



Dear:

Date:

In response to your recent request for eligibility or Front Door Services, the first step is to determine eligibility for OPWDD services. Please submit the "Transmittal Form for Determination of Developmental Disability" (including filling in the **social security number** and whom you want notified regarding eligibility status) along with:

- ✓ Current psychological (within 3 years) including a comprehensive assessment of IQ, and adaptive functioning. Please note: we follow Mental Hygiene Law requirements regarding Intellectual Disability, not DSM or ICD diagnoses.
- ✓ Medical or specialty comprehensive report documenting the developmental history, and symptom course over time as well as the impact on adaptive functioning for the conditions of **Cerebral Palsy**, or **Epilepsy**, **TBI**, or **Neurological Impairment or Familial Dysautonomia** (obtained from an MD or Psychiatrist).
- ✓ For **AUTISM**, a **comprehensive specialty report is required**. A specialty report includes the following:
 - a) a thorough review of developmental history, educational, psychological, psychiatric (including the existence of psychiatric disorders), and medical areas, AND
 - b) developmental history of the autistic symptoms, course over the person's life, and the current presence, extent and severity of autism symptoms (namely communication and social difficulties, restricted interests or repetitive behaviors), AND
 - c) a structured assessment via an interview of family members, observation of the individual, and the presence, extent and severity of the symptoms via ADOS or ADI-R.
- ✓ Social history (obtained from a Social Worker)
- ✓ If a psychiatric disorder or challenging behavior are also present, a statement about the extent that it interferes with adaptive functioning separate from the impact of the suspected developmental disability is needed. (obtained from a Psychologist or Psychiatrist)
- ✓ IEP or any other professional assessment that documents that the developmental disability originated prior to the age of 22.

Please see enclosed "Eligibility for OPWDD Services – Important Facts" for more information, our OPWDD website www.opwdd.ny.gov/opwdd_services_supports/eligibility, and a list of resources here on Long Island to get these evaluations if you are not working with any professionals. **Please show this letter or any other letter requesting additional information to the professionals working with your family member before you call the regional office with questions.** After showing this letter to the professionals that are working with your family member, and discussing with them the information that they can provide in reference to the information needed, then if you have any questions, please call Ms. Kerri Huber, LMSW at (631) 416-3948, or Mr. Eric Lewald, LMSW at (631) 416-3914, or email your question to RO5eligibility@opwdd.ny.gov. Please mail your complete (**not partial**) packet to the following address:

LI-DDRO 415-A Oser Avenue
Hauppauge, NY 11788
Attn: Eligibility

Enclosures (2)

Important Facts, Transmittal form and Instructions for the documentation of DD.