



## MARY CARIOLA CHILDREN'S CENTER, INC. RESIDENTIAL PLACEMENT APPLICATION

### IDENTIFYING INFORMATION:

Name: \_\_\_\_\_  
*First Middle Last*

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

TABS # (if applicable): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Residence (certified, family home): \_\_\_\_\_ Phone #: \_\_\_\_\_

Family/Advocate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family/Advocate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family/Advocate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family/Advocate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

### REFERRAL INFORMATION:

Referring Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Referral (check all that apply):

- Requires Medical Supports  Requires Behavioral Supports  Requires Additional Supervision  
 Family Reasons  Requires Accessible Housing  Other: \_\_\_\_\_

Is the applicant enrolled in NYS CARES?  Yes  No

Has a Central Entry Application been completed?  Yes  No

Service Coordinator (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Diagnosis: \_\_\_\_\_

Developmental Disability: \_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Health Problems (*include hearing, vision, seizure disorder, physical limitations, etc.*): \_\_\_\_\_

Current Medications (*list all*): \_\_\_\_\_

Is applicant capable of self-medication?     Yes     No

Is applicant capable of self-med training?     Yes     No

Special Diet (*please specify*): \_\_\_\_\_

Allergies (*please specify*): \_\_\_\_\_

**SERVICE PROVIDER INFORMATION:**

*Include primary care physician, dentist, specialists, clinics, mental health, etc.*

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

Medicaid # (if applicable): \_\_\_\_\_ Medicare # (if applicable): \_\_\_\_\_

Private HMO (name & policy #): \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Dental Insurance (name & policy #): \_\_\_\_\_

**FINANCIAL INFORMATION:**

*Check all that apply:*

- Social Security/Disability       SSI       Child Support       Trust Fund
- Other Sources of Income: \_\_\_\_\_

Payee for Benefits: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

School: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Transportation Needs: \_\_\_\_\_

**LEVELS OF SUPERVISION INFORMATION:**

Is the applicant self-preserving (able to independently evacuate building in case of fire)?     Yes     No

If yes, how many minutes does it take the applicant to exit? \_\_\_\_\_

Indicate level of supervision needed: Total Support, Assistance, Supervision, or Independent

Bathing: \_\_\_\_\_ Laundry: \_\_\_\_\_

Cooking: \_\_\_\_\_ Menses: \_\_\_\_\_

Dressing: \_\_\_\_\_ Money Mgmt.: \_\_\_\_\_

Eating: \_\_\_\_\_ Self-Care: \_\_\_\_\_

Food Preparation: \_\_\_\_\_ Shopping: \_\_\_\_\_

Grooming: \_\_\_\_\_ Telephone Use: \_\_\_\_\_

Housekeeping: \_\_\_\_\_ Toileting: \_\_\_\_\_

**COMMUNICATION INFORMATION:**

Primary language: \_\_\_\_\_ Verbal?  Yes  No  
 Uses sign language  Uses an adaptive communication device  Uses picture symbols, PECs, etc.

*Please comment on:*

Receptive language skills: \_\_\_\_\_

Expressive language skills: \_\_\_\_\_

Other: \_\_\_\_\_

**CLINICAL SERVICES INFORMATION:**

*Check if any of the following clinical services are currently being received at home:*

- Occupational Therapy       Physical Therapy       Nursing Services
- Social Work/Counseling       Speech Therapy       Dietary Consultant
- Psychiatry       Behavioral Supports       Other: \_\_\_\_\_

**ADAPTIVE EQUIPMENT INFORMATION:**

*Check if any of the following equipment is utilized:*

- Mobility Aids (e.g. walker)       Sleep Safe Bed       Eye Glasses
- AFOs (ankle-foot orthosis)       Hoyer Lift       Wheelchair
- Hand Splints       Hearing Aids       Other: \_\_\_\_\_
- Mealtime Equipment (*please specify*): \_\_\_\_\_

**BEHAVIORAL INFORMATION:**

*Check if applicable:*

- Self-Injurious Behavior (SIB)       PICA       Aggressions
- Bolting / Wandering       Other: \_\_\_\_\_

