Office for People with Developmental Disabilities
Intensive Behavioral Services Application Form

If the Participant is not enrolled in the HCBS Waiver, contact your local DDSO first.

Please answer the following questions for the individual that is to receive Intensive Behavioral Services. You must sign and date the form before submission. Submit the completed application to your liaison at your local DDSO or Region 2 office in New York City. With this completed form you should also submit any other supporting materials (see questions #7 and #8).

Date _____

☐ Initial Application

☐ Reauthorization Application. Explain (include dates) _____

SECTION I

Name of person completing the application _____

Affiliation (e.g. agency name) _____

phone number _____ **E-mail Address** _____

SECTION II

Individual's Name _____ **Individual's Date of Birth** _____ **Individual's TABS ID** _____

Individual's address _____ **City** _____ **Zip Code** _____

Individual/parents's phone #: _____

Is the Individual Waiver Enrolled? ☐ Yes ☐ No **Individual's CIN #** _____

Note: The individual must be waiver enrolled to receive IB services

List the individual's school, if they are attending one: _____

SECTION III

1. What is the individual's living arrangement?

☐ Lives with family ☐ Lives in a Family Care Home ☐ Lives by him/herself

☐ Lives with roommates ☐ Other: _____

2. What OPWDD services does the individual receive, if any?

☐ Group Day Habilitation ☐ Prevocational Services ☐ Family Education Training

☐ Supplemental Group Day Habilitation ☐ Supported Employment ☐ Family Support Services

☐ Individual Day Habilitation ☐ Respite ☐ Individual Support Services

☐ Supplemental Individual Day Habilitation ☐ Community Habilitation

☐ Other Services: _____

3. What clinical services does the individual receive, if any?

☐ Social Work ☐ Occupational Therapy ☐ Speech Therapy

☐ Psychology Services ☐ Physical Therapy

☐ Other Services: _____

4. What other services does the individual receive, if any? These services may include ones that the individual receives through another govermental agency (e.g. Department of Health or the individual's county of residence).

5. List any medications that the individual is currently taking?

6. Provide a brief narrative of the individual's behavior that would be addressed through Intensive Behavioral Services. Also describe how the individual's behavior(s) have put the individual at imminent risk of losing his/her current residence. (if this is for a reauthorization, explain in greater detail why the individual needs continued IB Services.)

7. What other supporting materials (if available) are being submitted?

- ☐ Clinical records
- ☐ Educational records
- ☐ Other psychosocial history records
- ☐ Previously competed Functional Behavioral Assessment(s)
- ☐ Previously completed Behavioral Plan(s)
- ☐ Describe any other materials: _____

8. Include documentation that substantiates that the individual is at risk of imminent placement in a more restrictive living environment due to behavioral episodes.

Signature of person completing the form _____ Date: _____