



Disability Navigation



Disability Navigation Services – Community Education

When families get a disability diagnosis for their child or loved one, they are overwhelmed with information and suggestions. It can be easy to let things fall through the cracks if you do not have a support system to assist you in navigating what to prioritize. The state of Florida provides funding and services through the **Agency for Persons with Disabilities (APD)** for qualifying individuals with developmental disabilities. Information for this funding is often provided through your school district if your child has an **Individualized Education Plan (IEP)**. Unfortunately, this application is often overlooked by families for various reasons, leading to delays in obtaining crucial support and services in the future.

Disability Navigation Services provide crucial support to families by guiding them through the complex and at times overwhelming process of applying for **Agency for Persons with Disabilities Medicaid Waiver/iBudget/HCBS** funding and services. Our dedicated staff helps streamline the application process, alleviating the stress and confusion often associated with it. Staff meets with families and provides face-to-face guidance through the application process. Families are guided through what to expect throughout the course of the application process. They are also provided with a **Community Resource Guide** that includes contacts for providers in the area, some of which they can take advantage of while they are waiting for final determination of their application.

The aim is to empower families, ensuring they receive the necessary assistance to start on the path to obtaining the resources their loved one needs. **Disability Navigation Services** play a crucial role in ensuring that individuals with **Intellectual and Developmental Disabilities (IDD)** and their families have access to information, resources, and opportunities. **Community Education Sessions** are also provided to further empower families throughout their journey. Topics are geared towards preventing pitfalls that historically plague families.



Jessica Tursi

Director of Disability Services

(239) 995-2106 [ext 2301]

jessicaavalos@goodwillswfl.org



APD Guide

Applying for Services



In order to be eligible for services from the Agency for Persons with Disabilities (APD), an individual must have a developmental disability [as defined in section 393.063(12), Florida Statutes], which occurs prior to age 18 and constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Disabilities served by APD include:

- Intellectual disabilities (full scale iq of 70 or below)
- Severe forms of autism
- Spina bifida cystica or myelomeningocele
- Cerebral palsy
- Prader-Willi syndrome
- Down syndrome
- Phelan-McDermid syndrome
- Individuals between the ages of 3 - 5 at high risk for a developmental disability



If you have proof of eligibility that you can provide with your application, it will streamline the eligibility review process! Otherwise, APD will assist you in obtaining the information.

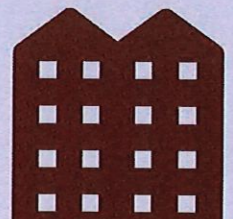
As part of the application process, APD will request proof of a developmental disability.

Documentation of a developmental disability may include, but is not limited to, school records, testing, or medical records. APD may assist with the provision of a comprehensive assessment if necessary to definitively identify individual conditions or needs. Refer to the link on the next page for more information on eligibility and applying for services.

Only applicants whose domicile (as defined in section 222.17, Florida Statutes) is in Florida are eligible for services. Additionally, applicants must be at least 3 years of age to be determined eligible for services.

Proof of domicile documents include:

- Florida driver's license/id card
- Florida voter registration card
- Florida court filled declaration of domicile
- Homestead exemption filing
- Mortgage/lease agreement
- School/employment records

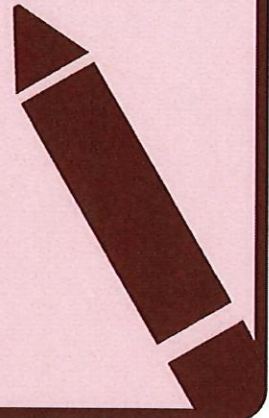


To apply for services from the Agency for Persons with Disabilities, submit an application to the APD office that serves your area, either by mail or by hand delivery.

Services include participation in the iBudget Home & Community Based Services Waiver or placement in an intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IID). Faxed submissions will be returned for an original signature.

Applicants for services may be accepted from a parent or court appointed guardian of a minor child, legally competent adult, or authorized legal representative.

For applicants under 18 years of age, the person's legal representative must sign the application for APD services. If the applicant is 18 years of age or older, they must sign the application and all necessary documents unless they have been determined incapacitated by a court of law or unless they have asked another person to exercise their rights (in writing). An adult who is unable to sign may mark the signature line. The mark shall be identified and witnessed as their mark. If the adult is incapacitated, the legal representative (as identified in a court order) shall execute all documents on behalf of the applicant.



Applicants in crisis include:

- Those who are currently homeless.
- Those who exhibit life threatening behaviors that place them or others in extreme danger
- Those who have a caregiver who is in extreme duress and can no longer provide for the applicant's health and safety.



Applicants who are in crisis should contact the Agency for Persons with Disabilities' regional office serving their county.

The local regional office may be able to provide short term services and will review the situation to determine if a crisis waiver enrollment request is warranted.

For more information regarding crisis criteria, visit the Florida Administrative Code & Florida Administrative Register website:
www.flrules.org/gateway/ChapterHome.asp?Chapter=65G-1



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Southwest Florida

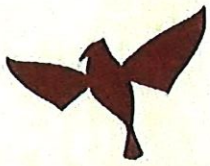
5100 Tice Street
Fort Myers, FL 33905

Jessica Tunsi - Director of Disability Services

Cell #: (239) 281-3676

Office #: (239) 995-2106 (ext. 2301)

Email: jessicaavalos@goodwillswfl.org



APD Application Tips

Medicaid Waiver & iBudget



1 Turn in all required supporting documents with the application.

2

Be honest! This can sometimes be the hardest thing to do, but if you are not, it will only hurt your child's chances.

- Does the primary caregiver have health issues that prevent them from continuing to provide care?
- Is the primary caregiver also providing primary care to minor, elderly person or another person with disability?
- Are the current caregiver responsibilities preventing them from being employed?

3

The services requested section will ask if you want an HCBS waiver or an intermediate care facility.

