



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

Please Note: The employee designated below must accompany the applicant at the IDNYC enrollment center. The employee will be required to present 3 points of their own identity documents, including an employee photo ID.

To IDNYC Program:

I write on behalf of _____ (Applicant) and their application for an IDNYC card. As the signatory of this letter, I verify that I am an **Executive-level official (or designee thereof)** at (choose one) NYS OMH NYS OPWDD NYS DOH; or at the **following provider** that is licensed, certified or funded by (choose one): NYS OMH NYS OPWDD NYS DOH:

Provider's 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 Employee Photo ID

Thank you,

Signature of Executive-level official or designee
Date signed (mm/dd/yyyy) ___/___/_____

Print Name and Title

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