



**Central Intake & Admissions Referral Cover Sheet**

Name:

Program Interest(s):

Waiver Enrolled: Yes No

Program Schedule Request:

**Referral Packet Info Included (documents in white boxes are required)**

	Cover Letter	Universal Application	Service Pre-Approval (approved RSA or SAL)	Current Life Plan (Finalized/Published copy)	Current IEP	Current IPOP	Current LCED	Psychological	Behavior Plan	Hab Plan from previous program	Physical within 1 year	Current medication list	Notice of Decision letter	DDP2 with ISPM score
Site Based Day Habilitation Day Habilitation Without Walls Community Prevocational Pathway to Employment OPWDD Supported Employment														
Community Hab Community Hab-R														
In Home Respite Waiver After School Respite Recess Day Program Recreation Respite After Program Adult Respite														
FSS- RECC FSS- Intensive Parent Training FSS- After School Teen Awareness Program														
Broker Fiscal Intermediary														

**Please submit all referrals to:**

Central Intake & Admissions, 30 Wilson Road, Williamsville, NY 14221

Intake@ArcErieCounty.org

Questions?: 1-833-Arc-Erie

## Service Request Unit Conversion

# of Hours per Week	Annual Quarter Hour Units	Annual Hourly Units	Applicable Services
4	832	208	Community Prevocational Community Habilitation Community Habilitation-R In Home Respite Waiver After School Program Recess Day Program Respite Recreation Respite
6	1248	312	
8	1664	416	
10	2080	520	
12	2496	624	
15	3120	780	
18	3744	936	
20	4160	1040	
22	4576	1144	
24	4992	1248	
25	5200	1300	
30	6240	1560	

# of Days per Week	Annual Units	Applicable Services
1	43	Site Based Day Habilitation Day Habilitation Without Walls
2	86	
3	129	
4	172	
5	215	

# of Lifetime Hours	# of Lifetime Days	Applicable Services
278	365	Pathway to Employment