



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 Intellectual Disability 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:

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