



Support Broker Authorization Form

Please complete the entire form, save the document, and submit the file to OPWDD. See page 5 for instructions.

Section I: Identifying Information

Last Name	First Name	Middle Initial	
Alternate Name(s)			
Business Street Address			
City	State	Zip Code	
Phone Number	Number of Districts you anticipate serving		
E-Mail Address			
Name of Agency			
Please check here if you wish to be included in the public version of the registry			<input type="checkbox"/>

Section II: Check Each District you plan on serving

Bernard Fineson		Long Island	
Brooklyn		Metro Bronx	
Broome		Metro Manhattan	
Capital District		Staten Island	
Central New York		Sunmount	
Finger Lakes		Taconic	
Hudson Valley		Western New York	

Section III: Experience

	0
Number of Participants you anticipate working with within the first year of being a broker	

Section IV: Additional Languages (other than English)



Section V: Check Each County you wish to serve

Albany		Herkimer		Richmond	
Allegany		Jefferson		Rockland	
Bronx		Kings		St. Lawrence	
Broome		Lewis		Saratoga	
Cattaraugus		Livingston		Schenectady	
Cayuga		Madison		Schoharie	
Chautauqua		Monroe		Schuyler	
Chemung		Montgomery		Seneca	
Chenango		Nassau		Steuben	
Clinton		New York		Suffolk	
Columbia		Niagara		Sullivan	
Cortland		Oneida		Tioga	
Delaware		Onondaga		Tompkins	
Dutchess		Ontario		Ulster	
Erie		Orange		Warren	
Essex		Orleans		Washington	
Franklin		Oswego		Wayne	
Fulton		Otsego		Westchester	
Genesee		Putnam		Wyoming	
Greene		Queens		Yates	
Hamilton		Rensselaer			

Section VI: Broker Profile



Section VII: Specialized Skills

--

Section VIII: Agency Contact Information

Agency Name			
Contact Name		E-Mail	
Address		Phone	

- **Please make sure to scroll down to the next page.**
- **All trainings needs to be completed.**
- **Training certificates needs to be attached as a separate file with the form.**
- **Additional instructions for training is listed in page 7.**
- **It is important to fill all the required fields before sending the form to SDBroker@opwdd.ny.gov**

For OPWDD Use Only

Reviewer
Date of Processing
Result



Section IX: Training Attestation

	Date	Organization	Location
Self-Advocacy/Self-Determination			

	Date	Organization	Location
Person-Centered Planning			

	Date	Organization	Location
Broker Training Institute Two-day In-Person Training			

Additional Six Training Courses

	Date	Organization	Read/In-Person
<i>Privacy and Security of Health Information</i>			
<i>Overview of Developmental Disabilities</i>			
<i>Medicaid Compliance</i>			
<i>PICA</i>			
<i>PRAISE</i>			
<i>Rights and Responsibilities of Persons Receiving Services</i>			

	Date	Organization	Location
Budget Template			

Signature		Date	
------------------	--	-------------	--

By signing above, you attest to the accuracy of the information included in this document and affirm that you are aware that any factually false information provided could serve as the basis of immediate, or retroactive, revocation of the Broker Authorization.

For OPWDD Use Only

Reviewer
Date of Processing
Result



Instructions

Please follow the directions when completing this form. Failure to adhere to the standards established below will lead to either rejection of this form or revocation of Authorization. Please note: any factually false information included in this form may lead to immediate revocation of certification.

Section I

Use your legal last name, first name, and the first letter of your first middle name. If appropriate and desired, enter a nickname, a professional name, or preferred alternates in the “Alternate Names” field.

Enter the address, phone number, and e-mail address you use for business purposes. The state should reflect the accepted two-letter abbreviation (e.g. New York is NY). The first five numbers of the zip code are the only numbers necessary in that field. The verification registry will include the established Broker Authorization Number, the legal name, the city and state from the address, and the effective date of Authorization.

