



Community Habilitation Addendum

Date:

Individual's name:

Address:

Certified Setting

With Family

Independent

Please note – If the person requesting services lives in a certified setting and attends a day program/community prevocational service/blended service, they must take a full day or half day off from day program/community prevocational service/blended service in order to receive community habilitation. If the person takes a full day off from their other service, they may receive up to 6 hours of CH. If the person takes a half day off from their other service, they may receive up to 4 hours of CH. For people who live in a certified setting CH services may only be delivered on weekdays and must start before 3pm.

Emergency contact name & phone number:

Is this contact the individual's legal guardian? Yes No

Is this service being used for waiver enrollment? Yes No

Please list all other OPWDD services the person currently receives:

Is/has the person ever received Community Habilitation before? Yes No

Frequency of service being requested:

Please indicate the person's specific goals related to Community Habilitation here:

Please check off any of the following allowable services the person is interested in working on. For any allowable service checked, please specifically indicate what the person's goal(s) are in the space provided below:

Adaptive Skill Development

Community Inclusion

Relationship Building

Travel Training

Social Skills Training

Self-Advocacy Skills Training

Adult Educational Supports

Leisure Skills Training

Group Community Habilitation matches approximately 4 people interested in building skills in similar areas of their life with one staff. The groups work collaboratively to gain skills in a creative and encouraging atmosphere. Our current group offerings include, but are not limited to, Community Safety, Nutrition and Exercise, Accessing the Community, Health and Community Outreach, and Social Skills.

Is the person interested in joining a group? Yes No

Is the person interested in receiving individual 1:1 service? Yes No

What level of supervision does the individual require in the community?

- Independent
 Field Of Vision
 Range of Scanning
 Periodic Checks

Why does the individual require this level of supervision?

Please mark any of the below days/times that the person is available for Community Habilitation:

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-9am					
9am-10am					
11 am-12pm					
12pm-1pm					
1pm-2pm					
2pm-3pm					
3pm-4pm					
4pm-5pm					
5pm-6pm					
7pm-8pm					

**If individual has Saturday availability please discuss at intake meeting*

Interest inventory (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> Seneca Park Zoo | <input type="checkbox"/> Strong Museum of Play |
| <input type="checkbox"/> Museum and Science Center | <input type="checkbox"/> Memorial Art Gallery | <input type="checkbox"/> Local Festivals/Fairs |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> George Eastman House | <input type="checkbox"/> Mall |
| <input type="checkbox"/> Library | <input type="checkbox"/> Gym | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Volunteer Opportunities | <input type="checkbox"/> Cooking | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Conservatory | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Other: | | |

Please list any potential barriers to service delivery:

Care manager contact information: