cds monarch

Dear Applicant:

Thank you for your interest in CDS Monarch. Enclosed is a packet of information about our agency and an application for services.

Please complete the enclosed application. In addition to the completed application, we will need the following information:

- OPWDD Eligibility Letter
- Waiver Enrollment (NOD)
- Current DDP2 with ISPM Score
- Level of Care Determination
- Legal Guardianship Papers (if available)
- Psychological Eval (most recent)
- Social Work Eval (if available)
- Life Plan (most recent)
- IPOP (if applicable)
- IEP (if applicable)
- Vocational Assessments (if applicable) Work
- Restrictions (if applicable)
- Photo ID
- Behavior Support Plan (1 year data collection, if available)
- Current Physical (**within last year**) Current
- Medication List/Allergies
- Diet Orders/Dining Conditions
- 2-Step PPD/TB Test Results (**2 tests, within 365 days of one another**)
- Signed Doctor's Orders (requirement can be waived if current physical is signed by MD)
- Preliminary Person Centered Plan, Interests Inventory, Signed Release of Information FLDDSO
- Community Hab Authorization Form (Comm. Hab only)

**The Intake Committee will accept the most recent assessments available for the purposes of intake only. However, the agency requires more current assessments before placement in any CDS Monarch program.**

Once you have gathered this information, please fax to 585-347-1234 or mail/email to:

Shavonne Vasquez, Program Intake Coordinator
CDS Monarch
860 Hard Rd.
Webster, NY 14580

Once received, we will review the application and contact you. An efficient intake process is the goal of CDS and we look forward to providing you with quality services. If you have any questions, please contact me at (585) 280-0131 or via email at shavonne.vasquez@cdsmonarch.org. Again, thank you for your interest in our agency.

## Mission

*CDS Monarch is an organization of highly-skilled, dedicated people that that offers quality opportunities and services to individuals for their well being and growth.*

## Vision

*CDS Monarch is a world-class organization that supports people in pursuit of their personal dreams.*

cds monarch

**Date of Application:** _____
**Date Service Needed:** _____
**Date Application Received** _____

**Individual's Name:** _____

**SUPPORTS REQUESTED** (Check all that apply):

☐ Housing (i.e. family Care, ISS Contracts, IRA's, Community Living)
☐ Employment
☐ Care Coordination
☐ Recreation/Respite (age 5 – adult)
☐ Parent Support Group
☐ Autism Skill Building Program (6-16)
☐ Community Prevocation Services
☐ Community Habilitation
☐ Day Habilitation
☐ Senior Living

**Waiver Enrolled:** ☐ Yes ☐ No **NOD date:** _____

**(NYCARES) New York State Cares Enrolled:** ☐ Yes ☐ No

**Care Coordinator:** _____
**Agency:** _____ **Phone #:** _____
**Address:** _____
**Email:** _____ **Fax #:** _____

**School District (if applicable):** _____
**Contact Name:** _____ **Phone #:** _____
**Email:** _____ **Fax #:** _____

**Have you ever received CDS Monarch services in the past?** ☐ Yes ☐ No

**How did the individual/family find out about CDS Monarch?** ☐ Self ☐ Family ☐ Friend ☐ Website
☐ Agency _____
☐ Other: _____

**URGENCY OF NEED:** ☐ Immediate ☐ Within 1 year ☐ After 1 year

**Completed by:** _____ **Phone #:** _____ **Email:** _____

cds monarch

**Individual's Name:** _____ **Sex: Male** ☐ **Female** ☐

**Address:** _____ **Type of Residence:** _____

_____

**Phone:** _____ **Birth date:** _____

**Social Security #:** _____ **Medicaid #:** _____

**Tabs ID #** _____

**Benefits:**
- ☐ SSI ☐ SSD ☐ Public Assistance ☐ Food Stamps # _____
- ☐ Life Insurance ☐ Trust Fund ☐ Burial Fund
- ☐ Medicare #: _____ ☐ Medicare Part D Carrier: _____
- ☐ Spend Down (please describe): _____
- ☐ Pay Back (please describe): _____
- ☐ Representative Payee: _____

**Disabilities:**
- ☐ Intellectual/Developmental Disability ☐ Learning Disability ☐ Cerebral Palsy
- ☐ Autism ☐ Neurological Impairment ☐ Epilepsy (type): _____
- ☐ Other (specify): _____

**Medication (list and dosage):** _____
_____
_____
_____

**GUARDIANSHIP / CORRESPONDENTS:**

☐ **Legal Guardian:** _____ **Date Established:** _____ ☐ **Not Established**

| | |
|---|---|
| **Family/Advocate Contact:** | **Relationship:** |
| **Address:** | **Phone:** |
| | **Email:** |
| **Alternate Contact:** | **Relationship:** |
| **Address:** | **Phone:** |
| | **Email:** |
| **Day Program:** | **Contact:** |
| **Address:** | **Phone:** |

cds monarch

## SERVICES CURRENTLY RECEIVING (Check all that apply)

***RESIDENTIAL***
- ☐ Community Residence
- ☐ ICF
- ☐ IRA (Group Home)
- ☐ Supervised Apartment
- ☐ Supportive Apartment
- ☐ Family Care

