



255 Executive Drive, Suite 309
 Plainview, New York 11803
 Tel: (516) 338-8777 Fax: (516) 338-9099

IDGS COMMUNITY CLASS/MEMBERSHIP/TRANSITION PROGRAM APPROVAL REQUEST

Participant: _____

Date: _____

Purpose: A-1 Universal Care, Inc. is responsible for ensuring Community Classes, Memberships, and Transition Programs meet [OPWDD Guidelines for IDGS Services](#). It is important to remember that classes must take place in an integrated setting, be available to the general public, related to the participant's valued outcomes and rehabilitative needs, and are non-credit bearing.

Process: This form is to be completed by the Broker or Participant and submitted to A-1 Universal Care, Inc. PRIOR to beginning any Class/Transition Program/Membership. **If completed after the service has been received and then submitted as an expense, payment may be denied if it does not meet the criteria for payment.**

This form will be rejected without the following attachments:

- Published Fees
- Marketing materials
(flyer, brochure/web page screen shot, etc)
- Attestation of Staff & Volunteers Background Checks *(Transition Programs only)*
- W9 for Direct Pay Requests
- Member Agreement *(Memberships only)*

Service Type: COMMUNITY CLASS MEMBERSHIP TRANSITION PROGRAM

Vendor Name: _____

Name of Class/Transition Program/Membership: _____

Contact Person: _____

Address: _____

Tel: _____ **Fax:** _____ **Email:** _____

Cost: \$ _____ per Class Month Other

UPDATED MARKETING MATERIALS MUST BE SUBMITTED IN THE EVENT OF A PRICE CHANGE

Are you requesting direct pay to the vendor? Yes No, I will pay and seek reimbursement

Please answer the following questions about this Class/ Transition Program/ Membership:	Yes	No
Is the class/ membership/ transition program led by staff or run by an agency that provides OPWDD services to people with I/DD?		
Is the class/ membership/ transition program located on the grounds where OPWDD services for people with I/DD are normally provided?		
Is the class/ membership/ transition program open to the public?		
Does the class/ membership/ transition program have a published fee?		
Does the class result in interactions with other people who do not have I/DD?		
Is the class/ membership/ transition program run by OPWDD or provider agency staff who are acting in their official capacities?		
Are the staff and volunteers of this transition program background checked?		

Participant Signature: _____

Date: _____

This form can be faxed to (516) 338-9099 or emailed to selfdirection@a1universalcare.org Attn: IDGS Approvals

FI Processing: Received Date:

Approval / Denial Date:

Signature: