



Intensive Behavioral (IB) Services Application Form

Instructions: Individuals must be HCBS Waiver enrolled to be eligible for IB Services. If the participant is not enrolled in the HCBS Waiver, contact the local DDRO before submitting this application. Please complete application in its entirety, incomplete applications cannot be accepted. The referring party must sign and date this application form before submission. Submit the completed application, including supporting documentation, to the liaison at the individual's local Developmental Disabilities Regional Office (DDRO).

Check if this is an initial application or a reauthorization request for additional hours of service:

Initial Application

Reauthorization Request; initial authorization date: _____

SECTION I- Referring Party

Name of Person Completing the Application: _____

Affiliation (e.g., agency name/title/relationship to individual): _____

Phone Number: _____ Email Address: _____

SECTION II- Applicant

Name: _____ Date of Birth: _____ TABS ID: _____

Street Address: _____ City: _____ Zip Code: _____

Individual's Phone Number (or Parent/Guardian): _____

CIN: _____

Name of school, if currently enrolled: _____

Living Arrangement:

Lives Independently

Lives with Family

Family Care Home

Lives with Roommate(s)/Significant Other

Other: _____

SECTION III- Current Supports & Services

1. Check all OPWDD Services currently received:

Group Day Habilitation

Day Habilitation WOW

Respite

CSIDD

IB Services Application

Pre-Vocational Services

Supported Employment

Individual Support Services

Community Habilitation

Family Education Training

Family Support Services

Other: _____

2. currently prescribed, including dose(s), indicate compliance and effect:

Psychological Services
 Occupational Therapy

Speech Therapy
 Physical Therapy

Other: _____

3. List any other services the individual is currently receiving:

4. List all medication(s) the individual is currently prescribed, including dose(s), indicate compliance and effect:

SECTION IV- Supporting Information

1. Provide a summary of the individual's behavioral concerns that would be addressed through IB Services. Include a description of how the behaviors have put the individual at imminent risk for losing his/her/their current residence. If this is for re-authorization for additional hours within an authorized period, provide justification for the additional IB Services.

2. Please check all supporting materials included in the application:

- | | |
|--|---|
| <input type="checkbox"/> Recent CANS-NY or CAS Summary (required) | <input type="checkbox"/> Life Plan (required) |
| <input type="checkbox"/> Clinical records (e.g., psychological assessments) | <input type="checkbox"/> Behavioral Data |
| <input type="checkbox"/> Psychosocial assessments | |
| <input type="checkbox"/> School records (e.g., Behavior Intervention Plan, Individualized Education Program, 504 Plan) | |
| <input type="checkbox"/> Previously completed Functional Behavior Assessment(s) and Behavior Support Plan(s) | |
| <input type="checkbox"/> Other materials: _____ | |

3. Documentation that substantiates the individual is at risk of imminent placement into a more restrictive residential setting due to identified challenging behavior(s) is required:

Included

Not Included

Signature of Person Completing this Application

Date of Signature