- Use the brochure attached to application packet listing services covered under CBS to determine which one is the best fit.

4

For the requesting following services section, put all services that you will need.

- Really think about what may be needed, adding services can be difficult once approved.

5

Make sure to turn-in your consent to obtain and release with the application.

6

When APD calls you to discuss the application, be honest.

- Take some time to really evaluate your situation and the challenges you are facing.
- Being in survival mode during this call ("we are ok" or "we have it figured out") will only delay funding.

7

If you need help with the application, reach out!



APD Application

& Supporting Documents Checklist



Hello! Attached you'll find the APD application for services. Consult the checklist below to ensure you've got all the basic supporting documents you need, then review if any additional documents are required.

A birth certificate copy/immigration status

Proof of Florida residency (such as a Florida photo ID card)

A medical report with a qualifying diagnosis

School records (such as an old IEP/adaptive assessment/all available psychological evaluations)

Only if applicable, a custody document (such as guardian advocacy/power of attorney/legal guardianship)

Additional required documentation for eligibility under intellectual disability and/or Autism:

- All psychological evaluations (including adaptive testing/measures)
- School records (including all available IEP's from elementary, middle, and high school)
- Medical records (including genetic testing, medical conditions such as TBI, or substance abuse)
- Therapy records (including behavioral, occupational, speech, or physical therapy)
- Mental health evaluations
- Legal and forensics evaluations (including the Baker Act, competency evaluations, juvenile records, or if an adult, prison history/records)

To support the developmental disability of Autism per the FAC 65-G, please submit an evaluation with testing and impressions conducted by one of the following:

- A Florida licensed psychiatrist
- A Florida licensed psychologist
- A Board certified pediatric neurologist who is qualified by training and experience to make a diagnosis of Autism

Collateral information received from another state may be accepted if the evaluator is licensed through the same credentials required for licensure in Florida for the professions listed above

Standard tests for Autism:

- Childhood Autism Rating Scale (CARS)
- Gilliam Autism Rating Scale, 2nd Edition (GARS-2)
- Autism Diagnosis Interview, Revised (ADI-R)
- Autism Diagnostic Observation Schedule (ADOS)

Please note:

- A note from the doctor is insufficient to establish a diagnosis of Autism
- A school psychologist cannot diagnose Autism
- A report from the school will not satisfy the Florida Administrative Rule 65G-4.014 unless the school psychologist is a Florida licensed psychiatrist, Florida licensed psychologist, or board certified pediatric neurologist who is qualified by training and experience to make a diagnosis of Autism



Please send all reports that are applicable. If you do not have the required information, please provide a letter from the provider stating the reason the information does not exist.

To better serve you, please keep the Agency informed of any change of address or contact information at any time during this application review process.

If the applicant is 17 years of age or older, a U.S. citizen who has not been adjudicated as incompetent, or a U.S. citizen who has not been convicted of a felony without civil rights restored, they may register to vote or update their voter registration information. Information on how to register, update your voter registration, and the National Voter Registration Act is available online at:

<http://election.dos.state.fl.us/voter-registration/index.shtml>.



apd.myflorida.com/customers/application

(800) 615-8720

Goodwill 
Southwest Florida

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Fort Myers, FL 33905

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These are all the services covered by the HCBS waiver (iBudget) through the Agency for Persons with Disabilities (APD).



THERAPEUTIC SUPPORTS AND WELLNESS

Behavior Analysis Services assist individuals with challenging behaviors to learn new behaviors or replacement skills to address the behaviors. Behavior analysis includes assessing why challenging behavior occurs, developing interventions for caregivers to implement, and monitoring to verify desired changes.

Behavior Assistant Services provide short-term support in implementing a behavior analysis services plan. This includes assisting the certified behavior analyst and training the individual and caregivers in implementing the behavior program.

Specialized Mental Health Counseling is provided to individuals with a developmental disability and a confirmed mental health diagnosis to restore the person to the best possible functional level.

The following services require a prescription by a physician, ARNP, or physician's assistant and are only available for individuals 21 years of age and older.

Private Duty Nursing is for those requiring individual continuous care by a licensed or licensed practical nurses as prescribed.

Residential Nursing consists of continuous care provided by registered or licensed practical nurses to individuals in licensed residential facilities.

Skilled Nursing is prescribed and consists of part-time or intermittent care provided by registered or licensed practical nurses.

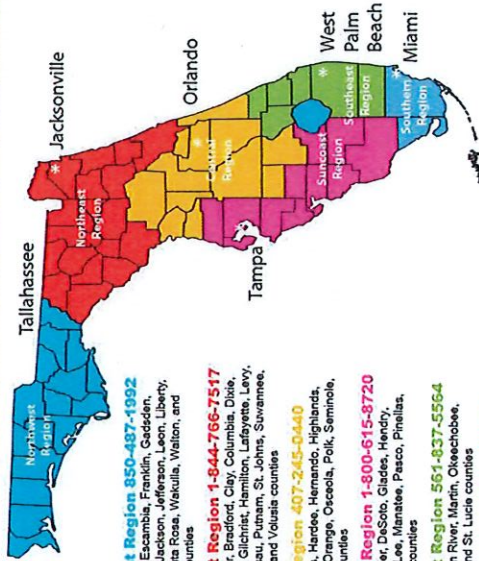
Dietician Services are prescribed as being necessary to maintain or improve the overall physical health of an individual. They include assessing nutritional status and needs, recommending an appropriate diet, and providing counseling and education.

Respiratory Therapy treats the impairment of respiratory function and other deficiencies of the cardiopulmonary system. It requires a physician's prescription.

Speech Therapy is prescribed when necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing, or language disability.

Occupational Therapy is prescribed with the goal of producing specific functional outcomes in self-feeding, dressing, and sensory motor skill areas and assisting the individual to control and maneuver within the environment.