Does the applicant have a Behavior Support Plan?  Yes  No

Does the applicant have a history of starting fires?  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

Behavioral Supports: \_\_\_\_\_

Response to Conflict / Problem Solving Abilities: \_\_\_\_\_

**INTERESTS / HOBBIES:**

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**DISLIKES:**

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**ACKNOWLEDGEMENT:**

*By signing below, I am verifying that the information provided within is accurate to the best of my knowledge. I understand that knowingly withholding information may affect intake or placement decisions.*

Signature of Referring Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Family or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION:**

**Required Documents Include:**

- Authorization for the Use or Disclosure of Protected Health Information (attached)
- DDP-2                       DDP-4                       IEP (Individualized Education Plan)
- Behavior Support Plan     Current Physical Examination & Immunization Records
- NYS CARES Survey         Social History / Social Service Summary
- Current Psychological Assessment

**If Applicable:**

- ISP (Individualized Service Plan)             LCED (Level of Care Eligibility Determination)
- NYS CARES Confirmation Letter             Clinical Summaries (e.g., Speech, OT, Psychiatric, etc.)

**Please send application with attachments to:**

Mary Ellen Bills, Admissions Social Worker  
Mary Cariola Children's Center  
2245 English Road  
Rochester, NY 14616

Questions can be directed to Mary Ellen Bills at (585) 227-3325 or (585) 385-1082.



MARY CARIOLA CHILDREN'S CENTER
1000 Elmwood Avenue, Suite 100
Rochester, NY 14620

AUTHORIZATION FOR THE USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION

Mary Cariola Children's Center may not use or disclose your health information except as provided in our Notice of Privacy Practices without your authorization. Your signature on this form indicates that you are giving permission for the uses and disclosures described herein.

AUTHORIZATION

I, \_\_\_\_\_ (print name) hereby authorize the release and use of the following health information that pertains to \_\_\_\_\_ (child's name) residing at \_\_\_\_\_ (residing address):

- Medical History, including all records from primary care and specialists
Social History
Individualized Education Plans
Summary of Hospitalizations
Behavior Support Plans
DHS / Benefits & Entitlements
Treatment Program and Progress Reports
Psychological Evaluations
Speech and Hearing Evaluations
Physical Therapy Evaluations
Occupational Therapy Evaluations
Individualized Service Plan (ISP)
Other: \_\_\_\_\_

for the following purposes: Treatment and Program Planning

- I authorize the following persons to make these disclosures of my child's health information: Mary Cariola Children's Center staff and medical and treatment providers.
I authorize the following persons to receive these disclosures of my child's health information: Mary Cariola Children's Center staff and medical and treatment providers.
I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected.
I further authorize that you may accept a photocopy of this authorization with the same force and effect as the original. In addition, this authorization shall remain in effect and continue without renewal or re-execution by me until the Mary Cariola Children's Center no longer provides services to my child.
I understand that I may revoke this authorization at any time in writing to the Director of Community Services. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
I understand that this authorization will automatically expire upon discharge.
I understand that I have a right to inspect and to obtain a copy of any information disclosed pursuant to this authorization.

Signature of Person Acting on Behalf of Individual

Relationship to Child

Date of Authorization

Agency Witness

Title

Date

## MARY CARIOLA CHILDREN'S CENTER RESIDENTIAL PROGRAM



**Browncroft Residence I**  
**Penfield**



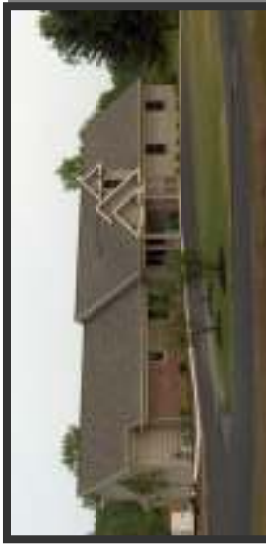
**English Residence II**  
**Greece**



**Kragg Residence III**  
**Perinton**



**Rush Residence IV**  
**Rush**



**Bailey Residence V**  
**Henrietta**

The Mary Cariola Children's Center Residential Program offers a wide range of services to 38 children in five group homes. Each home provides clinical and direct care services to each child based on their individual abilities. The Interdisciplinary Treatment Team (ITT) works with the family to develop individualized program plans that provide each child with an opportunity to grow and develop to their fullest potential. The ITT can consist of a social worker, behavior support therapist, direct care staff representatives, registered nurse, occupational therapist, speech therapist, activities coordinator and senior manager.

