

DUTCHESS COUNTY LIFE BUTTON APPLICATION

SECTION A: APPLICANT'S INFORMATION

Applicant's first name: _____ Last name: _____

Home address: _____

Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female
Month/Day/Year

List diagnosis: _____ Please provide verification of diagnosis as attachment ___

Is the applicant eligible for OPWDD services? ___ yes ___ No

Is applicant currently enrolled in the Home & Community Based Services (HCBS) Medicaid Waiver? ___ yes ___ No

If denied for the HCBS waiver, please attach denial notice. ___

Wandering History. - wanders but is not out of sight of supervision; does not need retrieval to return.

Does the applicant have a history of wandering behaviors? ___ yes ___ no

Brief description of wander related events: _____

What is the frequency of the wandering behavior over the last 3 months?

___ daily ___ multiple times ___ occasionally
___ weekly ___ multiple times ___ occasionally
___ monthly ___ multiple times ___ occasionally

Where has the applicant wandered away from? _____

Was there any injury to the applicant? ___ yes ___ no

If yes, please specify the nature of the injury: _____

Last date of wandering behavior: _____

Missing History. - wanders beyond sight and is no longer in line of supervision; presence and location is unaccountable; search begins.

Does the applicant have a history of disappearing behaviors? ___ yes ___ no

Brief description of missing events: _____

What is the frequency of the disappearing behavior over the last 3 months?

___ daily ___ multiple times ___ occasionally
___ weekly ___ multiple times ___ occasionally
___ monthly ___ multiple times ___ occasionally

Last date when applicant was reported missing: _____

Was the 911/police called to aid in finding the applicant? ___ yes ___ no

Where has the applicant gone missing from? _____

Was there any injury to the applicant? ___ yes ___ no

If yes, please specify the nature of the injury: _____

SECTION B: APPLICANT'S PARENT/GUARDIAN

First Name: _____ Last Name: _____

Primary day time Phone number: _____ Alternate phone number: _____

Email address: _____

Specify if you would like to be added to the Dutchess County Delivery email notification system to learn of upcoming special need events ___ yes ___ no.

Home Address (his address must match the home address of the applicant which was provided in Section A above):

Street _____ City _____ County _____ State _____ Zip Code _____

Please check the document you are providing as proof of residence:

___ Utility bill ___ property tax or mortgage statement ___ lease/letter/rent receipt from landlord

Mailing address (if different from home address): _____

Occupation: _____ Provide monthly income of household: _____

Confirm your ability to pay the **\$25** monthly fee for service: ___yes ___ no You will be asked for a credit card number at the time of enrollment.

If not, please identify the responsible party to cover the monthly fee; provide name and address of person:

First Name: _____ Last Name: _____

Address: _____

Day time phone number: _____

Email address: _____

SECTION C: HOUSEHOLD

Please name additional parent/caregivers/adults who are residents of the home (add additional pages if more than 3):

First & Last name: _____ Age: _____

Gender: ___ Male ___ female Relationship to Applicant: _____

First & Last name: _____ Age: _____

Gender: ___ Male ___ female Relationship to Applicant: _____

First & Last name: _____ Age: _____

Gender: ___ Male ___ female Relationship to Applicant: _____

Please name additional children who are residents of the home (add additional pages if more than 3):

First & Last name: _____ Age: _____

Gender: ___ Male ___ female **Special Needs: Yes ___ No ___** Relationship to Applicant: _____

First & Last name: _____ Age: _____

Gender: ___ Male ___ female **Special Needs: Yes ___ No ___** Relationship to Applicant: _____

First & Last name: _____ Age: _____

Gender: ___ Male ___ female **Special Needs: Yes ___ No ___** Relationship to Applicant: _____

SECTION D: APPLICANT'S SETTING/ENVIRONMENTAL SAFETY

Home Surrounding near water? yes no Near train tracks? yes no Near highway? yes no
Near swimming pool? yes no High Traffic? yes no

Afterschool surrounding near water? yes no Near train tracks? yes no Near highway? yes no
Near swimming pool? yes no High Traffic? yes no

Day Care surrounding near water? yes no Near train tracks? yes no Near highway? yes no
Near swimming pool? yes no High Traffic? yes no

Please provide any additional information or circumstances that are factors in providing supervision of the applicant in the home, including environmental modifications that are already in the home to keep the applicant safe.

SECTION E: TERM, RIGHTS AND RESPONSIBILITIES

If selected for the Life Button program, the participant's parent/guardian agrees to keep the Life Button equipment in good/usable condition and to provide feedback in the form of a survey on your participation in the program. Signing/submitting this application provides your consent for DCFS to contact your insurance carrier, potential grant sources and/or OPWDD to explore funding for this program that could lead to future sustaining of your child in this program. If at any time during the program you would like to discontinue this service, you are responsible to return the Life Button system to DCFS as soon as possible and in good working order.

X _____
Signature of Applicant Date

X _____
Signature of Parent/Guardian/Representative Date

FOR AGENCY USE ONLY

Application Date: _____

Eligibility Determined By _____ Signature _____ Date _____

Eligibility Determination: Approved Denied Reason for Decision _____

Additional Comments: _____