Physical Therapy produces specific functional outcomes in ambulation, muscle control, and postural development and prevents or reduces further physical disability. It requires a prescription.



Northwest Region 850-437-4992

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties

Northeast Region 1-844-766-7517

Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gadsden, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties

Central Region 407-245-0440

Broward, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties

Suncoast Region 1-800-615-8720

Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

Southeast Region 561-837-5564

Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties

Southern Region 305-349-1478

Dee and Monroe counties

Agency for Persons with Disabilities

4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950

1-866-APD CARES (1-866-273-2273)
850-486-4257
apdcare.org

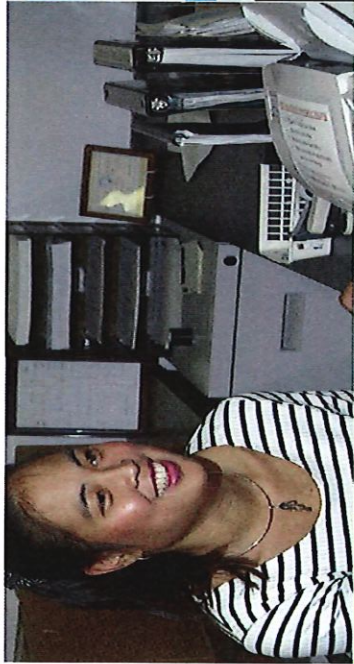
May 2017

Guide to iBudget Florida Waiver Services



Serving Floridians with Developmental Disabilities

Use this brochure to complete section 4 of the application. Be sure to use the names for services as listed in this brochure.



agency for persons with disabilities
State of Florida

THERAPEUTIC SUPPORTS AND WELLNESS

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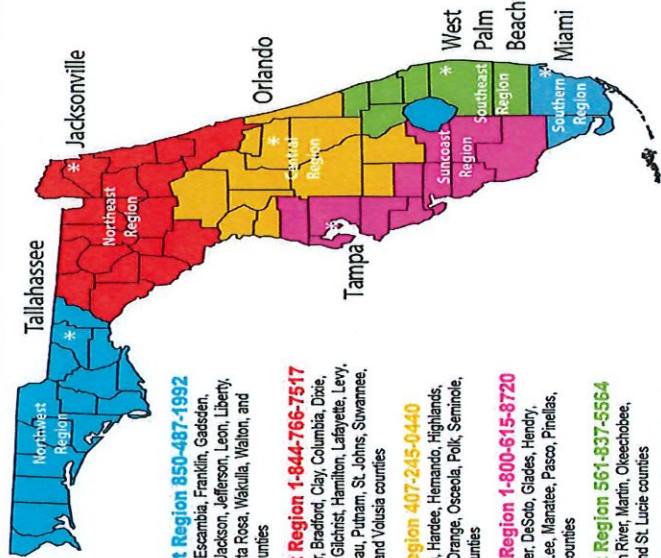
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Northwest Region 850-487-1992

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties

Northwest Region 1-844-766-7517

Alachua, Baker, Bradford, Clay, Columbia, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties

Central Region 407-245-0440

Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties

Suncoast Region 1-800-615-8720

Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

Southeast Region 561-837-5564

Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties

Southern Region 305-349-1478

Dade and Monroe counties

Agency for Persons with Disabilities

4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950
1-866-APD CARES (1-866-273-2273)
850-488-4257
apdcare.org

May 2017

Guide to iBudget Florida Waiver Services



Serving Floridians with Developmental Disabilities

Budget Florida Services

The Budget Florida waiver administered by the Agency for Persons with Disabilities (APD) offers supports and services to assist individuals with developmental disabilities to live in their communities. Services are provided based on need, so all individuals do not receive all services. The primary categories are briefly described below. Additional information is available through your APD regional office or waiver support coordinator. Some services require a professional assessment to determine the scope of treatment.

LIFE SKILLS DEVELOPMENT

Life Skills Development Level 1 was formerly known as companion services. It includes nonmedical care, supervision, and socialization activities provided to an adult on a one-to-one basis or in groups of up to three individuals. This service helps individuals increase their ability to access the community independently.

Life Skills Development Level 2 encompasses the service formerly known as supported employment for both individual and group models. It helps the individual to find and keep a job in his or her community or to develop and operate a small business.

Life Skills Development Level 3, formerly known as adult day training, includes training services intended to support the participation of recipients in valued routines of the community, such as volunteering, job exploration, accessing community resources, and self-advocacy. In a setting that is age and culturally appropriate, Services can include meaningful day activities of daily living, adaptive skills, social skills, and employment. The training activities and routine established by the provider must be meaningful to the recipient and provide an appropriate level of variation and interest.

SUPPLIES AND EQUIPMENT

Consumable Medical Supplies are specific nondurable supplies and items that assist individuals to perform activities of daily living. These supplies are not available through the Medicaid State Plan. Examples include incontinence supplies for individuals 21 and older, wipes, and underpads.

Durable Medical Equipment and Supplies are prescribed by a licensed professional that enables an individual to live as comfortably as possible and is not covered by the Medicaid State Plan. Examples include lap trays, grab bars, adaptive switches or door openers, and individualized positioning equipment.

Environmental Accessibility Adaptations are modifications to the home that enable the person to function with greater independence in the home.

Personal Emergency Response Systems are electronic communication systems that enable an individual who is alone for extended periods of time to secure help in the event of an emergency. The individual may wear a portable "help" button that allows for mobility while at home or in the community.

PERSONAL SUPPORTS

Personal Supports combine the services formerly known as respite care, companion, in-home supports, and personal care assistance. This service provides assistance and training in activities of daily living such as eating, bathing, dressing, personal hygiene, and preparation of meals. If specified in the support plan, this service may take care of housekeeping chores. This service also includes nonmedical care and socialization and may provide access to community-based activities that have therapeutic benefits. This service is for customers 21 and older who live in their own home or family home. It is also available to individuals at least 18 who live in their own home.

