 13024
Email: csimone@arcon.org
Phone: (315) 884-0327