



[CHOICES Portal](#)

CHOICES Portal is accessible on the internet for individuals and advocates to view and sign forms. Shown below is the signature process in CHOICES Portal for an individual or advocate..

Notifications will be sent via email, for example:

NOTE:

The DDP4 submitted for TABS ID: 55155 on 10/13/2011 2:50 PM is available through CHOICES Portal. Please log into the CHOICES Portal to see this form.

This e-mail was generated by the CHOICES System. Please do not reply.

Log into CHOICES Portal: <https://choicesportal.opwdd.ny.gov>

A screenshot of the CHOICES Portal login page. The header features the CHOICES logo and the text "NYS Office For People With Developmental Disabilities" and "Electronic Case Record System". Below the header is a "Login" section. The main content area is titled "OPWDD CHOICES Portal" and contains a "Login" form. The form has two input fields: "Login:" with the text "nysomrdd/kesselah" and "Password:" with six black dots. Below the password field are two links: "Login" and "Reset".

After signing-in, there are two links viewable on the Main Page of CHOICES Portal: **My Individuals** and **My Forms**. **My Individuals** lists all persons for whom documents may be signed by the advocate logged on to CHOICES Portal. **My Forms** lists all forms, whether already signed or still ready for a signature, available to the person logged in to CHOICES Portal.

My Individuals

Signing a document using the **My Individuals** link will be demonstrated first. Many similarities exist between the process of signing a document in CHOICES Portal whether using **My Individuals** or **My Forms**. Here, click on **My Individuals** to proceed.

Below, is listed the individuals that you have access to. In some cases, when there are many individuals listed, a **1** and **2** will appear in the lower right part of the screen. This would allow you to go to the next page. However, in this example there is only one page. Select an individual's name to continue.

(Disclaimer: All names displayed in this training document are entirely fictitious and any resemblance to names of real persons, living or deceased, is purely coincidental.)

Individual Name	Address	Date of Birth
ESPOSITO, PHIL G	12 COLORADO AVENUE GREENBURGH	4/4/1942
LODZIRO, TOBARI	370 CONKLIN AVE. BINGHAMTON	12/12/1945
SPECTOR, ANNALUCIA	240 LOWER STELLA ISLAND ROAD BINGHAMTON	2/13/1949

The **Forms For Selected Individual** screen appears. The column to the far right is the **Action** column. In this column, unsigned documents have a link to **View** or **Sign**, and signed documents have only a link to **View**.

Notice that the screen is divided into 5 columns.

1. The first column, **Name**, lists the names of all individuals for whom the advocate has been given access in CHOICES Portal.
2. To the right of each name, the **Form** column lists the specific form or document available to View and/or Sign within Portal.
3. If the form listed has been signed, a date will be provided in the **Signed On** column.
4. Additionally, if the form listed has been signed, an advocate's or individual's name will be provided in the **Signed By** column.
5. The **Action** column, on the far right of the **My Forms** screen, provides the ability to **View** and/or **Sign** specific forms listed. If the form has already been signed, or if the option for signing the specific form is not available in CHOICES Portal, **NA** will be shown instead **Sign** for any form. Clicking on **NA** will not produce a result in the system.

As a document should always be viewed before signing, click **View** to proceed.

CHOICES CPWDD
Electronic Case Record System

NYS Office For People With Developmental Disabilities

Individuals Welcome: Anthony Kesseling Home | Logout

- My Individuals
- My Forms

Forms For Selected Individual

Name: LODZIRO, TOBARI
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Click on the form name under the **Form** column to view any related documents.
Some forms such as MSC5 are not linked to any documents.
Signed refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

Name	Form	Signed On	Signed By	Action
LODZIRO,TOBARI	MSC1	--	--	View NA
LODZIRO,TOBARI	DDP4	--	--	View Sign
LODZIRO,TOBARI	MSC1	4/26/2011	Anthony Kesseling	View

Back

A PDF version of the DDP4 opens. As shown in the DDP4 section above, this document may be printed or saved. When finished with this PDF, click the "X" button in the top right corner to close the PDF window.

