

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

WAIT LIST NOTIFICATION FORM

BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME (LAST, FIRST, MI.):		
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:

MEDICAL CONSENTER:		PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

INSTRUCTION: To be completed by Local Department of Social Services (LDSS) OR Division of Juvenile Justice and Opportunities for Youth (DJJOY) Staff, and mailed to the child's medical consenter.

The above child's application for the B2H Medicaid Waiver Program has been reviewed and he/she has been determined eligible for services. However, the B2H Medicaid Waiver Program is currently at full capacity. As a result, the above child's name has been placed on a Wait List for:

B2H WAIVER TYPE (Check one only)

- B2H Serious Emotional Disturbance (SED) Waiver
 B2H Developmental Disabilities (DD) Waiver
 B2H Medically Fragile (MedF) Waiver

You will be contacted to initiate the Application/Enrollment process when an opening becomes available in the B2H Medicaid Waiver Program.

Please keep the child's case manager informed of any change in the child's circumstances during the waiting period, as it could affect the child's eligibility for the B2H Medicaid Waiver Program.

LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OR DIVISION OF JUVENILE JUSTICE AND OPPORTUNITIES FOR YOUTH (DJJOY) CONTACT INFO (Check One)

CONTACT'S NAME:	CONTACT'S SIGNATURE: X	DATE:		
CONTACT'S TITLE:		PHONE #:		
CONTACT'S ADDRESS:	CITY:	COUNTY:	STATE:	ZIP CODE:

Original – Child/Medical Consenter; **Copy** –Local Department of Social Services or Division of Juvenile Justice and Opportunities for Youth, OCFS Regional Quality Management Specialist, Health Care Integration Agency, Case Planning Agency, Caregiver