

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 on page 4 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 #
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:		

Demographic Information

Funders are increasingly requesting information from nonprofits and human service agencies regarding the demographics of staff, Board members, and people we serve. Personally identifiable information will be kept confidential. Any demographics shared will be for reporting purposes only and will be kept anonymous.

Race/Ethnicity (choose all that apply):

- Asian American/Asian
- Black/African American/African
- Hispanic or Latino/a/x
- Middle Eastern
- Native American/American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- White/Caucasian/European
- Other racial/ethnic identity _____
- Prefer not to disclose

Gender Identity:

- Female
- Male
- Transgender
- Nonbinary or nonconforming
- Other identity _____
- Prefer not to disclose



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: _____

Does the individual have an active self-directed budget? YES NO

If YES:

Provide the name of the FI current agency: _____

Does the individual have staff that work for another agency? YES NO

If NO:

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

Does the individual anticipate using their budget to self-hire staff? YES NO

Is anyone else in the individual’s family/household currently using Starbridge FI Services? YES NO

If YES, please provide the name of the family or household member: _____

NOTE: At this time, Starbridge does not provide support for these services: SEMP Self-hire, Live in Caregiver.

Who is the individual’s guardian?		
Self <input type="checkbox"/>	Parent(s) or Family <input type="checkbox"/> Name(s):	Other <input type="checkbox"/> Name(s):

Guardian Name(s):	
Relation to individual:	
Current address (if different from individual’s):	
Current phone #:	Current email:

Care Coordinator Name:	
Agency:	
Agency address:	
Phone #:	Email:

Broker Name:	
Agency:	
Agency address:	
Phone #:	Email:



Emergency Contact Name(s):	
Relation to individual:	
Current address:	
Current phone #:	Current 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:	