Respite Care provides supportive care and supervision to individuals under 21, years old living in the family home when the primary caregiver is unavailable due to a brief planned or emergency absence or when the primary caregiver is temporarily physically unable to provide care.

RESIDENTIAL SERVICES

Residential Habilitation provides an individual who lives in a licensed residential facility with supervision and specific training. There are four types of Residential Habilitation. These include: Standard, Live-In, Behavior Focus, and Intensive Behavior.

Standard and Live-In Residential Habilitation provide supervision and training to improve skills related to activities of daily living.

Behavior Focus and Intensive Behavior Residential Habilitation provide training and supervision to assist individuals whose behaviors are of exceptional intensity, duration, or frequency.

Specialized Medical Home Care provides up to 24-hours-a-day nursing services and medical supervision to residents of licensed group homes that serve individuals with complex medical conditions.

Supported Living Coaching provides training and assistance in a wide variety of activities to support individuals who live and maintain homes or apartments of their own.

SUPPORT COORDINATION

Support Coordination provides a waiver support coordinator (WSC) to identify, develop, coordinate, and access supports and services on the person's behalf, regardless of the funding source, in the most cost-effective manner possible. There are three types of support coordination:

Limited Support Coordination is intended to be less intense than full support coordination. Limited support coordination is billed at a reduced rate and has reduced contact requirements.

Full Support Coordination provides significant support to ensure the recipient's health, safety, and well-being. The WSC can share tasks with the recipient and the recipient's family, or other support people, but ultimately the WSC is responsible for performing all tasks required to locate, select, and coordinate services and supports, whether paid with waiver funds or through other resources.

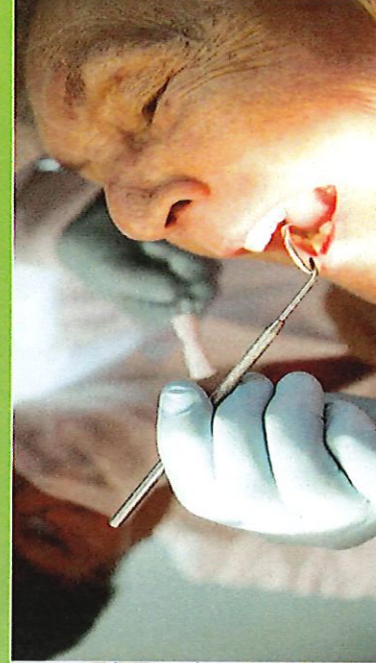
Enhanced Support Coordination consists of activities that assist the recipient in transitioning from a nursing facility or intermediate care facility for the developmentally disabled (ICF/DD) to the community or for assisting recipients who have a circumstance that necessitates a more intensive level of support coordination.

TRANSPORTATION

Transportation provides rides between the individual's home and their community-based waiver services when transportation cannot be accessed through natural (unpaid) supports.

DENTAL SERVICES

Adult Dental Services provide dental treatments and procedures for individuals 21 and older who are not otherwise covered by Medicaid State Plan.





Region/Field Office: _____ Phone #: _____

Name of APD Staff Person: _____ Date of Application: ___/___/___

1. Applicant Information

Name: _____ SS#: * _____
(Last) (First) (MI) (Suffix)

Address: _____ Medicaid #: _____
Phone #: _____

Email: _____ Alternate Phone #: _____

DOB: _____ Sex: ____ Race (for data purposes only): White; Black; Asian; Native American or Alaskan Native; Other
Ethnicity (for data purposes only): USA; Cambodia; Cuba; Ethnic Chinese; Haiti; Laos; Mexico; Nicaragua;
 Poland; Puerto Rico; Russia; Vietnam; Other Hispanic Country; Other Asian Country; Other Foreign Country

Primary DD Diagnosis (must select at least one): Autism; Cerebral Palsy; Intellectual Disability; Prader-Willi Syndrome;
 Spina Bifida; Down Syndrome; Phelan McDermid Syndrome; OR, Between the ages of 3 and 5 and at High Risk of Developing
a Developmental Disability (if selecting this box, please explain): _____

Secondary DD Diagnosis: _____ Mental Health Diagnosis: _____

Do you have a job paying minimum wage or better? Yes No If No, are you interested in gainful employment? Yes No

1.a. Applicant's Primary Caregiver Information

Name: _____ DOB: _____
(Last) (First) (MI) (Suffix)

Phone #: _____ Alternate Phone #: _____

Relationship of Primary Caregiver to Applicant: _____

Does the primary caregiver have health issues that prevent them from continuing to provide care? Yes No If Yes, please indicate
the medical issues: _____

Is the primary caregiver also providing primary care to a minor, elderly person or another person with a disability? Yes No If Yes,
please explain: _____

Are the current caregiver responsibilities preventing them from being employed? Yes No

If the applicant is an adult (over the age of 18) has the applicant been removed from their family home by Adult Protective Services in the last
12 months? (Regardless of the result of the investigation) Yes No

2. Active Duty Military Service Member (if No to the first question, move to the next section)

Is the applicant's parent or legal guardian an active duty military service member? Yes No

If Yes, please identify by name: _____

Was the family transferred to FL as part of military assignment? Yes No

If Yes to the above, did the applicant receive home and community-based waiver services in another state? Yes No

If Yes to the above, please list services received: _____

Did the applicant move to FL to be closer to family while a parent or legal guardian is deployed? Yes No

If Yes, please explain: _____



Attached is a copy of the military service member's Uniformed Services ID Card Yes No

3. Person Assisting Applicant

Name: _____ Relationship to Applicant: _____
(Last) (First) (MI)

Address: _____

Phone #: _____ Alternate Phone #: _____

Email: _____ Preferred Language of Applicant/Legal Guardian: _____

4. Services Requested

I am requesting services via the Home and Community-Based Services (HCBS) Waiver. Yes No

