



Casey's Place Respite Application

Date: _____

Consumer Information

| | | | |
|--|---------------------------------------|----------------|---|
| Name: (First, Last) | | Date of Birth: | |
| Home Address: | | | |
| Primary Phone: | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| Medicaid #: | | TABS ID: | |
| Primary Diagnosis | | | |
| Attends School <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes , what school district? | | |

Parent/Guardian Contact Information

| | | | |
|---------------------|--|----------------------------|---|
| Name: (First, Last) | | Relationship to individual | |
| Mailing Address: | | | |
| Primary phone: | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Secondary Phone: | | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Email Address: | | | |

Care Manager Contact Information

| | | | |
|---------------------|--|-------------|--|
| Name: (First, Last) | | | |
| Mailing Address: | | | |
| Phone Number: | | Fax Number: | |
| Email Address: | | | |

Respite Program of Interest: (Please check all applicable)

| | | |
|--|---|--|
| <input type="checkbox"/> Afterschool | <input type="checkbox"/> Teen Night | <input type="checkbox"/> Weekend Overnight |
| <input type="checkbox"/> School Breaks | <input type="checkbox"/> Summer Program | <input type="checkbox"/> Weekend Day |

Funding Source: (Please check one)

| | | |
|---|---|--|
| <input type="checkbox"/> Self-Direction (OPWDD)* | <input type="checkbox"/> OPWDD Waiver (non self-direction) | <input type="checkbox"/> Children’s Health Homes of Upstate NY (CHUNNY) |
| <input type="checkbox"/> Limited Exception Respite (LER) | <input type="checkbox"/> Medical Indemnity Fund (MIF) | <input type="checkbox"/> Self-Pay |

***Complete this section only if Self-Direction services are applicable**

| Support Broker | | Fiscal Intermediary | |
|-----------------------|--|----------------------------|--|
| Name: (First, Last) | | Name: (First, Last) | |
| Phone Number: | | Phone Number: | |
| Email Address: | | Email Address: | |