



APPLICATION FOR ADULT DAY PROGRAMS

Thank you for your interest in our ADAPT Community Network Adult Learning and Community Connections Programs. Please provide the information below so that we can start getting to know the person seeking services:

Date of Referral:

Person's Name:

Name they prefer to be called by:

DOB:

Current Address:

Diagnosis/Nature of Disability:

Type of mobility:

Ambulates independently
Uses wheelchair: some of the time all of the time manual motorized

Uses walker, cane, other adaptive equipment **some of the time** **all the time**
Please specify:

Type of communication (please describe speech and/or other means of communication):

Behavioral Challenges?
If yes, is there a behavior plan?

Primary Caregiver's Name:

Address:

Phone #:

Name/contact information of court appointed 17A legal guardian (if applicable):

Care Manager (Case Manager for ICF) Name:

Care Manager CCO and Contact Information:
(Phone and Email)

For your application to be considered, submit copies of:

Life Plan or CFA (most current)

Annual Physical (within last 12 months). Must have developmental/medical diagnoses, face to face examination, vital signs, medication list, physician signature.

Psychological

Psychosocial

Specialty plans (if applicable ie behavior, seizure, dietary, etc.)

LCED (last signature must be within 12 months)

Copy of Medicaid Card

Copy of Social Card

Tab Report (CR4)

****Please include this cover sheet when submitting the referral packet. Additional documentation may be requested on an individual basis.***

Please be advised that a person requesting day habilitation services who does not reside in an Intermediate Care Facility must be HCBS Waiver enrolled prior to program start.

Persons who are not currently waiver enrolled, persons who are waiver enrolled and are transitioning from the Department of Education to adult services, and persons who had previously been granted waiver services but have not received services in over 1 year may have to return to the Front Door for a service authorization process before being authorized for day programming.

Please send referral packet by encrypted email as well as any requests for further information about our referral and admissions process to : kliebman@adaptcommunitynetwork.org

Or mail to:

**Karen Liebman, Coordinator of Operations
Adapt Community Network
80 Maiden Lane, 2nd Floor
New York, NY 10038**