



## Administration for Children's Services

Division of Family Permanency Services  
Bridges to Health Unit (B2H)  
150 William Street, 7th Floor  
New York, NY 10038  
212 676-6406 Office  
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David A. Hansell  
Commissioner

Julie Farber  
*Deputy Commissioner*

Iris Kaplan  
*Associate Commissioner*

Tracy-Ann Johnson-Samuels  
*Director*

### B2H Referral Checklist

The following is a list of required materials necessary to submit an application to the B2H program:  
Please submit a complete packet of required documentation as specified below. **Incomplete packets WILL NOT be processed** and will be returned.

\_\_\_\_\_ **ACS-Request for Services Application Form (R4S)**- Need Original Signature of Medical Consenter.

\_\_\_\_\_ **Authorization for Release of Health information (OCFS-8001)**: (\*Note: The original copy of the signed consent form is required by OCFS).

\_\_\_\_\_ **Foster Parents Agreement to Accept Services**-To be completed by the Foster Parent (when applicable)

**Clinical Documentation**: That describes why there is a strong suspicion of a disability such as mental retardation

and/or developmental disability; Medical fragility or Serious Emotional Disturbance these include:

\_\_\_\_\_ **Psychosocial History**: include relevant details about the child's history and functioning. Completed within **past 6 months**

\_\_\_\_\_ **Psychological Evaluations: For DD Waiver ONLY**-Psychological evaluation that shows intelligence testing and levels of adaptive functioning with raw scores-narrative alone is not sufficient. Completed within **past 12 months**

\_\_\_\_\_ **Psychiatric Evaluation**: For SED Waiver ONLY-if the child is dually diagnosed, exhibits severe behavioral challenges and/or is prescribed psychotropic medications. Completed within **past 6 months**

\_\_\_\_\_ **Comprehensive Medical Evaluation**: Detailed Physical Evaluation necessary for all 3 Waivers within **past 12 months**

\_\_\_\_\_ **IEP Report from School**: Needed for all three waivers from current school year when available (classifications of MR, multiply handicap, or MR/ED are seen as appropriate for DD Waiver)

\_\_\_\_\_ **Supervisor Sign-off**: Initial here that the packet is complete and has been reviewed by a supervisor/director within your organization: **DO NOT INITIAL UNLESS ALL THE ITEMS ABOVE ARE PRESENT IN**

**THE PACKET**. Please mail 2 copies of the completed package to:

**Bridges to Health (B2H) Unit**  
**Administration for Children's Services**  
**150 William Street, 7<sup>th</sup> fl**  
**New York, N.Y. 10038**  
**(212)-676-6406**