Westchester gov.com

Robert P. Astorino
County Executive

Department of Community Mental Health

Sherbta Ansler, M.D.
Acting Commissioner

Dear Parent, Guardian and/Advocate,

Welcome to the Developmental Disabilities unit of the Westchester County Department of Community Mental Health (DCMH). Our unit works closely with the Office for People with Developmental Disabilities (OPWDD) and serves as the single point of entry into the OPWDD system for Westchester County residents. Our goal is to assist you with the process of applying for eligibility, provide you with information and resources, connect you with vital community contacts, and help you to access appropriate services now or in the future.

Please note that eligibility within the OPWDD system is required prior to obtaining OPWDD services. In order to be deemed eligible for OPWDD services you will need to complete and submit to us the following:

1. Developmental Disabilities Registration form
2. Consent form
3. Eligibility Materials
    - A medical assessment including a physical evaluation completed within 1 year
    - A current psychological evaluation (such as a WAIS-IV, WISC-IV, WIPPSI, C-TONI-II Leiter-R, or Stanford Binet V).
    - Current adaptive behavior information:
        - For psychiatrically stable adults and children whose IQ falls below 60, an adaptive behavior assessment or clinical report of functional skills completed within the past 3 years is acceptable).
        - For psychiatrically stable applicants with a Full Scale IQ of 60 or greater a standardized measure of adaptive functioning (such as the Vineland II or ABAS II) typically completed within 1 year for children and within the past 1-2 years for adults.
    - A current psychosocial history including birth and developmental history.
    - Clinical information completed prior to age of 22 documenting the presence of a qualifying condition in the absence of an intellectual disability (i.e. neurological evaluation, genetic testing, developmental pediatric evaluation, imaging or EEG reports, comprehensive ASD-specific assessment).

112 East Post Road
White Plains, NY 10601

Telephone: (914) 995-5253

E-mail: mpf3@westchestergov.com

Once we receive the completed registration forms and evaluations, we will submit to OPWDD. Their office will make a determination within a three month timeframe and will contact you by mail once the determination has been made.

If you have questions or need further assistance, please do not hesitate to contact us.

Sincerely,

Matthew Faulkner
Community Work Assistant

Please submit your registration and documentation to:
Department of Community Mental Health
C/o Matthew Faulkner
112 East Post Road, 2nd floor
White Plains, NY 10601
(914) 995-5253/mqf3@westchestergov.com

Revised 5/12/14

Westchestergov.com

DEPARTMENT OF COMMUNITY MENTAL HEALTH

112 East Post Road, White Plains, New York 10601 (914) 995-5244

Developmental Disabilities Registration

Date: _____

Applicant's First Name: _____ Last Name: _____

Current Address: _____ Zip Code: _____

Phone #( ) ____-_____ Date of Birth: _____/_____/_____ Age: _____ SS#____-____-____SSI/D? _____

Private Insurance: Y/N Company/Policy #:_____ Medicaid#: _____

Disability Information (Please check all that apply:)

I.Q.: _____ Level of Mental Retardation: Mild: _____ Moderate: _____ Severe: _____ Profound: _____
Epilepsy/Seizure disorder _____ Cerebral Palsy _____ Autism _____ Neurological Impairment _____
Orthopedic Impairment: _____ Emotional Disability or Mental Health Diagnosis _____
Other: _____ Ambulatory (Y/N) Uses: Wheelchair____ Walker____ Crutches ____Orthotics____
Verbal (Y/N) Adaptive Devices

_____

Relationship of Correspondent (Check One) ☐ **Parent** ☐ **Legal Guardian** ☐ **Advocate**

Name: _____

Address: _____ Zip Code: _____

Home Phone: ( ) _____ - _____ Work: ( ) _____ - _____ Cell: ( ) _____ - _____

School or Day Program: _____ Program Contact _____

Phone ( ) _____ - _____ Anticipated Graduation Date: _____

Address: _____ Zip Code: _____

Is Applicant Currently seeking services: (Check any that apply)

☐ In-Home Residential Habilitation ☐ Day Habilitation/Day Program ☐ Supportive Employment
☐ Medicaid Service Coordination ☐ Recreation Program ☐ Respite
☐ Individual Support Services ☐ Environmental Modifications ☐ Residential Opportunity
☐ Other (Explain) _____

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Acting Commissioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the release of information from the records of:

_____
Consumer Name

To the Westchester County Department of Community Mental Health, 112 East Post Road, White Plains, NY 10601 for the purpose of arranging needed services. I understand this authorization does give Westchester County Department of Community Mental Health the authority to release said information when there is a need to arrange services on behalf of the above named client.

I understand that I may revoke this consent at any time.

_____
Consumer's Signature

_____
Signature of person authorized to act on behalf of consumer

_____
Relationship of authorized person

_____
Relationship of authorized person

_____
Address of authorized person

Witnessed by:

_____
Signature

_____

_____
Address

Date: _____

112 East Post Road
White Plains, NY 10601

Telephone: (914) 995-5253

E-mail: mqf3@westchestergov.com

NYS Office For People With Developmental Disabilities

Putting People First

DDP 1 (7/10)

DEVELOPMENTAL DISABILITIES PROFILE REGISTRATION / MOVEMENT FORM

Fill out items 1 through 7, and 18 including "completed by" and "phone number" on every DDP-1. Complete other items as required.

