Mail, scan, or fax completed application with required documentation to:
Arc of Onondaga - Horizons Article 16 Clinic
600 South Wilbur Avenue, Syracuse, NY 13204
Scan application to: blyon@arcon.org
Fax application to: 315-370-3089
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For more information, call the Treatment Coordinator, Barry Lyon, at 315-401-0671

# ***Horizons Article 16 Clinic Application***

**Applicant's Name:** _____ TABS ID: _____

Address: _____

Phone: _____ Social Security #: _____ DOB: _____
Race (optional):_____

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**Insurance Information:** ***INCLUDE COPIES OF ALL INSURANCE CARDS (FRONT AND BACK)***

Medicaid #: _____Medicare #:_____

**Third Party Insurance Information (if applicable):**

Insurance Name: _____ Phone #: _____

Group # (Plan, Local, Policy #): _____Insured's Id#:

Policy Holder's Name: _____DOB: _____

Address: _____City: _____State: _____Zip: _____

Contact in case of insurance questions: Name: _____ Phone: _____

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**Contact Information:**

Person completing application: _____

Relationship to applicant: _____Phone: _____

Please forward results to**:** _____

**Care Manager:** _____ Agency: _____

Phone: _____ Email: _____

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Contact for scheduling: ☐ Applicant ☐ Care Manager Relationship to applicant: _____

☐ Other: _____ Phone: _____

Type of Residence:

☐ Alone ☐ Parents or member of his/her family ☐ OPWDD/Agency Residence
☐ Homeless/Shelter ☐ Family Care Provider ☐ Friends/Housemates
☐ DSS/Foster Care ☐ Other _____

Name /Agency of Residential Contact: _____

Phone: _____ Email: _____

Does applicant have a legal guardian? *Yes ☐ No ☐

Name of legal guardian: _____ Phone: _____

Address: _____ Email: _____

*Guardian must be notified and must give consent for the service being requested.

Medical Information:

Primary Care Physician: _____ Phone: _____

Psychiatrist's Name: _____ Phone: _____

Is the individual currently receiving OT, PT or Counseling Services elsewhere? (to avoid duplication of service): No ☐ *Yes ☐ If Yes, Where? _____

Day Habilitation Site Attending:

☐ East Syracuse Day Habilitation ☐ Otsego/Oneonta ☐ Fremont Day Habilitation
☐ Wilbur Day Habilitation ☐ Jefferson ☐ St. Lawrence
☐ Lancaster Day Habilitation ☐ Galeville Day Habilitation ☐ Hampton Day Habilitation

Services Requested: ***(See following page for Required Documentation)***

One-time

☐ Psychological Assessment **(IQ)**
☐ Psychological Assessment **(Adaptive)**
☐ Sexuality Assessment
☐ Guardianship Evaluation/Affidavit
☐ Autism Assessment
☐ Capacity-Medical/Dental Procedure

On-going

☐ Social/Emotional/Behavioral Counseling
☐ Physical Therapy*
☐ Occupational Therapy*
☐ Speech Therapy

* Prescription for Assessment from Primary Care Physician ***(PT/OT only)***

Please describe in specific detail the individual's need for service and issues or concerns:

How did you hear about us?

☐ Social Media ☐ Outreach Fair ☐ Care Manager

Horizons Article 16 Clinic Services Documentation Requirements

Documentation Needed For Social Work Referral:

1. Most current Psychological Testing
2. Most current IEP/Life Plan
3. Copies of Insurance Cards

Documentation Needed For OT/PT/SLP Referral:

1. Prescription from Medical Provider requesting a discipline specific evaluation
2. Most current Physical Exam
3. Most current Psychological Testing
4. Most current IEP/Life Plan
5. Copies of Insurance Cards

Documentation Needed For IQ testing, Adaptive Assessments, and Autism Assessments:

1. Most current Psychological Testing
2. Most current IEP/Life Plan
3. Copies of Insurance Cards
4. Letter from Eligibility Clinic (if there has been correspondence)
5. Medical Documentation (if pertinent to OPWDD eligibility requirements)

Documentation Needed for Capacity Assessments (Guardianship, Medical Procedure, etc.):

1. Most current Psychological Testing
2. Most current IEP/Life Plan
3. Copies of Insurance Cards

Please note, all services provided at an Article 16 Clinic are billed to Medicaid. If an individual does not have Medicaid, you may self pay and submit to insurance for applicable reimbursement based on type of plan. Any changes to insurance, including the addition of any third party insurance, must be submitted to Horizons Clinic prior to scheduling.