**People Inc. Fiscal Intermediary Intake Form**

|  |  |
| --- | --- |
| **Persons Name:** Click here to enter text. | **Address:** Click here to enter text. |
| **Persons Phone:** Click here to enter text. | **Persons Email:** Click here to enter text. |
| **Broker’s Name:** Click here to enter text. | **Care Coordinator Name:** Click here to enter text. |
| **Broker’s Email:** Click here to enter text. | **Care Coordinator Email:** Click here to enter text. |

**1. Is the person seeking a Transition Stipend from People Inc.?** [ ]  **YES** [ ] **NO**

*\*If the person is ONLY looking for a Transition Stipend and does not want SD services please skip to #6*

**If Yes: what is the expected move in date?** Click here to enter text.

**2. Are they looking to self-hire staff?** *(Includes Respite, Community Habilitation, SEMP)*  [ ]  **YES** [ ] **NO**

**\*If yes please answer the following;**

1. what services are they looking to self-hire? [ ] Community Hab. [ ]  Respite [ ] SEMP

 2. Do they have staff already identified? [ ]  YES [ ] NO

3. Will Staff be transporting a person in the family/individuals own vehicle? [ ]  YES [ ] NO

4. Does the person require assistance with lifting and transferring assistance? [ ]  YES [ ] NO

**3. Has the person/family attended a Self-Direction information session?** [ ]  **YES** [ ] **NO**

*\*This must be completed before an Initial budget can be Submitted/Approved*

**4. What are you looking for from your self-directed budget?** Click here to enter text.

**5. Does the individual/Family have access to a computer or smart phone?** [ ]  **YES** [ ] **NO**

*NOTE: we are moving to a fully electronic system where all reimbursement requests, staff timesheets, hab. plans, ect. Will need to be updated and maintained online.*

**6. Who will act as the Rep-Payee/manager of eVero?** This person will be given access to eVero and will be responsible for uploading any reimbursement requests, reviewing expense reports and Staff hours.

|  |  |
| --- | --- |
| **Full Name:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Email:** Click here to enter text. | **Relationship:** Click here to enter text. |

**7. Are there any behavioral concerns we should know about?** Click here to enter text.

**8. Are there any personal care/medical needs that we should know about?** Click here to enter text.

**9. Are there any legal issues/concerns we should be aware of** *(ie. Parole, Probation, SORA, Community Restrictions)***?** Click here to enter text.

**10. Does the person currently have ISS Housing Subsidy?** [ ]  **YES** [ ] **NO**

*\*If YES- what agency is the provider of the subsidy:* Click here to enter text.

**Please attach the following:**

|  |  |
| --- | --- |
|[ ]  **Life Plan or ISP** |[ ]  **LCED** |
| [ ]  | **DDP2** *(Shows questions with answers selected)* |[ ]  **CR4 (TABS Report)** |
|[ ]  **NOD (Notice of Decision)** |[ ]  **SD Authorization Letter** |
|[ ]  **\*Letter of Guardianship** *(If applicable)* |[ ]  **\*Behavior Plan** *(If applicable)* |

**\*\*Please SAVE AS A PDF send the Intake form and ALL required documentation to** **Selfdirection@people-inc.org**

**With the subject line of ‘FI Intake, (County person lives)’**

|  |
| --- |
| **\*\*Intake Forms are processed based on OPWDD region. Where the person lives determines the region for processing.** |
| **Emily Burgio, Western DDSO**3332 Walden Ave, Suite 100Depew, NY 14043716.880.3779 eburgio@people-inc.org | **Matt Graves, Finger Lakes DDSO**1860 Buffalo RoadRochester, NY 14624585.719.3410mgraves@people-inc.org |