



Thank you for your interest in our Article 16 Clinic services. Following the receipt of this completed form and documents requested we will contact you to set up an intake interview

DATE: _____ TABS ID#: _____ DOB: _____

NAME: _____

ADDRESS: _____ PHONE: _____

TYPE OF RESIDENCE: _____

MEDICAID #: _____ MEDICARE #: _____

OTHER INSURANCE: _____ GROUP NUMBER _____ ID NUMBER _____

PRIMARY INSURANCE HOLDER'S NAME AND DOB _____

CARE COORDINATOR: _____ PHONE /EMAIL _____

WHO CAN WE CALL TO SCHEDULE AN APPOINTMENT? _____

PHONE: _____

DEVELOPMENTAL DISABILITY DIAGNOSIS (IF KNOWN) _____

Preferred Clinic Location

- | | | | | |
|-----------|-------------|--------|-------------|----------|
| Elma | Derby | Angola | West Seneca | Sardinia |
| Yorkshire | East Aurora | | | |

REFERRAL FOR: (Check all that apply)

Physical Therapy-include prescription

Reason: _____

Occupational Therapy-include prescription

Reason: _____

Speech Therapy

Reason: _____

Social Work Counseling

Reason: _____

Vocational Rehabilitation Counseling

Reason: _____

Psychological Testing

- Reason: Consent Determination Sexuality Assessment Risk Assessment Eligibility
 Cognitive Adaptive Autism Capacity

Other: _____

Please see additional Psychology Referral Document Checklist



PATIENT NAME: _____

DOB _____

Enclose the following in order for the referral to be processed (please check off those which you have enclosed):

- Physical exam record within one year, including medication list
- Life Plan and IEP *if applicable*
- Past clinical records (evaluations, treatments, psychological testing)

Send to: Wendy Sherwood
 Intake Coordinator/Benefit Specialist
 Phone: 716-805-1555 X 226 Fax:
 716-805-1444
wsherwood@sasinc.org

Referred by: _____

Address (Agency/street): _____

Phone _____ Email _____

If there is a Care Coordinator, were they notified? Yes No

Psychological Referral Document Checklist For OPWDD Eligibility

- All communications from OPWDD regarding eligibility
- IQ (Cognitive) testing: all current and available evaluations which include an assessment of intellectual functioning, intelligence quotient (IQ) scores. Information should include full scale assessments of intellectual functioning with all scales, scores noted (including sub-scales, part and full scales).
- For individuals over the age of 18 who have not previously been eligible for OPWDD services Retrospective ADAPTIVE BEHAVIOR ASSESSMENT – This is an interview or form usually completed as part of a more comprehensive assessment.
- AUTISM – If this individual is diagnosed with autism, please include standardized measures of autism. Relevant medical reports including specialty assessments (e.g. neurological evaluations, neuro-psychological, genetic testing etc.) for anyone applying for services based on a diagnosis other than Intellectual Disability.
- SOCIAL HISTORY, PSYCHO-SOCIAL REPORT, or Other Background Information – indicating the presence of a developmental disability before 22 years of age. Background information is also needed if person being referred is a child or adolescent. Examples would include work history, living situations etc. *Anecdotal information is especially important if routine documentation is unavailable due to the person’s age.*
- INDIVIDUALIZED EDUCATION PLAN (IEP) – most current. For those over 22 years of age, any school records as available.