NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES

NOTIFICATION of LEVEL of NEED

Date: _____

To: Service Coordinator/Referral Source:

From: Certified Residential Opportunities Team
Regional Office/District: _____

The Certified Residential Opportunities (CRO) Team has reviewed the residential referral for the individual named below and assigned a level of need. For individuals designated as Emergency Need, specific documents (see list below) must be submitted electronically to the CRO Team *within 5 business days of receipt of this letter*. Residential providers may not initiate screening until these documents have been received by the CRO Team.

Please note: It is the responsibility of the service coordinator/referral source to notify the CRO Team immediately of any changes in circumstance that might affect the individual's current category of need.

Name of Individual: _____
TABS ID: _____

Category of Need Assigned: _____

For Emergency Need designations, the following documentation must be submitted as a single packet: (incomplete packets may be returned)

- ✓ Copy of this letter
- ✓ Current Individualized Service Plan (ISP) including Safeguards/IPOP
- ✓ Current Physical and/or Medical Summary
- ✓ Current Individualized Educational Plan (if applicable)
- ✓ Current or Last Completed Psychological Evaluation
- ✓ Current Behavior Support Plan/Risk Management Plan (if applicable)