OMH HCBS Children's Waiver
Financial Information Form

Date: _____

To: OPERATIONS Support Unit Waiver Staff
OMH Finance Group, 1st Floor, 44 Holland Ave.

From: _____
HCBS Agency name

_____
Completed by (Please Print)

_____
Child's Name

_____
Child's SSN

_____
Child's CIN #

_____ _____
Childs' DOB Gender

Directions: Please complete ALL sections and send to OSU with Transmittal 1 for all new enrollments.

Medicaid Status

County of Medicaid _____
☐ Active Medicaid
☐ Application Pending -
Date filed with County _____
☐ Will apply

Child's Current Living Situation

Home with: ☐ Bio Parent ☐ Adoptive Parent
☐ Foster Care ☐ Other
Placement: ☐ No ☐ If Yes, placed with:
Institution: ☐ Psych IP ☐ RTF
☐ OMH Residential Programs (SOCR, VOCR, FBT, TFH)
☐ OCFS Residential Program (RTC, Detention Ctr., Therapeutic, Foster)

_____
Anticipated date of discharge from placement

Note: Needs to be discharged from placement prior to waiver enrollment

ICM status ☐ ICM enrolled ☐ ICM disenrolled

Needs to be disenrolled from ICM prior to waiver application

U.S. Citizen Status

U.S. Citizen ☐ Yes ☐ No
If Non-Citizen:
Date entered U.S.:
Is child a legal resident? ☐ Yes ☐ No
Green Card # _____
Child's Country of birth: _____

SSI Status

SSI: ☐ Yes ☐ No
☐ SSI application pending

Child's Income

Compare child's income to Medicaid income level to ensure child meets Medicaid eligibility

Child Support: ☐ Yes ☐ No
If yes, amount per month: _____

Other Income: ☐ Yes $ _____ ☐ No

Child's SSA Benefit: ☐ Yes ☐ No
If yes, amount per month: _____

Note: A child receives a SSA child's benefit if a Parent is retired, disabled or deceased.

Indicate parents' status:
☐ Retired ☐ Disabled ☐ Deceased
☐ None of the above apply to either parent

Child Resources:
Amount: _____ Type: _____

Health Insurance

☐ Private: Third Party Health Insurance
Name: _____
☐ VA/Military Benefits
☐ Other - Name: _____
☐ None

Legal Custody Status - Provide Name and Address

☐ Birth Parents:
☐ Adoptive Parents
☐ Foster Care:
☐ Other Custody: Other Family or Legal Guardian:
☐ DSS Custody
NYC-ACS Involvement? ☐ Yes ☐ No