This form is for information purposes only. Completion of this form does not imply eligibility or acceptance for services.



CONFIDENTIAL NEEDS IDENTIFICATION DDP-4

General Instructions:

Complete for any person who has a developmental disability and has an **UNMET** need for services or supports. Do not use this form to indicate a need to continue or to enhance services/supports now being received.

MARKING INSTRUCTIONS

- Use a black or blue pen or a number 2 pencil.
- Print clearly using all **CAPITAL** letters and **ARABIC** numbers.

A B C D E 0 1 2 3 4 5 6 7 8 9

Correct Mark ● Incorrect Marks ☑ ☒

1. Purpose: (Mark one)

- New Person Review

2. Name of Person in Need: (Please print full name)

Last Name

LODZIRO

First Name

TOBARI

MI

3. Address of Person in Need:

Address

370 CONKLIN AVE.

City

BINGHAMTON

State

NY

Zip Code

13903

→ Mark here if this is a new address.

Country

BROOME

4. Sex

- Male
 Female

5. Date of Birth

Month Day Year

12 12 1945

8. Name of Agency/Program Reporting Need:

0233 - BROOME

Agency Code

51940

Program Code (Optional)

Agency or DDSO Staff Member Completing or Consulting on Form:

Last Name

Walsh-Wasseman

First Name

Patricia

Phone Number

Area Code

518 381-2482

Date Completed

Month Day Year

02 25 2011

9. Person's Current Residence Type: (Mark only one)

- 1 Own home or apartment
2 Shared home with housemates
3 Home of his/her family
4 Local Department of Social Services Residence or Foster Care Home
5 Nursing Facility
6 Homeless or Shelter
7 OPWDD Certified Residence
8 Other (specify):

(If 1, 2, or 3 complete if appropriate)

How old is the primary care giver?

Years

6. TABS (Tracking and 7a. Person's Social Security

10. Ethnicity/Race: (Mark the most appropriate)

Having reviewed the form for accuracy, click the **Sign** link to continue. A **Signature Form** will open.

CHOICES NYS Office For People With Developmental Disabilities
Electronic Case Record System

Individuals Welcome: Anthony Kesseling Home | Logout

- My Individuals
- My Forms

Forms For Selected Individual
Name: LODZIRO, TOBARI
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Click on the form name under the **Form** column to view any related documents.
Some forms such as MSC5 are not linked to any documents.
Signed refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

Name	Form	Signed On	Signed By	Action
LODZIRO,TOBARI	MSC1	--	--	View NA
LODZIRO,TOBARI	DDP4	--	--	View Sign
LODZIRO,TOBARI	MSC1	4/26/2011	Anthony Kesseling	View

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CHOICES NYS Office For People With Developmental Disabilities
Electronic Case Record System

Individuals Welcome: Anthony Kesseling Home | Logout

- My Individuals
- My Forms

Forms For Selected Individual
Name: LODZIRO, TOBARI
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903

Signature Form - Windows Internet Explorer provided by New York State OPWDD

Signature Form

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

By checking this box you agree to the above.

Please enter your password to sign this form electronically.

Form: DDP4
Individual Name: TOBARI LODZIRO
Address: 370 CONKLIN AVE., BINGHAMTON, NEW YORK, 13903
Advocate Name: Anthony Kesseling
Enter Password:

Submit Reset Close

The three (3) steps illustrated below must be followed to submit the completed DDP4. First, click in the white box to agree to the Electronic Signatures and Records Act (ESRA) statement. A check mark will appear in the box. Second, for the **Enter Password** field, the individual or

advocate must enter the same password used to sign-in to the CHOICES Portal. The third and final step is to click **Submit**.

Signature Form

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By re-entering your network password and checking the box to agree to the terms and conditions herein, and clicking the submit button, you are authenticating that you are, in fact, the user associated with the user-ID below. Any document electronically signed after this authentication will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)). PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

By checking this box you agree to the above.

Please enter your password to sign this form electronically.

