



Dear Applicant:

Thank you for your interest in CDS Monarch. Please complete the enclosed application. In addition to the completed application, we will need the following information:



Eligibility Documents

OPWDD Eligibility Letter
HCBS Waiver Enrollment (NOD)
Level of Care Determination (Current) Service
Authorization Letter / Approved SARF



Supporting Documents

Life Plan (Most recent)
Current IPOP
Current IEP
Behavior Support Plan (+ 1yr of data collection)
Vocational Assessments
ACCESS Case Closure Letter
Social Work Evaluation (If available)
Current DDP2 (with ISPM Score)
Psychological Evaluation (Most Recent)



Medical Documents

Current Physical (within last year)
Current Medication List/Allergies
Diet Orders/Dining Conditions
2-Step PPD/TB Test Results (2 tests, within 1yr)
Signed Doctor's Orders
Any Documented Medical Restrictions
Any Recent Clinical Evaluations



Other Documents

Legal Guardianship Documents (If Applicable)
Photo ID (Employment Applicants Only)
Copy of Birth Certificate (Residential Applicants Only)
Copies of Insurance Cards (Residential Applicants Only)
Copy of Social Security Card (Residential Applicants Only)
SSI/SSD/SSA Award Letters ((Residential Applicants Only)
Bank Account Statements (Residential Applicants 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 submit to:

Kristin Hart, Residential Intake Manager
CDS Monarch
860 Hard Rd.
Webster, NY 14580
Kristin.Hart@CDSMonarch.org

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) 314-0466 or via email at kristin.hart@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:

SUPPORTS REQUESTED (Check all that apply):

Residential (i.e. family Care, ISS Contracts, IRA's, Community Living)
Employment Services
Site-Based Prevocational Services
Community-Based Prevocational Services
Recreation/Respite (age 5 – adult)
Parent Support Group
Autism Skill Building Program (6-16)
Community Habilitation
Site-Based Day Habilitation
Day Habilitation Without Walls

Waiver Enrolled: Yes No (NYCARES) New York State Cares Enrolled: Yes No

Care Manager / Coordinator:

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 learn about CDS Monarch? (Please Specify)

Meeting or Event

Family or Friend

CDS Monarch Employee

Agency

Social Media/TV/Radio

Other

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

Completed by:

Phone #:

Email:

Individual's Name:

Sex: Male Female

Address:

Type of Residence:

Phone:

Birth date:

Social Security #:

Medicaid #:

Tab ID #

Self-Advocacy Self-Advocates Independently
Self-Advocates with Assistance
Requires Supervision Advocating

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:



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:	House Keeping:	Toileting:	Fire Evacuation:
Cooking:	Laundry:	Dressing:	Community Safety Skills:
Eating:	Phone Usage:	Grooming:	
Shopping:	Bathing:	Money Management:	

TRANSPORTATION: (Check all that apply)

Able to Use Lift Line	Has Drivers License (No Car)
Has Own Car	Needs Transportation
Able to Use RTS	Can Take a Taxi
Potential for Travel Training	School Bus with aide

MOBILITY STATUS: (Check all that apply)

Ambulatory	Uses manual wheelchair	Able to negotiate stairs
Requires use of lift	One-person transfer	Several person transfer
Able to bear weight	Can be transported in a car	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:	Requires an Interpreter	Yes	No
Verbal 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:

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	Date of Document	Attached
OPWDD Eligibility Letter		
HCBS Waiver Enrollment (NOD)		
Level of Care Determination (Current)		
Service Authorization Letter / Approved SARF		
Life Plan (Most recent)		
Current IPOP		
Current IEP		
Behavior Support Plan (+ 1yr of data collection)		
Vocational Assessments		
ACCESS Case Closure Letter		
Social Work Evaluation (If available)		
Current DDP2 (with ISPM Score)		
Psychological Evaluation (Most Recent)		
Current Physical (within last year)		
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Copy of Social Security Card (Residential Applicants Only)		
SSI/SSD/SSA Award Letters ((Residential Applicants Only)		
Bank Account Statements (Residential Applicants 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 MANAGER.

Kristin Hart, Residential Intake Manager

860 Hard Rd. Webster,
New York 14580
Phone: (585) 314-0466

kristin.hart@cdsmonarch.org

Individual Name:

Date:

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

Animals:	Music:
Art:	Outdoors:
Being-Alone:	People:
Books:	Photographs:
Bowling:	Photography:
Carnivals:	Praise:
Cars:	Recognition:
Celebrations:	Responsibilities:
Challenges:	Restaurants:
Children:	Rides:
Church:	Sewing:
Cleaning:	Shopping:
Collecting-Things:	Singing:
Community-Outings:	Skating:
Computers:	Sleeping:
Concerts:	Smoking:
Cooking:	Socializing:
Crafts:	Sports:
Crowds:	Swimming:
Dancing:	Talking:
Doctors:	Television:
Drawing:	Theatre:
Electronics:	Traveling:
Fishing:	Vacations:
Foods:	Variety:
Games:	Visiting-Others:
Gardening:	Volunteering:
Helping -Others:	Walking:
Housework:	Work:
Magazines:	Writing:
Money:	Yardwork:
Movies:	Other:
Museums:	

Completed by:

Name / Title

Name / Title