OR

I am requesting services in an Intermediate Care Facility. Yes No

I am requesting the following services from the Agency for Persons with Disabilities:

5. Applicant's Identity Verification (must check one) (to be filled out by APD Staff):

- FL Driver's License/ID Card US Passport Military/Government Issued Photo ID Card
- Certificate of Naturalization/Citizenship School Photo ID (only accepted for persons under the age of 16)

6. Applicant's Legal Status (select all that apply) (to be filled out by APD Staff):

- Between the ages of 3 and 18 and under legal custody of his/her parent(s)
- Between the ages of 3 and 18 with a court appointed representative
- Between the ages of 3 and 18 and the parents have delegated decision making under the Family Care Act using a written power of attorney or durable power of attorney
- 18 or older and his/her own representative
- 18 or older and has delegated in writing decision-making authority related to governmental benefits or medical decisions to someone else by using a power of attorney or durable power of attorney
- 18 or older and a court has issued letters of guardianship or guardian advocacy, naming someone other than the applicant as the decision maker for governmental benefits or medical decisions

Name of legal guardian or guardian advocate, court appointed representative or person delegated decision making authority (if applicable):

List type of document(s) provided as proof of legal status (if applicable): _____



7. Community Based Care (CBC) (if No to first question, move to next section) (to be filled out by APD Staff):

Is this applicant an active Community Based Care (CBC)/Child Welfare services recipient? YES NO

If yes, is he or she receiving out-of-home (foster care) services? YES NO

Is he or she receiving in-home (protective supervision) services? YES NO

8. Citizenship Verification (must check one) (to be filled out by APD Staff): :

To receive services from APD, the applicant and parent or legal guardian (if applicable) must be domiciled in Florida, and the applicant must be a U.S. citizen or resident alien

Is the applicant a U.S. Citizen? YES NO

Place of Birth: United States (What State?) _____ Other (Name of Country) _____

If not a US citizen, must provide USCIS alien status and number (also please fill out page 6 of this application):

Permanent Resident Other: _____ USCIS #: _____

Type of documentation provided for proof of citizen or alien status:

US Birth Certificate US Passport Certificate of Naturalization/Citizenship Green Card USCIS Issued Form

9. Residency:

Is the person requesting services a resident of the state of Florida? YES NO

If the applicant is a minor, is the parent or legal guardian domiciled in Florida? YES NO

Has the applicant recently relocated to Florida? YES NO

If YES, please explain _____

Residency Verification (must check one) (to be filled out by APD Staff):

FL Driver's License/ID Card; Voter Registration Card; FL Court Filed Declaration of Domicile; Utility Bill; Mortgage or Lease Agreement; Employment/School Record

10. Eligibility Assessments:

Do you agree to participate in assessment(s) that may be needed to find out if you are eligible for services provided by APD?

YES NO

Assessment Needed (to be filled out by APD Staff):

11. APD Eligibility Determination (to be filled out by APD Staff):

Eligible for APD: _____ Date: ___/___/___

Eligibility Category: _____

Not eligible Date: ___/___/___

Reason: _____

12. Collateral/Supporting Information or Source of Information About Disability (to be filled out by APD Staff):

(IQ scores, medical records, school records, etc.)



| | |
|---|--|
| <p>13. Waiver Eligibility Determination (to be filled out by APD Staff):</p> <p>Eligible for Medicaid Waiver: Date: ___/___/___</p> <p>Not eligible Date: ___/___/___</p> <p>Reason: _____</p> | <p>14. ICF Eligibility Determination (to be filled out by APD Staff):</p> <p>Eligible for ICF: Date: ___/___/___</p> <p>Not eligible Date: ___/___/___</p> <p>Reason: _____</p> |
|---|--|

15. By signing this application, I understand and acknowledge that it is my responsibility to keep the Agency informed of any changes in address or telephone number so that I may be contacted immediately if the Agency has any questions about my application, or, if I am deemed eligible for services if services have become available. Failure to keep the Agency informed of how I may be contacted may result in my application not being processed, or if determined eligible for services, my active client status being closed. Further, if my name has been added to the Medicaid HCBS Pre-Enrollment list, it will be removed. In the event the Agency is not able to contact me by mail or phone, I authorize the Agency to contact the following person, who does not live at my address:

ALTERNATE CONTACT:

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____ E-mail: _____

16. ALL INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ Date: _____

Signature of Legal Representative: _____ Date: _____

For application for government benefits or for making medical decisions

Printed Name of Legal Representative: _____ Relationship: _____

Signature of Person Assisting the Applicant (if applicable): _____ Date: _____

17. Referrals (to be filled out by APD Staff):

| To | Date | Contact | Address/Telephone # |
|----|------|---------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

I have received a copy of:

The Bill of Rights of Persons who are Developmentally Disabled, section 393.13, Florida Statutes.

Family Care Council Brochure

Serving Floridians with Developmental Disabilities - brochure

Agency for Persons with Disabilities Guide to Administrative Hearings- brochure

HIPAA Notice of Privacy Practice

YOU CAN APPLY TO REGISTER TO VOTE HERE

If you are not registered to vote where you live now, would you like to register to vote here today? Check YES if you would like to apply to register to vote or update your voter registration information. If you check the NO box or do not



agency for persons with disabilities
State of Florida

Application for Services

check a box, you will be considered to have decided not to apply to register to vote or update your voter registration information. Checking YES, NO, or leaving this question blank will not affect your receipt of benefits.

