

Access to Money Reimbursement Program (ATM) Application Form

Mental Health Association in Orange County, Inc.
73 James P. Kelly Way, Middletown NY 10940

Phone-(845) 342-2400 ext 254/253 Fax- (845)343-9665
Print additional forms at www.mhaorangeny.com



ATM _____

Date _____

Name of individual with disability _____

Address _____

City _____ State _____ Zip Code _____ E-mail _____

Telephone _____ Birth date _____ Gender _____

Social Security Number _____ - _____ - _____ Tabs # _____

MSC/referring service provider _____

Referring Agency (if applicable) _____ Phone _____

Parent/family contact name _____ Relationship _____

Telephone other than home _____ Lives with parent/guardian Y ___ N ___

Developmental disability (circle all that apply and add notes or specify below if needed)

Autism/P.D.D. Cerebral Palsy Epilepsy Mental Retardation Neurological impairment (specify)

Medicaid _____ SSI _____ SSA _____ Private health insurance _____

Day program/school _____

Goods/services requested _____

To whom will the check be made out: _____ Phone _____

Address _____

_____ City _____ State _____ Zip _____

Have you made this request to any other program or service? Yes _____ No _____

Specify programs/services contacted _____

What was the outcome? _____

How will the service or item benefit the person with a disability or the family: _____

Additional information you want us to know about the request: _____

In order for your **initial** ATM application to be processed you will need to submit items ***1 through 4***. When applying after the initial request, complete items ***1 and 4***

- 1) Completed application form, printed or typed clearly!
- 2) HIPAA -“Notice of Privacy Practices” signature page filled out, signed and dated.
[Click here for HIPAA forms](#)
- 3) **OPWDD ELGIBILITY REQUIRED**- Notice of Decision from Hudson Valley DDRO. Contact Ravin Radigan at (845)342-2400 ext. 253 or email to rradigan@mhaorangenys.com for more information.
- 4) Invoice, receipts, price list or brochure for the services/goods requested.
- 5) To continue to receive funding -letter of acceptance **MUST** be returned.