



Administration for Children's Services

Division of Family Permanency Services
Bridges to Health Unit (B2H)
110 William Street, 20th Floor
New York, NY 10038
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Commissioner

Julie Farber
Deputy Commissioner

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Assistant Commissioner

Tracy-Ann Johnson-Samuels
Director Bridges to Health

B2H Referral Checklist for NSP Close to Home Providers

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 4-5 months max.**
- _____ **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
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