Form: DDP4

Individual Name: TOBARI LODZIRO

Address: 370 CONKLIN AVE., BINGHAMTON, NEW YORK, 13903

Advocate Name: Anthony Kesseling

Enter Password: [Masked Password]

Submit **Reset** **Close**

A date now appears in the **Signed On** column, the individual or advocate's name now appears in the **Signed By** column, and **View** is the only option in the **Action** column. Congratulations! This DDP4 form has now been successfully signed in CHOICES Portal.

CHOICES NYS Office For People With Developmental Disabilities

Electronic Case Record System

Individuals Welcome: Anthony Kesseling [Home](#) | [Logout](#)

My Individuals
My Forms

Forms For Selected Individual

Name: LODZIRO, TOBARI
Address: 370 CONKLIN AVE. BINGHAMTON NEW YORK 13903
Click on the form name under the Form column to view any related documents.
Some forms such as MSC5 are not linked to any documents.
Signed refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

Name	Form	Signed On	Signed By	Action
LODZIRO,TOBARI	MSC1	--	--	View NA
LODZIRO,TOBARI	MSC1	4/26/2011	Anthony Kesseling	View
LODZIRO,TOBARI	DDP4	4/26/2011	Anthony Kesseling	View

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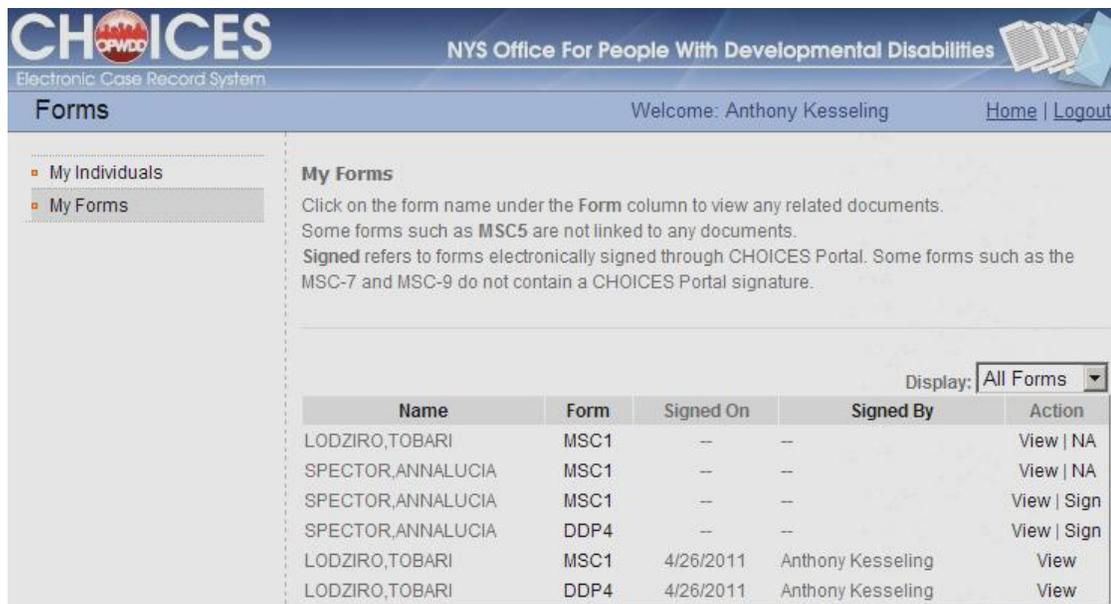
My Forms

Now, signing a document using the **My Individuals** link will be demonstrated. Many similarities exist between the process using **My Individuals**, shown above, and **My Forms**, shown below. For this example, click on **My Forms** to proceed.



The **My Forms** screen appears. Notice that the screen is divided into 5 columns.