The children are part of a warm and caring environment that focuses on increasing independence, individualization and integration. Highly trained, dedicated staff encourages and nurtures each child.

In 1979, eight children moved into the first MCCC group home located in the town of Penfield, New York. MCCC was the first agency in upstate New York to open a group home specifically designed to meet the needs of children with developmental disabilities. The second home was opened in the town of Greece in 1981 for nine children; the third home, for nine children, opened in 1984 in the town of Fairport. In 1991, the fourth group home was opened in the town of Rush; and in 2005 MCCC built their first group home from the ground up in Henrietta. The homes in Rush and Henrietta were designed for six children with behavior management needs and include a higher staff to child ratio, as well as additional environmental safeguards. MCCC was the first agency in western New York State to initiate the concept of "smaller is better". This concept emphasizes the idea of "home" while enhancing the opportunities for the children and blending more comfortably in the community.

Medicaid funds the Residential Program, so the New York State Office for People with Developmental Disabilities (OPWDD) ensures that over 1000 regulations are implemented and followed. On an annual basis, a team of reviewers from OPWDD surveys each home. They check for compliance in the areas of fire safety, staff training, individual program planning, and integration with day program, as well as each child's individual rights and responsibilities.

Parents and other family members are encouraged to visit the residence, participate in their child's program planning session, and keep apprised of the school or day program activities. Family involvement is essential to the continued success of each child's development.

Direct care staff are at the residence 24 hours a day. There is a minimum of two staff that stays awake during the children's sleep hours and four to six staff during the day time. Both boys and girls live in the residences until the age of twenty-one. The families and social worker or Medicaid service coordinator investigate appropriate adult services when the child reaches age eighteen.

For more information, contact Mary Ellen Bills at 585-227-3325 or 585-385-1082.

**MARY CARIOLA CHILDREN'S CENTER**  
**Residential Program**

**RESIDENTIAL APPLICATION PROCEDURES**

1. Applications for the Residential Program will be accepted on an ongoing basis and must be signed by the parent/legal guardian.
2. Upon receipt of an application, the agency will acknowledge receipt of the application to the referring party.
3. Appropriate residential applications will be reviewed and prioritized by the Admission and Discharge Committee at least annually.
4. Prior to presentation to the Admissions and Discharge Committee:
  - a. The Admissions Social Worker will discuss with parents their needs for placement for their child in the Mary Cariola Children's Center Residential Program.
  - b. Parents/legal guardians will be requested to provide or give permission for release of the following information:
    - Medical Evaluation and relevant medical reports
    - Psychological Evaluation
    - Individual Education Plan/Individual Service Plan
    - Social Service Summaries, if available
    - Occupational/Physical Therapy Summary, if available
    - Communication Summaries, if available
    - Behavior Management Plan, if applicable
5. Prior to presentation to the Admission and Discharge Committee all applications will be reviewed for appropriateness as follows:
  - a. The Director of Community Services will review each applicant to assure that he/she is within the age and geographic guidelines established by the agency.
  - b. The Director of Community Services will assure that the applicants whose medical records indicate an increased level of nursing care, be reviewed by the residential nurses. The residential nurses will assess whether the nursing care level exceeds what can be provided in the Residential Program.
  - c. The Director of Community Services will assure that the applicants whose records indicate their behaviors may present a significant health or safety hazard to themselves or to others, be reviewed by the Residential Behavior Review Team. The team will assess the ability of the Residential Program to provide for these children.
6. All children presented to the committee will meet the agency's criteria for admission into the Residential Program.