YES NO

NOTICE OF RIGHTS

Help: If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

Benefits: If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

Privacy: Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

Formal Complaint: If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml>

* Federal law requires the collection of your social security number as a condition of eligibility for Medicaid benefits under 42 U.S.C. 1320b-7 and the agency will collect, use, and release the number for administrative purposes as authorized under law.



agency for persons with disabilities

State of Florida

Application for Services

FILL-IN INFORMATION REQUIRED FOR VERIFICATION OF NON USA BORN CITIZENS/IMMIGRANTS

| DOCUMENT TYPE | ALIEN/ USCIS/INS NUMBER "A" followed by 7,8, OR 9 numbers | CARD NUMBER 3 letters followed by 10 numbers Ex. ABC0000000000 | I-94 NUMBER 11 digit number Ex. 000 00000000 | PASSPORT NUMBER 6 to 12 digits with alpha-numeric characters | EXPIRE DATE | COUNTRY OF ISSUANCE | CERTIFICATE NUMBER 8 digit number Ex. 00 000 000 | SEVIS ID "N" followed by 10 digit number Ex. N00000000000 | NAME OF DOCUMENT |
|---|--|---|--|--|-------------|------------------------|---|--|---------------------|
| I-551 (Permanent Resident Card) | | | | | | | | | |
| Certificate of Citizenship | | | | | | | | | |
| Naturalization Certificate | | | | | | | | | |
| Unexpired Foreign Passport | | | | | | | | | |
| I-571 (Refugee Travel Document) | | | | | | | | | |
| DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) | | | | | | | | | |
| I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) | | | | | | | | | |
| I-327 (Reentry Permit) | | | | | | | | | |
| I-766 (Employment Authorization Card) | | | | | | | | | |
| I-94 (Arrival/Departure Record) | | | | | | | | | |
| I-94 (Arrival/Departure Record) in Unexpired Foreign Passport | | | | | | | | | |
| Machine Readable Immigrant Visa (with Temporary I-551 Language) | | | | | | | | | |
| Temporary I-551 Stamp (on passport or I-94) | | | | | | | | | |
| Other (Select if Document Not Listed) | | | | | | | | | |

AGENCY FOR PERSONS WITH DISABILITIES (APD)
CONSENT TO OBTAIN OR RELEASE PROTECTED HEALTH INFORMATION

| | | |
|-----------------------|-------------------|---------------|
| YOUR LAST NAME | YOUR FIRST NAME | DATE OF BIRTH |
| STREET ADDRESS | STATE | ZIP |
| HOME TELEPHONE NUMBER | CELL PHONE NUMBER | EMAIL ADDRESS |

I hereby freely and voluntarily consent and authorize the Agency for Persons with Disabilities ("APD"), or its agents or representatives, *to obtain* my protected health information from the person(s), agencies, institutions, or entities stated below for the purposes of treatment, payment, and health care operations.

I hereby freely and voluntarily consent and authorize the Agency for Persons with Disabilities ("APD"), or its agents or representatives, *to obtain only specific portions* of my protected health information from the person(s), agencies, institutions, or entities stated below for the purposes of treatment, payment, and health care operations.

I hereby freely and voluntarily authorize the Agency for Persons with Disabilities ("APD"), or its agents or representatives, *to discuss, access, use, and/or disclose matters* related to my protected health information to or from the person(s), agencies, institutions, or entities stated below for the purposes of treatment, payment, and health care operations.

The information requested below will be accessed, used, or disclosed for the following purposes:

| | | | |
|--------------------------|------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Medical Reports | <input type="checkbox"/> | Social Service Reports |
| <input type="checkbox"/> | Academic Records and Plans | <input type="checkbox"/> | Speech and Hearing Reports |
| <input type="checkbox"/> | Habilitation Plans / Support Plans | <input type="checkbox"/> | Physical Therapy Reports |
| <input type="checkbox"/> | Psychological Reports | <input type="checkbox"/> | Occupational Therapy Reports |
| <input type="checkbox"/> | Other (Please specify) | | |

Name, address, telephone number, email address, and/or fax number of person, agency, institution, or entity from whom my protected health information is to be obtained:

Name, address, telephone number, email address, and/or fax number of person, agency, institution, or entity to whom my protected health information may be discussed and/or disclosed:

- I understand that my protected health information may be accessed, discussed, used, and/or disclosed for purposes of treatment, payment, healthcare operations, and as otherwise permitted or required by law.
- I also understand that information disclosed under this Consent to Obtain or Release Protected Health Information might be re-disclosed by the recipient and it may no longer protect my health information under federal or state law, if the recipient of the information is obligated to comply with the requirements of HIPAA.
- I understand that I may revoke this Consent by writing to APD, except to the extent that action has already been taken based on this Consent to Obtain or Release Protected Health Information.
- I know that I may inspect or copy any information used / disclosed under this consent.

This consent expires on _____. I understand that if this consent has not been revoked by me or it does not specify a consent expiration date, it will automatically expire ninety (90) calendar days from the date of signing the consent.

By your signature below, you acknowledge that you understand and agree to the above information.

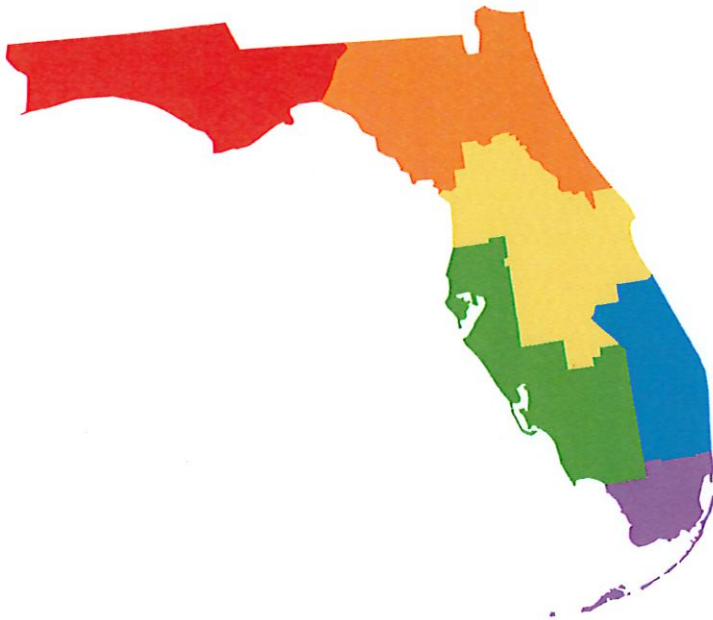
| | | | |
|---------------------|--|------|--|
| Signature of Client | | Date | |
|---------------------|--|------|--|

If you are a client's legal representative, you must state your title and provide documentation proving your legal authority to act on behalf of the client.

| | | | |
|-----------------------------------|--|------|--------------------------------------|
| Signature of Legal Representative | | Date | Relationship of Legal Representative |
|-----------------------------------|--|------|--------------------------------------|



Where's your county?



- Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, & Washington
- Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, & Volusia
- Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, & Sumter
- Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, & Sarasota
- Broward, Indian River, Martin, Okeechobee, Palm Beach, & St. Lucie
- Dade & Monroe

Northwest Office

3800 Esplanade Way
Tallahassee, FL 32399
(850) 487-1992

Suncoast Office

1313 North Tampa Street (Suite 515)
Tampa, FL 33602
(800) 615-8720

Northeast Office

3631 Hodges Boulevard
Jacksonville, FL 32224
(904) 992-2433

Southeast Office

111 South Sapodilla Avenue (Suite 204)
West Palm Beach, FL 33401
(844) 766-7520

Central Office

400 West Robinson Street (Suite S430)
Orlando, FL 32801
(407) 245-0440

Southern Office

401 Northwest 2nd Avenue (Suite 811)
Miami, FL 33128
(305) 349-1478



APD Wait List Priority Categories



FS. 393.065(5)

The Agency for Persons with Disabilities (APD) wait list categories are listed from the highest priority (category 1) to the lowest priority (category 7).

Category 1

Includes clients deemed to be in crisis (pursuant to rules 65G-1.046 and 65G1.047 of the Florida Administrative Code).

Documentation required for change:

- The completion and approval of a crisis application.

Crises include:

- Homelessness.
- Danger to self or others.
- Caregiver unable to give care.

Category 2



Includes individuals with an open case in the Department of Children and Families' (DCF) statewide automated child welfare information system.

Eligible individuals include:

- Those transitioning out of the child welfare system at the finalization of an adoption, reunification with family members, a permanent placement with a relative, or a guardianship with a nonrelative.
- Those at least 18 years of age but not yet 22 years of age and who need both waiver services and extended foster care services.
- Those at least 18 years of age but not yet 22 years of age who withdrew consent [pursuant to s. 39.625(5)(c)] to remain in the extended foster care system.

Documentation required for change:

- Documentation from DCF that confirms the individual has an open case in the child welfare system.
- Related court/other records.

Category 3

Includes clients whose caregiver has a documented condition that is expected to render the caregiver unable to provide care within the next 12 months and for whom a caregiver is required but no alternate caregiver is available.

Documentation required for change:

- Documentation that explains the reason the current caregiver can no longer provide the individual's care (a description of the condition or circumstance that renders the caregiver unable to provide care).
- If the condition or circumstance is due to a medical condition, a physician's statement must be provided.

Includes clients who are at substantial risk of incarceration or court commitment without supports.

Documentation required for change:

- A summary of incidents in which the individual has engaged in dangerous or criminal charges.
- A summary of incidents in which the individual has engaged in dangerous behavior
- A summary of past history/current involvement with the court system or law enforcement.
- A summary of any past history of multiple arrests, incarceration in jail, prison, or admission to the mentally retarded defendant program.

Includes clients whose documented behaviors or physical needs place them or their caregiver at risk of serious harm and other supports are not currently available to alleviate the situation.

Documentation required for change:

- A description of the behaviors or physical needs that are causing the risk or potential harm and the medical treatment provided to the individual or to others because of the individual's behaviors or physical needs.
- Documentation of the frequency, intensity, and duration of behavioral incidents with an explanation of behavioral intervention that have been used to address the behaviors.

Includes clients who are identified as ready for discharge within the next year from a state mental health hospital or skilled nursing facility and who require a caregiver but for whom no caregiver is available or whose caregiver is unable to provide the care needed.

Documentation required for change:

- A discharge summary from the facility.
- A status of available caregivers for the individual.
- Documentation that there are no other available resources or services other than waiver services to meet the individual's needs.

Category 4

Includes clients whose caregivers are 70 years of age or older and for whom a caregiver is required but no alternate caregiver is available.

Documentation required for change:

- The date of birth of the primary caregiver (such as a birth certificate or state issued identification).
- Documentation that the individual needs a caregiver and no other caregiver is available.
- Information regarding the health of the caregiver and availability of other caregivers.



Category 5

Includes clients who are expected to graduate within the next 12 months from secondary school and need support to obtain a meaningful day activity, maintain competitive employment, or pursue an accredited program of postsecondary education to which they have been accepted.

Documentation required for change:

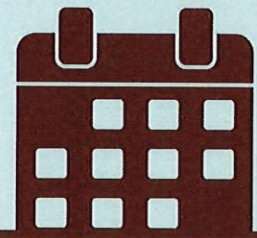
- School documentation of the individual's graduation date.
- Documentation that there are no other resources other than waiver funded services to provide the individual with support to obtain/maintain a job, pursue meaningful day activity, or pursue post-secondary education.

Category 6

Includes clients 21 years of age or older who do not meet the criteria for categories 1 - 5.

Documentation required for change:

- The date of birth of the individual (such as a birth certificate or state issued identification).
- Documentation that no other categorical criteria apply.



Category 7

Includes clients younger than 21 years of age who do not meet the criteria for categories 1 - 4.

Documentation required for change:

- The date of birth of the individual (such as a birth certificate or state issued identification).
- Documentation that no other categorical criteria apply.

