

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:



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#### Eligibility Documents

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



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#### 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)



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#### 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



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#### 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:

Peter Owen – Program Intake Coordinator  
CDS Monarch  
860 Hard Rd.  
Webster, NY 14580  
[peter.owen@cdsmonarch.org](mailto:peter.owen@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) 698-4652 or email me at [peter.owen@cdsmonarch.org](mailto:peter.owen@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:**

Address: Phone #:  
 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		
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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 IDENTIFIED STAFF MEMBER:

**PETER OWEN, PROGRAM INTAKE COORDINATOR**

860 Hard Rd. Webster,  
New York 14580

Phone: (585) 698-4652

[peter.owen@cdsmonarch.org](mailto:peter.owen@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