7. Each child will be presented to the committee by the Admissions Social Worker in accordance with a prescribed format which will give the committee an overview of the child's abilities, needs, resources and family background.
8. After all applicants have been presented to the committee, a prioritized list of applicants will be established.
9. Appeals: Those applicants denied admission to the Residential Program may appeal to the Executive Committee of the MCCC Board of Directors. A letter should be addressed to the Chairperson of the Committee stating the situation and giving substantiation for the child's admission to the residence. The Executive Committee will decide either to stand with the Admission and Discharge Committee's decision or direct the Committee to reconsider the applicant.

**MARY CARIOLA CHILDREN’S CENTER**  
**Residential Program**

**ADMISSION AND DISCHARGE POLICY**

**Admission Policy**

It is the policy of the Mary Cariola Children's Center to admit into the Residential Program children and adolescents with developmental disabilities who meet the program criteria, without regard for race, religion, color, or national origin. This agency has established an Admissions and Discharge Committee, which is responsible for reviewing and prioritizing all applicants meeting the entrance criteria and reviewing all discharges. Applicants will be accepted into the Residential Program based on this priority ranking and necessary administrative considerations. Copies of specific entrance and exit criteria, residential application procedures, and residential application forms are available upon request.

**Residential Program Criteria**

The following are the Entrance and Exit Criteria for the Mary Cariola Children's Center Residential Program:

<b><u>Entrance Criteria</u></b>	<b><u>Exit Criteria</u></b>
1. Birth up to eighteenth birthday a. Applications will be accepted through the child’s seventeenth year.	Twenty years of age if community placement is available.
2. The child must have been reviewed by the Finger Lakes Developmental Disabilities Service Office Central Entry Committee either through a paper review or by presentation at Committee meeting.	N/A
3. Diagnosis of mental retardation, autism, cerebral palsy, epilepsy, or neurological impairment.	N/A
4. Health care needs not requiring 24-hour care.*	Requires 24-hour nursing care.
5. Dependent to independent in motor and self-help areas.	N/A
6. Any level of sensory impairment in vision, hearing, or communications.	N/A
7. Sufficient impulse control which allows the child to live safely with others in a group setting as determined by the agency.**	Behavior which requires one-to-one monitoring, injurious to self or to others, and exceeds residential environmental and staffing resources which is determined by the agency’s Interdisciplinary Treatment Team and Director of Community Services with approval by the President and the Admissions Committee.

<u>Entrance Criteria</u>	<u>Exit Criteria</u>
8. Must be able to be assisted with self-preservation, but not need to be capable of self-preservation.	N/A
9. Able to participate in six-hours-a-day, five-days-a-week day program.	Unable to participate in six-hours-a-day, five-days-a-week program
10. Exploration of living alternatives indicates Mary Cariola Children's Center ICF/DD is available, acceptable, and least restrictive.	Availability of less restrictive living arrangement.
* The applicants whose medical records indicate increased nursing care will be reviewed by a Residential Nurse prior to presentation to the Admissions and Discharge Committee. Only those applicants determined not to require 24-hour nursing care will be presented.	
** The applicants whose records indicate their behaviors may present a significant health or safety hazard to themselves or others will be reviewed by a Residential Behavior Therapist and the Admissions Social Worker. They will assess the ability of the Residential Program to provide the structured environment and amount of staff attention required by the child. The decision will be based on clinical reports, residential staff observation of the child in his/her classroom setting, and/or at home and interviews with school program staff and parents.	

**Discharge Policy**

It is the policy of the Mary Cariola Children’s Center to discharge from the Residential Program those residents who meet the exit criteria or whose parent/guardian requests discharge. The Residential Social Worker will make arrangements for referral and transitional services to discharged clients and is responsible for a written summary of the findings, progress, reason for discharge, and future plans for the resident.

Those residents for whom MCCC is terminating services or transferring to another facility may appeal this decision to the Executive Committee of the Mary Cariola Children's Center Board of Directors. A letter should be addressed to the Chairperson of the Committee stating the situation and giving substantiation for the child’s continuation in the program. The Executive Committee will decide either to stand with the Admissions and Discharge Committee’s decision or to direct the Committee to reconsider the decision.