

Welcome to Starbridge!

Please complete all sections of this referral form. If an area is not applicable, please type or write "N/A" to indicate that a section was not overlooked.

All required documents noted below must be included before this form will be reviewed.

To return this questionnaire by mail, please send to:

Starbridge Services, Inc.
 Attn: FI Department
 1650 South Ave, Suite 200
 Rochester, NY 14620

To return via email, please send to **FiSupport@starbridgeinc.org**

Please allow ten business days for us to acknowledge receipt. Once we receive the completed package, we will review and determine whether we can meet your needs with our service. We will contact you with our decision and to discuss next steps.

If you have any questions, please do not hesitate to contact us by email or phone at (585) 224-7232.

ABOUT THE INDIVIDUAL

Name		Date of Birth:
Address		
Home phone	Mobile phone	Email address
Social Security #	Medicaid # TABS ID #	Race and/or Ethnicity:
Current living arrangement: <input type="checkbox"/> Independent/Alone <input type="checkbox"/> With Family or Friends <input type="checkbox"/> Certified Setting If selected, specify operating agency:		

We use an electronic database for staff timesheets, billing notes, and expense reporting. Do the individual, their guardian, and circle of support have internet access? YES NO

Does the individual have eligibility through OPWDD? YES NO

Has the individual been approved for requested services? YES NO

What actions are pending for approval? _____

Anticipated date that pending actions will be addressed: _____

Has the individual attended an OPWDD Self-Direction workshop? YES NO Date of attendance: _____

What is the projected start date of budget/services? _____



Who is the individual's guardian?

Self:

Parent(s) or Family:

Other:

Name(s):

Name(s):

Guardian Name(s):

Relation to individual:

Current address (if different from individual's):

Current phone #:

Current email:

Emergency Contact Name(s):

Relation to individual:

Current address:

Current phone #:

Current email:

Care Coordinator Name:

Agency:

Agency address:

Phone #:

Email:

Broker Name:

Agency:

Agency address:

Phone #:

Email:

Other Direct Service Provider(s):

Name, Address, Phone, Email

Services provided

Current Representative Payee Name:

Relationship to individual:

Address:

Phone #:

Email:

Other Involved Natural Supports:



What services is the individual requesting in their budget? Please check all that apply:

<input type="checkbox"/> FI	<input type="checkbox"/> Broker	<input type="checkbox"/> CH Self-Hire	<input type="checkbox"/> Respite Self-Hire	<input type="checkbox"/> Live-in Caregiver
<input type="checkbox"/> Paid Neighbor	<input type="checkbox"/> IDGS	<input type="checkbox"/> OTPS	<input type="checkbox"/> FRR	
<input type="checkbox"/> Direct provider purchase		Please specify what service:		

PLEASE NOTE:

- At this time, Starbridge does not provide support for these services: SEMP Self-hire, Live in Caregiver.
- To best serve you and ensure we have access to all charts/records pertaining to your services, Starbridge participates in all ISP meetings via phone.

LIST OF REQUIRED DOCUMENTS

- Self-Direction Authorization Letter
- Proof of attendance for Self-Direction session
- NOD
- DDSO Waiver Approval
- Broker Agreement
- LCED
- Copy of DDP-2
- Copies of legal guardian paperwork (if applicable)
- Most recent ISP
- ISP Addendum adding all applicable waiver services is required before the budget will be submitted for approval.
 - Valued outcome: “_____ would like to utilize a broker and FI to self-direct services.”
 - Waiver listings:
 - Starbridge Services, Inc. Fiscal Intermediary, Frequency: Monthly, Effective date: Pending
 - Starbridge Services, Inc. Support Broker, Frequency: Hourly, Effective date: Pending

SIGNATURES REQUIRED:

Individual (preferred but not required) Date

Guardian (If applicable) Date

Broker or Care Coordinator Date

Starbridge Staff Reviewer Date

Information provided by: _____

Agency: _____

Phone #: _____

Date Completed: _____

APPROVAL (FOR STARBRIDGE USE ONLY)

Date Received: _____

Approved Not Approved

Starbridge Staff Signature: _____

Comments/Additional Information Requested:

