



Hudson Valley Eligibility Packet Documentation Helplist

For: \_\_\_\_\_ Date: \_\_\_\_\_
Individual's First Name Individual's Last Name

Eligibility for Services which are funded through OPWDD requires documentation to support the presence of all four of these requirements:

- 1. A Qualifying Diagnosis
2. That the Qualifying Diagnosis occurred prior to the age of 22
3. That the Qualifying Diagnosis is expected to continue indefinitely
4. Prior to the age of 22, the Qualifying Diagnosis caused Substantial Deficits in Adaptive Functioning

Please include all the materials as indicated below:

- [ ] A completed Transmittal Form (Include correct spelling of name, correct Social Security Number, and correct date of birth. Make sure name matches official documents such as birth certificate or Social Security Card.)
\* Please note: If indicated on the bottom of the Transmittal Form or in other submitted information, we can translate our correspondence into other languages.
[ ] A current medical assessment including a physical evaluation and any significant medical/surgical history.
[ ] A current cognitive (IQ) evaluation. These are often called "Psychologicals" or "Psychoeducational" (Some accepted measures are the WAIS-IV, WISC-V, WPPSI-IV, Stanford-Binet 5, Bayley-III, DAS-II, KABC-II).
\* Test completed within the past year for children, past two years for adolescents, past 3-5 years for adults.
\* Brief or abbreviated measures of IQ are not accepted
\* Tests published in another language can be used with people who are not fluent English language speakers.
\* Tests which are translated by the test administrator or another person are not accepted.
\* For people who have hearing impairments, expressive or receptive language impairments, or for whom there is not a test published in the language they speak fluently, please submit a Non-Language measure such as the CTONI-2 or Leiter-3 PLUS the non-verbal sections of one of the other accepted tests such as a WAIS, Stanford Binet, WISC, or KABC.
[ ] Current adaptive behavior information:
\* Most common measures of Adaptive Functioning are the ABAS-3 and the Vineland-3
\* When possible, please include both a parent and teacher adaptive.
\* Please note: The BASC is not an accepted measure of adaptive functioning.
[ ] A current psychosocial and developmental history including comprehensive information about any problems with the pregnancy, birth, and neonatal period, developmental milestones, and significant events (such as psychiatric or medical hospitalizations as well as changes to the applicant's family or living arrangements) which may impact the applicant
\* Please note: Social History Updates often do not include full information.
[ ] When applicable, the most recent IEP can be very helpful.



### **Additional Documentation**

#### **For a Qualifying Diagnosis of Autism**

[ ] A comprehensive evaluation including information about any early developmental delays or unusual behaviors as well as a detailed description of the applicants specific, current behaviors that lead the clinician to diagnose autism.

\* Please note: A letter from a clinician simply stating that the applicant has autism or just listing the diagnostic criteria for autism will not be sufficient.

#### **For a Qualifying Diagnosis of a Central Nervous System (Brain or Spinal Cord) Disorder**

[ ] Medical information such as related lab reports, genetics, specialty evaluations (e.g. neurology).

#### **For Applicants Older than 22**

[ ] Documentation such as evaluations completed prior to the age of 22 and detailed narrative descriptions of day-to-day functioning prior to the age of 22 (e.g. infancy, childhood, adolescence, early adulthood-up to the age of 22) with information about strengths and deficits in: self-care (e.g. personal hygiene, dressing, eating), care, use of home (e.g. cooking, cleaning), use of the community (e.g. shopping, safety, driving/public transit use), friendships/socialization, and work history.

#### **Other Documentation**

[ ] Any other documentation or evaluations which provide information which help us to learn about the applicant's disability, strengths, and deficits that help establish the presence of our four requirements for Eligibility as noted above.

#### **More information can be found at:**

[https://opwdd.ny.gov/opwdd\\_services\\_supports/eligibility](https://opwdd.ny.gov/opwdd_services_supports/eligibility)

[https://opwdd.ny.gov/opwdd\\_services\\_supports/eligibility/documents/eligibility\\_important\\_facts](https://opwdd.ny.gov/opwdd_services_supports/eligibility/documents/eligibility_important_facts)

#### **The Transmittal Form can be found at:**

[https://opwdd.ny.gov/opwdd\\_services\\_supports/eligibility/documents/eligibility\\_transmittal\\_form](https://opwdd.ny.gov/opwdd_services_supports/eligibility/documents/eligibility_transmittal_form)

We prefer that you mail completed applications to the address below.

Applications may be emailed as PDFs.

Please do not submit applications by FAX without calling to confirm receipt.

#### ***For questions please contact:***

***Dr. Janet Wright***

***(845) 947-6215***

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***or***

***Dr. Philip Bomzer***

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***[Philip.E.Bomzer@opwdd.ny.gov](mailto:Philip.E.Bomzer@opwdd.ny.gov)***

*(revised 12/18/17)*