If employed by a certified agency, please enter the name of the agency next to where it is requested. If providing services in tandem with other Support Brokers (e.g. to provide back-up, additional skills), provide the name of the organization or other Support Broker you provide services with, or if completely unaffiliated with any other broker or agency, please enter “independent.”

If you choose to be included in the public version of the registry, it will not include the full address and phone number, but it will include the information from the verification registry, the e-mail address, and the information from Section II, Section IV, Section V, Section VI, and Section VII.

Section II

Please check the box next to each DDRO where you would like to pick the case load. Make sure to add your local DDRO.

Section III

Enter the years of experience working with IDD population.

Enter the number of participants you anticipate to work in a one year.



Section IV

Instructions: Please select the languages you can understand and can communicate in. If you need additional room, or you can communicate in a language not included in the dropdown, please include that in the broker profile. Please be specific about what language you are indicating proficiency in (e.g. do not just indicate “Iroquoian languages” specifically cite “Onondaga,” “Iroquois,” etc.). The categories correspond with the categories utilized by the Census Bureau and represent a sample of the common languages spoken in New York. The list was held to the number you see to simplify completion of the form.

If you are not comfortable communicating in English, or have a limited capacity to do so, please discuss that in the broker profile. Otherwise, by completing the form, you are affirming that you are comfortable communicating in English.

Section V

Please check the box next to each county where you are willing to provide services. You are not required to provide services in each of the counties cited.

Section VI

Please provide a short description of your background and experience as it relates to the provision of Support Broker Services for a person who Self- Directs their services.

Section VII

List individual skills that may be of use to a person who Self-Directs their services. Please list the skill and separate each with a semicolon (;). (e.g. Housing Navigator; Licensed Practical Nurse...)

Section VIII

If you are employed by a certified agency, please provide contact information for a manager or supervisor approved to receive information regarding Support Broker services you provide.





Section IX

In the date field, enter the date you finished the training. For example, your two-day Broker Training Institute occurred on August 8, 2019 and August 9, 2019. The date should be August 9, 2019.

In the organization field, enter the name of the DDRO or Organization that provided the training. For example, if you attended a Budget Template training provided by the Finger Lakes DDRO. "Finger Lakes" would be the appropriate entry. If you attended an in-person Medicaid Compliance training through an agency, enter the name of the agency.

In the location field, enter the city or town the training occurred in.

For the Additional Six Training Courses (only), you have the option of receiving the trainings in written form from the DDRO or in-person through an agency. If you read the training, choose "Read", and by complete this section you are attesting that you read and understood the material. If you attended an in-person training, choose "In-Person" and, by completing this section, you are attesting that you completed all the required elements of the training to the satisfaction of the instructor.

You must include readable versions of your training certificates for Self-Advocacy/Self-Determination, Person Centered Planning, Broker Training Institute, and Budget Template Training.

Unsigned documents will not be accepted. You must complete the form, as directed. You must digitally sign and date the form, then save it, and then submit the original file to SDBroker@opwdd.ny.gov. Forms that have been reproduced or have handwritten elements are not acceptable.

Please be advised that Broker Training Institute classes completed prior to June 1, 2016 and Budget Template Training completed prior to December 1, 2015 have been determined to be obsolete. Per the standards established in ADM 2019-05, obsolete trainings are not acceptable for Authorization.

Please be advised that Person Centered Planning must include both must include both Introduction to Person Centered Planning and Advanced Person Centered Planning. These courses may be taken together or separately. The certificate must demonstrate that both courses were completed.

Signature

Digitally sign and date the form. The form does not print, and handwritten submissions are not acceptable. For more information on signing the pdf go to adobe.com and search "Signing PDFs in Adobe Acrobat". After signing, save the file and e-mail the form, together with your training certificates, to SDBroker@opwdd.ny.gov. To complete this document, you need to use the Adobe Reader. To get a free copy of the Adobe Reader, please visit: <http://www.adobe.com/>.
