

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)
- [POP (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

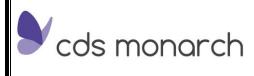
CDS Monarch is an organization of highly-skilled, dedicated people that that offers quality opportunities and services to individuals for their well being and growth.

Vision

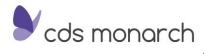
CDS Monarch is a world-class organization that supports people in pursuit of their personal dreams.



		Date of Application: Date Service Needed: Date Application Received
Individual's Name:		
<u>sui</u>	PPORTS REQUESTED (Check a	Il that apply):
Housing (i.e. family Care, ISS Contract 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	cts, IRA's, Community Living)	
Waiver Enrolled: Yes No (NYCARES) New York State Cares		
Care Coordinator:		Phone #:
Address:		
Email:		Fax #:
School District (if applicable):		
Contact Name:		Phone #:
Contact Name: Email:		
Contact Name: Email: Have you ever received CDS Monar		Phone #: Fax #:
Email:	rch services in the past? Yes out about CDS Monarch? Age	Phone #: Fax #: No Figure Family Friend Website incy
Email: Have you ever received CDS Monai	rch services in the past? Yes out about CDS Monarch? Self	Phone #: Fax #: No Family Friend Website



Individual's Name:			Sex: Male Female	
Address:			Type of Residence:	
			Birth date:	
Social Securit	y #:		Medicaid #:	
			Tabs ID #	
Benefits:	SSI	SSD	☐ Public Assistance	Food Stamps #
	Life Insurance	☐Trust Fund	☐ Burial Fund	
	Medicare #:		Medicare Part D Carr	er:
	Spend Down (please de	scribe):		
	Pay Back (please descr	ibe):		
	Representative Payee:			
Disabilities:			Learning Disability	
	Autism	□ Neurological	Impairment	pilepsy (type):
	Other (specify):			
GUARDIANSH	IP / CORRESPONDENTS:			
GUARDIANSH Legal Guar			Date Established:	Not Established
	dian:		Date Established: Relationship:	Not Established
Legal Guar	dian:		Relationship: Phone:	Not Established
Legal Guar Family/Advocat Address:	dian:e Contact:		Relationship: Phone: Email:	Not Established
Legal Guar	dian:e Contact:		Relationship: Phone: Email: Relationship:	Not Established
Legal Guar Family/Advocat Address: Alternate Conta	dian:e Contact:		Relationship: Phone: Email:	Not Established
Legal Guar Family/Advocat Address: Alternate Conta	dian:e Contact:		Relationship: Phone: Email: Relationship: Phone:	Not Established



$\underline{\textbf{SERVICES CURRENTLY RECEIVING}} \ (\textbf{Check all that apply})$

RESIDENTIAL Community Residence ICF IRA (Group Home) Supervised Apartment Supportive Apartment Family Care	CASE MANAGE ☐ Care Coordinat ☐ TBI (Traumatic ☐ PCSS (Plan of	tion	FAMILY SUPPORT Autism Family Support HCBS Waiver Parent Support Group Residential Habilitation Recreation (Ages 5 to A	
DAY SERVICES ☐ Day Treatment ☐ Day Habilitation ☐ Sheltered Workshop ☐ Prevoc. Services ☐ Other	☐ Individual Place ☐ Supported Enc ☐ School ☐ Transition Prog	laves	CLINICAL SERVICES Social Work Occupational Therapy Physical Therapy Psychiatry/Psychology	☐ Counseling ☐ Speech Therapy ☐ Nursing Services
LEVEL OF SUPERVISION independent for the following	•	whether the Individual nee	ds: total support, assistance,	supervision or is
Food Prep: Cooking: Eating: Shopping:	House Keeping: Laundry: Phone Usage: Money Management:	Toileting: Dressing: Grooming: Bathing:	Fire Evacuation: Community Safety Skills:	
TRANSPORTATION: (Che	☐ Has Drivers Lic ☐ Needs Transpo ☐ Can Take a Ta	ortation xi		
MOBILITY STATUS: (Checonomic Ambulatory Requires use of lift Able to bear weight	ck all that apply) Uses manual w One-person tra Can be transpo	nsfer	ole to negotiate stairs everal person transfer equires vehicle with lift*	
lbs. or 1,000 lbs. depending	on the model of the lift ins ne wheelchair. If you have o	talled in the vehicle. The	54" length. The weight capac weight capacity includes the out transportation please con	total weight of the
COMMUNICATION: Primary Language: Verbal Yes No		Requires an Interpreter Uses sign language	☐ Yes ☐ No ☐ Yes ☐ No	
BEHAVIOR SUPPORT PL past year) No	AN OR GUIDELINES:	Yes (If yes, please att	tach behavior support plan &	data collection for
Even if no, please describe at	ny behaviors, safe guards or	special needs:		



hereby authorize the release of information to CDS Monarch and

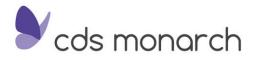
the Intake Committee.			
The purpose of this disclosure is referral for CDS services. It below and that CDS/Intake Committee and all of the participate CDS, the Intake Committee, and all participating agencies will	ing agencies will maintain th	ne confidentiality of this info	
Information to be released: (Please attach all documents)	Da	te 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)			
Solution ISP (most recent)			
POP (if applicable)			
EP (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 physical is signed by MD)	5181104 2 00tol 5 014015 (requirement out 50 warves in outroit		
FLDDSO Community Hab Authorization Fo	FLDDSO Community Hab Authorization Form (Comm. Hab		
· · · · · · · · · · · · · · · · · · ·		,	
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



Preliminary Person Centered Plan

Name:	Self-Advocacy Self-Advocates Independently
	Self-Advocates with Supervision or Assistance
Advocate (if Appropriate):	Requires Total Assistance with Advocating
Information Regarding Applicant: Diagnosis, Functioning Ability, etc.	
Information Regulating Applicant. Diagnosis, Functioning Ability, etc.	
Current Se	ervices
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 ad	dressed?
What services have been explored and have not met the individ	dual's needs?
Deman completing this forms	
Person completing this form:Relationship and Contact Information:	
relationship and contact information.	



Person Centered Planning
To be completed by Individual and/or Advocate.

How would you desc	ribeName	?
Who is in	Name	's circle of support? (non-paid, natural supports)
What must	Name	have to be happy?
What has helped	Name	to grow and develop?
What are	Name	's personal obstacles?

What is it that	Name	would like to accomplish?
How do you believe th	nat CDS Monarch can assist in	n completing your goals?

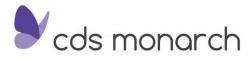


Interests Inventory

Ind	lividual Name: Date:	_
	licate which interests are maintained by the person. When known, please provide any additional details (Example Dogs, Horses, etc)	e: Animals
	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:	<u> </u>

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:	<u>-</u>
	Talking:	<u>-</u>
	Television:	-
	Theatre:	-
	Traveling:	-
	Vacations:	_
	Variety:	_
	Visiting Others:	_
	Volunteering:	_
	Walking:	_
	Work:	_
	Writing:	_
	Yard work:	_
	Zoo:	_
Oth	ner Activities Not Listed:	
Co	mpleted by:	
55	Name / Title	
	Name / Title	-



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)