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 habilitative 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*)
- ☐ W9 for Direct Pay Requests
- ☐ Member Agreement *(Memberships only)*
- ☐ Attestation of Staff & Volunteers Background Checks *(Transition Programs only)*

Service Type: ☐ **COMMUNITY CLASS** ☐ **MEMBERSHIP** ☐ **TRANSITION PROGRAM**

Valued Outcome to be addressed by this request: _____

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:*

"Empowering People to Unlock their Potential"