1 PURPOSE: ☐ 1 Demographic Data Change ☐ 2 Add ☐ 3 Moved Out of State ☐ 4 Remove ☐ 5 Died ☐ 6 Transferred within agency

2 TABS ID: *(if known)*

3 PERSON'S NAME LAST FIRST MI

4 SEX: ☐ 1 MALE ☐ 2 FEMALE **5 DATE OF BIRTH:** MO DAY YR

6 COUNTY OF RESIDENCE

7 AGENCY NAME: PROGRAM NAME:

8 REMOVE PROGRAM CODE: **9 ADD PROGRAM CODE:**

10 REMOVE / ADD DATE: MO DAY YR

11 RESIDENTIAL ADDRESS: *(please print)*

% NAME

STREET

CITY STATE ZIP

12 INDIVIDUAL'S RESIDENCE TYPE: *(mark only one)*

☐ 1 Alone
☐ 2 With Friends / Housemates
☐ 3 With Member of His / Her Own Family
☐ 4 Department of Social Services Residence or Foster Care Home
☐ 5 Nursing Facility
☐ 6 Homeless or Shelter
☐ 7 OPWDD / Agency Operated Residence
☐ 8 Other *(specify)* _____

13 SOCIAL SECURITY NUMBER: **14 PERSON'S MEDICAID NUMBER (CIN):**

15 ETHNICITY / RACE:

☐ 1 White
☐ 2 Black
☐ 3 Hispanic
☐ 4 Asian or Pacific Islander
☐ 5 American Indian / Alaskan
☐ 6 Other

16 DISABILITIES: Indicate "1" for Primary (mark only one) and "2" for All Other Disabilities: (mark as many as apply)

___ 1 Developmental Delay
___ 2 Mental Retardation
___ 3 Autism
___ 4 Cerebral Palsy
___ 5 Epilepsy / Seizure Disorder
___ 6 Learning Disability
___ 7 Other Neurological Impairment
___ 8 Psychiatric Disability
___ 9 Chronic Physical / Medical Condition
___ 10 Sensory Impairment
___ 11 Undetermined
___ 12 Other (specify)_____
___ 13 Traumatic Brain Injury (TBI)
___ 14 Prader-Willi Syndrome (PWS)
___ 15 Fetal Alcohol Syndrome
___ 16 Narcolepsy
___ 17 Neurofibromatosis
___ 18 (Code Not Valid at this Time)
___ 19 Spina Bifida
___ 20 Tourette Syndrome
___ 21 Toxic Substance Exposure
___ 22 Child Under 5 Unable to Diagnose

17 PREFERRED LANGUAGE:

Spoken	Nonverbal	Understood
☐ 1 English	☐ 1 Sign	☐ 1 English
☐ 2 Spanish	☐ 2 Other Symbolic	☐ 2 Spanish
☐ 97 None	☐ 97 None	☐ 97 None
☐ 98 Other_____	☐ 98 Other_____	☐ 98 Other_____

18 DATE COMPLETED MO DAY YR

COMPLETED BY: *(Print staff name)*

PHONE NUMBER: ( ) _____ – _____

NYS Office For People With Developmental Disabilities

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STREET

CITY STATE ZIP

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18 DATE COMPLETED MO DAY YR

COMPLETED BY: *(Print staff name)*

PHONE NUMBER: ( ) –

HUDSON VALLEY DDSO, WESTCHESTER OFFICE
SHORT TERM FAMILY ASSISTANCE GRANTS

These programs were developed for families who do not have a service coordinator or a case manager and/or OPWDD eligibility to assist them in getting the eligibility completed and helping identify needed services.

Advocates for Exceptional Children, Inc.
33 Cimarron Rd.
Putnam Valley, NY 10579
Attn: Regina Filannino
845-526-1177
Short Term Family Assistance, This grant will help families who do not have Medicaid and/or OPWDD eligibility to get into the system and to be helped in identifying the services they need. Families will be empowered by educating them to learn to navigate the system themselves.

Cardinal McCloskey
115 Stevens Ave.
Valhalla, NY 10595
914-997-8000
Attn: **MSC** Supervisor, Maggie Story x147
Short Term Family Assistance: Service Coordination for those needing assistance applying for Medicaid, OPWDD, and/or other benefits and services.

Cerebral Palsy of Westchester (CPW) *Expanded as of 1/1/14*
1186 King St.
Rye Brook, NY 10573
Attn: Lauren Bassin, Supervisor
914-937-3800 x 224
Lessie Lacy 914-937-3800 x355
CPW staff will assist families needing services with identifying resources in the community and working with families to access services such as applying for Medicaid, coordinating referral materials for eligibility, working with school districts in an advocacy role, assistance with obtaining guardianship, accessing services.

Select Human Services
17-19 Marble Ave. *New as of 1/1/14*
Pleasantville, NY 10570
Attn: Debra McGinness, 914-741-6300 x128
Assistance for families in applying for OPWDD eligibility, Medicaid and Medicaid waiver services. Select Human Services offers a full complement of services such as Medicaid Service Coordination, waiver respite services and waiver community habilitation services.

Westchester ARC Family Outreach Program
265 Saw Mill River Road
Hawthorne, NY 10532
Attn: Mary Ann Shelton, Supervisor- 914-495-4606; Martha Pisculli – 495-4588
Assist families with applications for benefits, OPWDD eligibility, and getting set up for Medicaid Service Coordination (MSC). Help families' access services such as respite and recreation. Martha Pisculli is fluent in Spanish.

Westchester Institute for Human Development(WIHD) Benefits Navigation and Guardianship Assistance
WIHD/Cedarwood Hall
20 Plaza West, Valhalla, NY 10595
Attn: Nicki Turano, Supervisor, 914-493-3953 *New as of 1/1/14*

WIHD will offer short term assistance to families and individuals seeking support in obtaining access to benefits such as; Medicaid, SNAP and eligibility for OPWDD(Office for People With Developmental Disabilities). In addition, staff will offer assistance to families seeking guardianship. Referrals can be made to community resources when appropriate. Services are available to Spanish speaking families.