



Most recent physical exam (must be within the past year) – Please attach.

Most recent psychological report – Please attach.

SBE Precautions?  Yes  No If yes, please attach.

Please attach information regarding medical issues, conditions, exams, and treatments in last six months. Attach all necessary follow-up required for current medical issues.

*II. Residential and Day Habilitation Information:*

If you have any questions regarding the completion of this section, please contact:

Auburn: 315-258-9531 x 209

Ithaca: 607-272-1741 x 422

Is the individual currently on the NYS Cares Wait List?  Yes  No

Safeguards/Plan of Protective Oversight – Please complete the attached form. Include any documents which may be needed to clearly describe the individual's needs. (ie. behavior plan, dietary guidelines, PT/OT guidelines, etc.)

Attach a copy of the individual's current ISP.

Please complete and return the attached Consent for Release of Information form.

Would you like Unity House to become the Representative Payee?  Yes  No

Revised 3/22/12