



Attachments Required for Application

P.O. Box 2, 630 Rt 217, Mellenville, NY 12544

www.coarc.org (518) 672-4451

ATTACHMENTS TO BE SUBMITTED WITH APPLICATION

- 1) **Cover Letter** (Required for all applications)
- 2) **Eligibility Documentation** (At least one attachment required from this section.)

	OMRDD Notice of Decision (NOD)	(For OMRDD Services*)
	HCBS Waiver NOD	(For OMRDD Services*)
	TBI Waiver NOD	(For TBI Services)
	Documentation of ongoing OMH Services	(For OMH Services)
- 3) **Clinical Information** (At least one attachment required from this section.)

	Psychological Evaluation (Less than three years old and showing disability)
	Neuropsychological Evaluation
	Psychiatric Treatment Notes
- 4) **Medical Information** (All attachments required.)

	Physical Exam (Within the past year)
	TB Test results (PPD within the past year)
	Standing Orders/ Over-the-Counter/PRN order
	Emergency Information Sheet
	Copy of Medicaid Card, Medicare, and any other private insurances
	Level of Care Eligibility Determination Form (Within the past year - OMRDD Specific)
	Neurological assessment (TBI specific)
- 5) **Plan of Care Information** (If applicant has any of the following, please attach.)

	Individualized Service Plan (ISP) or Individualized Education Plan (IEP)
	Habilitation Plan (Residential, Day, etc.)
	Plan of Protective Oversight
	Behavior Plan/ Risk Assessment/ Risk Management Plan
	DDP2 (Developmental Disabilities Profile)
	DDP4
	NYS CARES Priority Form
	Comprehensive Social Summary/ History
	Nursing Plan of Care
- 6) **Work Related Information** (Required for all work programs.)

	Birth Certificate
	Social Security Card
	State or Federal Photo ID

**COARC will not process application without the proper documentation.
If you have questions, please contact us.**

* Please note that when applying for OMRDD services it is important to submit a DDP4 showing unmet needs to the TDDSO