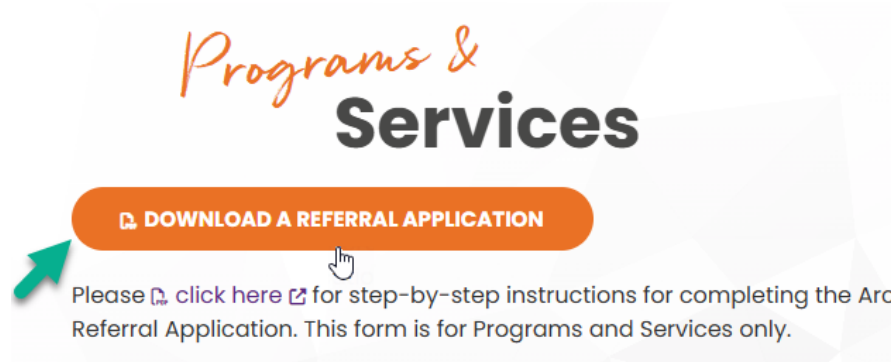



The Arc referral application and specific program addendums can be found by clicking here: <https://arcmonroe.org/referral-forms/>


Once on that page, click on the Arc Referral Application orange download button:



The Arc Referral Application should have opened in a new window as a fillable (pdf) form. The form may either be completed electronically or handwritten, whichever is preferred.

Please complete the form in its entirety. Service(s) being requested will need to be selected. Additionally, multiple services may be requested on the same application, if applicable:


Referral Application

Person Requesting Services	Legal Name:	Sex:	Gender:
	Name/Pronouns:	Social Security #:	
	Address:	Date of Birth:	
	City, Zip:	TABS ID Number:	
	Certified Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid ID Number:	
	Phone Number:	Monroe County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Waiver Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	HCBS Waiver NOD Date:	
	Self-Directing Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Fiscal Intermediary (FI):	Broker:	
Emergency Contact	Name:	Phone:	
	Address:	Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Email:		
Service Requested	<input type="checkbox"/> Community Habilitation <input type="checkbox"/> Group Day Habilitation		
	<input type="checkbox"/> Community Prevocational <input type="checkbox"/> Recreation-Respite		
	<input type="checkbox"/> FSS- Behavior Management <input type="checkbox"/> Residential Habilitation		
	Aging out of current program/service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Service(s) needed:	
Current Daytime Activity?			
Reason for Service Request:			

Please closely review the Requested Documents Checklist (page 2). Locate the proper service(s) being requested column(s) and only attach the documentation in the color coordinating boxes (do not submit the documentation in the blacked-out boxes):

Requested Documents Checklist
Please use the checklist specific to the service(s) requested and attach documents accordingly

The Arc Monroe New York		Group Day Habitatation	Residential Habitatation	Community Habitatation	FSS- Behavior Management	Community Prevocational	Recreation- Respite
Required Documents	Chicken Pox/Varicella Immunization						
	RHIO Consent Form						
	OPWDD Service Authorization (NOD)						
	DDP-2 (within 2 years)	⊘					
	HCBS Wavier NOD						
	Life Plan/IPOP/Safeguards/SAP						
	LCED (within 1 year)						
	Physical and Current Medication List (within 1 year)						
	PPD/TB Test (within 1 year)						
	Psychological Evaluation						
Service Specific	Social History						
	Specific Program Addendum (see website for additional form)						
	Income Verification						
	Community Based Workplace Assessment/DVE						
	Medicaid Award Letter						
Person Specific	OPWDD Eligibility Award Letter						
	Current Behavior Plan/Guidelines/Medication Monitoring Plan						
	DDRO At-Risk Assessment						
	Individualized Education Plan (IEP)						
	Legal Guardian Paperwork						
Other Clinical Evaluations							
Psychiatric Evaluation							

Only provide highlighted documents of service(s) requested

Disregard blocked out documents

For Community Habilitation, Community Prevocational (only Adult Project SEARCH, LifePrep@Naz, and SELF at Strong), and Residential Habilitation, each of these service areas require an additional form (addendum) to be completed in addition to the Arc referral application.

These specific program addendums can be found by clicking here: <https://arcmonroe.org/referral-forms/>

Addendums:

Please complete the appropriate addendum in addition to the Arc referral application for the following services below:

- [Community Habilitation Addendum](#)
- [LifePrep@Naz Addendum](#)
- [SELF at The Strong](#)
- [Project SEARCH](#)
- [Residential Habilitation Addendum](#)

Once you have completed the application, any applicable addendums and gathered all required documentation you may either email the packet directly to cwhaley@arcmonroe.org or postal mail it to the address listed on page 2 (Requested Documents Checklist)