***CASE MANAGEMENT***
- ☐ Care Coordination
- ☐ TBI (Traumatic Brain Injury)
- ☐ PCSS (Plan of Care Support Services)

***FAMILY SUPPORT***
- ☐ Autism Family Support
- ☐ HCBS Waiver
- ☐ Parent Support Group
- ☐ Residential Habilitation (Community)
- ☐ Recreation (Ages 5 to Adult)
- ☐ Other: _____

***DAY SERVICES***
- ☐ Day Treatment
- ☐ Day Habilitation
- ☐ Sheltered Workshop
- ☐ Prevoc. Services
- ☐ Other _____
- ☐ Individual Placement
- ☐ Supported Enclaves
- ☐ School
- ☐ Transition Program Services

***CLINICAL SERVICES***
- ☐ Social Work
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Psychiatry/Psychology
- ☐ Counseling
- ☐ Speech Therapy
- ☐ Nursing Services

**LEVEL OF SUPERVISION NEEDED:** (Please indicate whether the Individual needs: **total support, assistance, supervision or is independent** for the following skills)

Food Prep: total support
Cooking: total support
Eating: total support
Shopping: total support
House Keeping: total suppor
Laundry: total support
Phone Usage: total support
Money Management: total sup
Toileting: total supp
Dressing: total supp
Grooming: total support
Bathing: total support
Fire Evacuation: total support
Community Safety Skills: total support

**TRANSPORTATION:** (Check all that apply)
- ☐ Able to Use Lift Line
- ☐ Has Own Car
- ☐ Able to Use RTS
- ☐ Potential for Travel Training
- ☐ Has Drivers License (No Car)
- ☐ Needs Transportation
- ☐ Can Take a Taxi
- ☐ School Bus with aide

**MOBILITY STATUS:** (Check all that apply)
- ☐ Ambulatory
- ☐ Requires use of lift
- ☐ Able to bear weight
- ☐ Uses manual wheelchair
- ☐ One-person transfer
- ☐ Can be transported in a car
- ☐ Able to negotiate stairs
- ☐ Several person transfer
- ☐ Requires vehicle with lift*

***Buses are equipped with a Braun Lift. Maximum wheelchair size is 34" wide X 54" length. The weight capacity of the lift is 800 lbs. or 1,000 lbs. depending on the model of the lift installed in the vehicle. The weight capacity includes the total weight of the individual + the weight of the wheelchair. If you have questions or concerns about transportation please contact (585) 347-1601 and we will be happy to assist.**

**COMMUNICATION:**

Primary Language: _____
Verbal ☐ Yes ☐ No

Requires an Interpreter ☐ Yes ☐ No
Uses sign language ☐ Yes ☐ No

**BEHAVIOR SUPPORT PLAN OR GUIDELINES:** ☐ Yes (**If yes, please attach behavior support plan & data collection for past year**) ☐ No

Even if no, please describe any behaviors, safe guards or special needs: _____
_____

cds monarch

# CONSENT FOR RELEASE OF INFORMATION

I, _____hereby authorize the release of information to CDS Monarch and the Intake Committee.

The purpose of this disclosure is referral for CDS services. I understand that this authorization covers only the information listed below and that CDS/Intake Committee and all of the participating agencies will maintain the confidentiality of this information. CDS, the Intake Committee, and all participating agencies will not release this information.

| **Information to be released**: (Please attach all documents) | **Date of Form/Assessment** | **Attached** |
|---|---|---|
| OPWDD Eligibility Letter | | ☐ |
| Waiver Enrollment (NOD) | | ☐ |
| Current DDP2 with ISPM Score | | ☐ |
| Level of Care Determination | | ☐ |
| Legal Guardianship Papers (if available) | | ☐ |
| Psychological Eval (most recent) | | ☐ |
| Social Work Eval (if available) | | ☐ |
| ISP (most recent) | | ☐ |
| IPOP (if applicable) | | ☐ |
| IEP (if applicable) | | ☐ |
| Vocational Assessments (if applicable) | | ☐ |
| Work Restrictions (if applicable) | | ☐ |
| Photo ID | | ☐ |
| Behavior Support Plan (1 year data collection, if available) | | ☐ |
| Current Physical (within last year) | | ☐ |
| Current Medication List/Allergies | | ☐ |
| Diet Orders/Dining Conditions | | ☐ |
| PPD/TB Test (2 step, within 365 days of one another) | | ☐ |
| Signed Doctor's Orders (requirement can be waived if current physical is signed by MD) | | ☐ |
| FLDDSO Community Hab Authorization Form (Comm. Hab only) | | ☐ |

_____
Applicant's Signature

_____
Advocate/Legal Guardian Signature

_____
Date

_____
Date

_____
Relationship to Applicant

NOTE: THIS CONSENT MAY BE REVOKED AT ANY TIME BY PUTTING SUCH REQUEST IN WRITING AND SUBMITTING TO THE INTAKE / GUARDIANSHIP COORDINATOR.

