The Arc
Erie County
New York

Referral for Children's Home & Community Based Services

Participant Name:		**Date of Birth:**
Parent/Caregiver:		**Relationship:**
Address:		**Phone:**
County:		**Medicaid CIN #:**
Health Home Care Coordinator Name/Agency:		**Contact #:**
Date:	**MCO:**	**Social Security #:**

Health Information

	Diagnosis	ICD 10 Code
Primary		
Secondary		
Other		

Requested Services Check all that apply.

Check	Home & Community Based Service
	Prevocational Services
	Caregiver Family Support & Services
	Community Self Advocacy Training & Support
	Community Habilitation
	Supported Employment
	Planned Respite
	Day Habilitation

Reason for Recommendation:

_____

_____

_____

Please include the following with this referral:

	Current Plan of Care
	Notice of Decision for Enrollment/Denial of Enrollment in the NYS 1915c Children's Waiver

Please submit all referrals to:

Central Intake & Admissions, 30 Wilson Road, Williamsville, NY 14221
Intake@ArcErieCounty.org
Questions?: 1-833-Arc-Erie

For Intake Use Only

Date Received: _____Intake Staff Initials: _____SS Tracking #: _____ EHR/Records: _____