



This form is to be filled out by the Regional Office Liaison in collaboration with the CSIDD Provider at the request of a Planned or Emergency Resource Center Admission.

Table with 2 columns: Field Name, Value. Fields include Individual's Name, TABS ID, Medicaid CIN, Name of Referrer, Referrer Phone Number.

Type of Admission: Planned Emergency (*See additional requirement below)
Date of Requested Admission: Expected Discharge Date:

OPWDD Regional Office will be responsible for ensuring that the Individual is eligible for a Resource Center admission. The following criteria must be confirmed:

1. Confirmation of Resource Center Eligibility (must meet all):

- Individual is currently enrolled in CSIDD, and
Individual is enrolled in the HCBS Waiver, and
Individual is 21 years of age or older (or 18-20 with DDRO approval), and
Has a discharge/transition plan back to their home or community setting at the completion of the Resource Center stay

2. Approved Intensive Respite Approval Form Attached

3. Completed Resource Center Participation Agreement Attached

Table with 2 columns: Field Name, Value. Fields include Resource Center Location Requested, CSIDD Agency Requesting Admission, Name of CSIDD Staff Member Requesting Admission, Phone Number of CSIDD Staff Member.

Regional Office Resource Center Admission Determination

Individual is approved for Resource Center Admission: Please enter admission date into TABS
Individual does not qualify for Resource Center services; Explain:

Table with 2 columns: Field Name, Value. Fields include Date of Determination, Name of Regional Office Approver.

* Individuals in certified settings will only be considered for emergency admission into the Resource Center via a two-step approval process.