**Shavonne Vasquez, Program Intake Coordinator**
860 Hard Rd.
Webster, New York 14580
Phone: (585) 280-0131 Fax: (585) 347-1234
shavonne.vasquez@cdsmonarch.org

cds monarch

# Preliminary Person Centered Plan

Name: _____

Advocate (if Appropriate):_____

**Self-Advocacy**

- ☐ Self-Advocates Independently
- ☐ Self-Advocates with Supervision or Assistance
- ☐ Requires Total Assistance with Advocating

**Information Regarding Applicant: Diagnosis, Functioning Ability, etc.;**

_____

_____

_____

_____

## Current Services

**What current services are working for you?**

_____

_____

_____

_____

**What services are *not* working for you?**

_____

_____

_____

_____

**Are there any health and/or safety concerns that need to be addressed?**

_____

_____

_____

_____

**What services have been explored and have not met the individual's needs?**

_____

_____

_____

_____

**Person completing this form:** _____

**Relationship and Contact Information:** _____

cds monarch

## Person Centered Planning

**To be completed by Individual and/or Advocate.**

**How would you describe _____?**
**Name**

_____

_____

_____

_____

**Who is in _____'s circle of support? (non-paid, natural supports)**
**Name**

_____

_____

_____

_____

**What must _____ have to be happy?**
**Name**

_____

_____

_____

_____

**What has helped _____ to grow and develop?**
**Name**

_____

_____

_____

_____

**What are _____ 's personal obstacles?**
**Name**

_____

_____

_____

_____

**What is it that** _____ **would like to accomplish?**
**Name**

**How do you believe that CDS Monarch can assist in completing your goals?**

cds monarch

# Interests Inventory

Individual Name:_____ Date:_____

*Indicate which interests are maintained by the person. When known, please provide any additional details (Example: Animals = Dogs, Horses, etc)*

- ☐ Animals:_____
- ☐ Art:_____
- ☐ Being Alone:_____
- ☐ Books:_____
- ☐ Bowling:_____
- ☐ Carnivals:_____
- ☐ Cars:_____
- ☐ Celebrations:_____
- ☐ Challenges:_____
- ☐ Children:_____
- ☐ Church:_____
- ☐ Cleaning:_____
- ☐ Collecting Things:_____
- ☐ Community Outings:_____
- ☐ Computers:_____
- ☐ Concerts:_____
- ☐ Cooking:_____
- ☐ Crafts:_____
- ☐ Crowds:_____
- ☐ Dancing:_____
- ☐ Doctors:_____
- ☐ Drawing:_____

- [ ] Electronics: _____
- [ ] Fishing: _____
- [ ] Foods: _____
- [ ] Games: _____
- [ ] Gardening: _____
- [ ] Helping Others: _____
- [ ] Housework: _____
- [ ] Magazines: _____
- [ ] Money: _____
- [ ] Movies: _____
- [ ] Museums: _____
- [ ] Music: _____
- [ ] Outside (being): _____
- [ ] People: _____
- [ ] Photographs: _____
- [ ] Photography: _____
- [ ] Praise: _____
- [ ] Recognition: _____
- [ ] Responsibilities: _____
- [ ] Restaurants: _____
- [ ] Rides: _____
- [ ] Sewing: _____
- [ ] Shopping: _____
- [ ] Singing: _____
- [ ] Skating: _____
- [ ] Sleeping: _____
- [ ] Smoking: _____
- [ ] Socializing: _____

☐ Sports:_____

☐ Swimming:_____

☐ Talking:_____

☐ Television:_____

☐ Theatre:_____

☐ Traveling:_____

☐ Vacations:_____

☐ Variety:_____

☐ Visiting Others:_____

☐ Volunteering:_____

☐ Walking:_____

☐ Work:_____

☐ Writing:_____

☐ Yard work:_____

☐ Zoo:_____

Other Activities Not Listed: _____

_____

_____

_____

_____

_____

Completed by:_____

Name / Title

_____

Name / Title

cds monarch

**How did you hear about us? (**Check all that apply**)**

- ☐ Family Member of Friend
- ☐ Care Coordinator
- ☐ CDS Monarch Employee
- ☐ Community Event (please specify) _____
- ☐ Job Search Site (i.e. Careerbuilder, Indeed)
- ☐ Search Engine (i.e. Google, Bing, Yahoo)
- ☐ Social Media
- ☐ Radio
- ☐ Other: (please specify) _____