

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:

Programs & Services

Referral Application:

 **DOWNLOAD REFERRAL APPLICATION** 



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:

 <u>Referral Application</u>		
Person Requesting Services	Legal Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	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

		Group Day Habilitation	Residential Habilitation	Community Habilitation	FSS-Behavior Management	Community Prevocational	Recreation-Respite
 Only provide highlighted documents of service(s) requested  Discard redacted documents							
Required Documents  Discard redacted documents		Chicken Pox/Varicella Immunization					
Service Specific		RHO Consent Form					
Person Specific		OPWDD Service Authorization (NOD) DDP-2 (within 2 years)					
Required Documents		HCBS Waiver NOD					
Service Specific		Life Plan/POP/Safeguards/SAP					
Person Specific		LCED (within 1 year)					
Required Documents		Physical and Current Medication List (within 1 year)					
Service Specific		PPD/TB Test (within 1 year)					
Person Specific		Psychological Evaluation					
Required Documents		Social History					
Service Specific		Specific Program Addendum (see website for additional form)					
Person Specific		Income Verification					
Required Documents		Community Based Workplace Assessment/DVE					
Service Specific		Medicaid Award Letter					
Person Specific		OPWDD Eligibility Award Letter					
Required Documents		Current Behavior Plan/Guidelines/Medication Monitoring Plan					
Service Specific		DDRO At-Risk Assessment					
Person Specific		Individualized Education Plan (IEP)					
Required Documents		Legal Guardian Paperwork					
Service Specific		Other Clinical Evaluations					
Person Specific		Psychiatric Evaluation					

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:



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)