

ESPERANZA CENTER

516W 181st Street New York, NY 10033 • 212.928.5810 Ext 126 • Fax: 212.740.2053

APPLICATION FOR:

- Community Habilitation (Formerly At-Home-Habilitation)
- In-Home Respite (Formerly At-Home-Respite)
- Get Away (For Children ages 5 to 18)
- ETAPAS(For Children ages 5 to 18)

Name of Applicant: _____

Address: _____

Phone #: () ____ - _____ D.O.B: _____ Social Security #: _____

Medicaid #: _____ TABS #: _____

Medicaid Service Coordinator: _____

Agency: _____

Address: _____ Phone #: () ____ - _____

Parental Information

Mother: _____

Father: _____

Address: _____

Address: _____

Phone #: () ____ - _____

Phone #: () ____ - _____

Alt. Phone #: () ____ - _____

Alt. Phone #: () ____ - _____

Emergency Contacts

Name: _____

Relationship: _____

Address: _____

Phone #: () ____ - _____

Name: _____

Relationship: _____

Address: _____

Phone #: () ____ - _____

Application must include the following:

- Medical/Physical evaluation with PPD Clearance.
- Annual Individualized Service Plan (ISP).
- Current Level of Care Eligibility Determination (LCED).
- DDP2 Copy.
- Current Psychological Evaluation.
- Current Psychosocial Evaluation.