1. The first column, **Name**, lists the names of all individuals for whom the advocate has been given access in CHOICES Portal.
2. To the right of each name, the **Form** column lists the specific form or document available to View and/or Sign within Portal.
3. If the form listed has been signed, a date will be provided in the **Signed On** column.
4. Additionally, if the form listed has been signed, an advocate's or individual's name will be provided in the **Signed By** column.
5. The **Action** column, on the far right of the **My Forms** screen, provides the ability to **View** and/or **Sign** specific forms listed. If the form has already been signed, or if the option for signing the specific form is not available in CHOICES Portal, **NA** will be shown instead **Sign** for any form. Clicking on **NA** will not produce a result in the system.



Assume a decision has been made to sign a form in the CHOICES Portal for an individual listed in one of the rows below. (*Disclaimer: All names displayed in this training document are entirely fictitious and any resemblance to names of real persons, living or deceased, is purely coincidental.*)

As a document should always be viewed before signing, click **View** to proceed. In this example, an MSC1 form will open.

CHOICES
NYS Office For People With Developmental Disabilities
Electronic Case Record System

Welcome: Anthony Kesseling [Home](#) | [Logout](#)

Forms

- My Individuals
- My Forms

My Forms

Click on the form name under the Form column to view any related documents. Some forms such as MSC5 are not linked to any documents. Signed refers to forms electronically signed through CHOICES Portal. Some forms such as the MSC-7 and MSC-9 do not contain a CHOICES Portal signature.

Display: All Forms

Name	Form	Signed On	Signed By	Action
LODZIRO,TOBARI	MSC1	--	--	View NA
SPECTOR,ANNALUCIA	MSC1	--	--	View NA
SPECTOR,ANNALUCIA	MSC1	--	--	View Sign
SPECTOR,ANNALUCIA	DDP4	--	--	View Sign
LODZIRO,TOBARI	MSC1	4/26/2011	Anthony Kesseling	View
LODZIRO,TOBARI	DDP4	4/26/2011	Anthony Kesseling	View

A PDF version of the MSC1 opens. This document may be printed or saved. When finished with this PDF, click the "X" button in the top right corner to close the PDF window.

NEW YORK STATE
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

MSC1 – APPL
(3/00)

INDIVIDUAL APPLICATION FOR PARTICIPATION IN MEDICAID SERVICE COORDINATION

Section I. Individual Information:

Name: Last SPECTOR	First ANNALUCIA	MI	TABS ID#: (if known) 21208	Social Security Number: X X X - X X - 1 2 0 8
Address: Street 240 LOWER STELLA ISLAND ROAD			Date of Birth: 0 2 / 1 3 / 1 9 4 9 MM DD YYYY	Medicaid Number: A S 2 1 2 0 8 H
City BINGHAMTON	State NY	Zip 13905	Phone Number: (000) 000-0000	DDSO: BROOME DDSO

Section II. MSC Vendor/DDSO Information:

Vendor/DDSO Name: 0233 - BROOME	Vendor Address: Street 249 GLENWOOD ROAD
TABS Program Code: 0 2 3 3 0 5 9 0	City BINGHAMTON
	State NEW YORK
	Zip 13905

Section III. Individual Signature

I am requesting participation in MSC effective 0 2 / 2 5 / 2 0 1 1.
MM DD YYYY

Having reviewed the form for accuracy, click **Sign** in the **Action** column to continue. A **Signature Form** will open.

The three steps illustrated below must be followed to submit the completed MSC1. First, click in the white box to agree to the Electronic Signatures and Records Act (ESRA) statement. A check mark will appear in the box. Second, for the **Enter Password** field, the individual or advocate must enter the same password used to sign-in to the CHOICES Portal. The third and final step is to click **Submit**.

A date now appears in the **Signed On** column, the individual's or advocate's name now appears in the **Signed By** column, and the option to **Sign** is replaced by **NA** in the **Action** column. Congratulations! This MSC1 form has now been successfully signed in CHOICES Portal.

Name	Form	Signed On	Signed By	Action
LODZIRO,TOBARI	MSC1	--	--	View NA
SPECTOR,ANNALUCIA	MSC1	--	--	View NA
SPECTOR,ANNALUCIA	DDP4	--	--	View Sign
LODZIRO,TOBARI	MSC1	4/26/2011	Anthony Kesseling	View