**People Inc. Fiscal Intermediary Intake Form**

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| **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.

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| **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:**

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|  | **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**](mailto:Selfdirection@people-inc.org)

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

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| --- | --- |
| **\*\*Intake Forms are processed based on OPWDD region. Where the person lives determines the region for processing.** | |
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