



Pathways, Inc.

we put people first

HOURLY RESPITE APPLICATION CHECKLIST

The following are required to be submitted by the Care Coordinator to the Director of Family Support, along with this check sheet, to start the Hourly Waiver Respite application process:

Referring CC: _____ Date: _____

Agency: _____ Phone: _____

Name of applicant: _____ DOB: _____

Address: _____ Phone: _____

Hourly Respite Service(s) requested: Respite _____ Recreation _____

Does applicant need to go through the Front Door before applying for this service? Y or N

1. _____ Proof of OPWDD eligibility and **copies of supporting documentation listed on the Eligibility Letter**
2. _____ Notice of Decision (HCBS Waiver Authorization)
or
_____ Pending Waiver approval, (talk with Director of Family Support to get # of units)
3. _____ Front Door Authorization (if applicable), does a SART need to be completed? Y or N
4. _____ Current Life Plan **Note:** An addendum adding Hourly Respite services will need to be completed when we know the start date* (Effective Date: *, Frequency: hourly, Duration: ongoing). There will need to be a statement(s) in the narrative that addresses caregiver relief and recreation (if applicable). Example: Respite – Mike would like some time away from his parents. This will provide them with a break from caregiving. Rec – Mike would like to participate in recreational activities with his peers. This will give his parents a break from caregiving.
5. _____ Copy of LCED completed and signed. If waiver is pending, forward with NOD when received.
6. _____ Individual has a behavior plan. (please send a copy)
7. _____ Enrolled in Self-Direction (discuss units/ budget with the Director of Family Support)

Completed forms can be emailed to the following address: ReferralsFSS@pathwaysforyou.org

- Receipt of Finalized addendum with all required information will be required prior to the start of any services.