



***CARETAKER LETTER for Applicant of Any Age
who receives services from NYS OPWDD; NYS OMH;
NYS DOH; NYC DOHMH or one of their providers***

To IDNYC Program:

I write on behalf of _____ (applicant's name) and his/her application for an IDNYC card. As the signatory of this letter, I verify that I am (choose one box):

An Executive-level official (or designee thereof) at (choose one):

- NYS OMH NYS OPWDD NYS DOH NYC DOHMH

An Executive Level Official (or designee) at the following provider that is licensed, certified or funded by (choose one):

- NYS OMH NYS OPWDD NYS DOH NYC DOHMH

Agency Name: _____

Address: _____

Number and Street

City, Borough

Zip Code

According to agency records, the applicant lives at the following address:

Number and Street

City, Borough

Zip Code

I authorize the following EMPLOYEE to represent the organization and accompany the applicant at the IDNYC enrollment center:

Name and Title of Employee [Employee must bring 3 points of identity documents, including a Photo ID]

Thank you,

Signature of Executive-level official or designee

Print Name and Title

Name, Telephone and Email of employee who can confirm the information in this letter

__ / __ / ____

Date signed (mm/dd/yyyy)

* This letter must be submitted at an IDNYC Enrollment Center **no more than 60 days** after the date signed.