Goodwill 
Southwest Florida

5100 Tice Street
Fort Myers, FL 33905

Jessica Tursi - Director of Disability Services

Cell #: (239) 281-3676

Office #: (239) 995-2106 (ext. 2301)

Email: jessicaavalos@goodwillswfl.org



agency for persons with disabilities
State of Florida

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your Information. Your Rights. Our Responsibilities. This notice applies to the information that we have about your health care and services that you receive through APD. APD is required by law to notify you of our legal duties and privacy practices, your rights, and describe the ways we may access, use, and disclose your protected health information. We must maintain the privacy of your health information and follow the terms of this notice.

Your Rights. When it comes to your health information, you have the right to the following:

- **Get a copy of your health records.** You may review or get a copy of your health records except for psychotherapy notes, information compiled as part of a legal case, or as otherwise excluded by law. APD may impose a reasonable fee for copying, supplying, preparing, and mailing the requested records.
- **Ask us to correct or change your health information if you believe it is incorrect or incomplete.** Ask us how to do this. We may say no to your request, but we will tell you in writing within 60 days.
- **Confidential communications.** If you ask us to contact you in a confidential way (for example, at a certain phone number, email address, or designated mailing address), we will grant reasonable requests.
- **Ask APD to limit what health information we use or share.** We do not have to agree if it would affect your care. If we do agree, we will limit the information unless it needs to be shared in an emergency.
- **Get a list of those with whom APD has shared your health information.** You can ask, in writing, for a list of the times we have shared your information (“accounting”), who we shared it with, and why it was shared, within the past 6 years, except for when it is used to carry out your treatment, pay for your care, for health care operations, disclosures you asked for, or prohibited by law. You are entitled to one free accounting a year.
- **Receive a paper copy of this notice.** You are entitled to a paper copy of this notice.
- **Choose someone to act for you.** Your legal guardian or someone with a medical power of attorney for you may exercise make choices about your health information.
- **Receive notice of a breach.** You are entitled to be notified if your protected health information has been accessed, acquired, used, or disclosed as result of a breach within 30 days of the Agency becoming aware of such a breach.
- **File a complaint.** If you feel APD has violated your rights, you may file a complaint with our office or the Secretary of the US Department of Health and Human Services. You will not be retaliated against for filing a complaint.

HIPAA Privacy Official
Office of the General Counsel
Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, Florida 32399
Telephone: (850) 476-1180
HIPAA@apdcares.org

Centralized Case Management Operation
US Department of Health and Human Services
200 Independence Avenue, SW—Room 509F HHH Building
Washington, DC 20201
Telephone: (800) 368-1019
TDD toll-free: (800) 537-7697 | Fax: (202) 619-3818
OCRComplaint@hhs.gov

Our Uses and Disclosures of Your Protected Health Information. APD is permitted to use or disclose your health information for treatment, payment, and health care operations. If you are an APD iBudget Home and Community-Based Services (“iBudget HCBS”) Medicaid Waiver applicant or recipient, APD uses your health information to determine your eligibility for the iBudget HCBS Medicaid Waiver program and to determine the amount of assistance that you need for your care. We also use it to manage the iBudget HCBS Medicaid Waiver program.

Here are some examples of how we typically access, use, and/or disclose your health information:

- Sharing information about your diagnosis and care needs to determine your initial or ongoing eligibility for the iBudget HCBS Medicaid Waiver program, as well as to coordinate supported living services and placement in a care facility.
- Sharing information about your health care needs to pay for your health care products and services, including federal and state funding programs such as Medicaid.
- Disclosing your health information to appropriate APD staff members, business associates, volunteers, and/or other government agencies who are involved in your treatment so that they can provide health care and oversight, including evaluating the performance of people involved in your care.

How else can we use or share your health information? APD is allowed or required to share your information in other ways without your written authorization—usually in ways that promote public health, safety, and research. We must meet many conditions in the law before we can share your information for these purposes. Examples include:

- Disclosing information to a family member or another person to assist you if you are unable to tell us your preference, such as if you are unconscious or during an emergency, if we believe it is in your best interest.
- Sharing information that is needed to lessen a serious and imminent threat to health or safety.
- Reporting suspected abuse, neglect, or domestic violence, and preventing or reducing threats to you or another person’s health or safety.
- Sharing information with other state or federal agencies. For example, the US Department of Health and Human Services (“HHS”), Federal Emergency Management Agency (“FEMA”), the Centers for Disease Control (“CDC”), the Florida Agency for Health Care Administration (“AHCA”), the Florida Department of Children and Families (“DCF”), the Florida Department of Health (“DOH”), and other similar agencies.
- Conducting research that benefits persons with developmental disabilities and/or the Medicaid program.
- Disclosing information for vital statistics, or with an organ procurement organization, coroner, medical examiner, or funeral director.
- Disclosing information for workers’ compensation claims, law enforcement purposes, and functions such as military, national security, and presidential protection services.
- Responding to a court order, administrative order, or a subpoena.
- Disclosing your information to the extent it is required by state or federal law.

Other Uses and Disclosures. Other uses and disclosures not described in this notice will be made only with your written authorization. If you give us written authorization, you may revoke it at any time. This includes authorizing us to share information with your family, close friends, or others involved with your care. We will never sell your information or use it for marketing purposes unless you give us written permission.

Our Responsibilities. We are required by law to maintain the privacy and security of your protected health information. We are required to follow the duties and privacy practices described in this notice and give you a copy of it. This includes letting you know promptly if a breach occurs that may have compromised the privacy or security of your health information. We will not use or share your information other than described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Changes to this notice. APD reserves the right to change the terms of this notice; and, the changes apply to all information that we have about you. The new notice will be available on our website and will be mailed to you upon request.

Contact Information. If you have any questions, requests, or would like a printed copy of this notice, please contact your APD office in your area at the telephone number listed below. We may ask that you make a request in writing.

Northwest Region (for Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties) call (850) 487-1992;

Northeast Region (for Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties) call (844) 766-7517;

Central Region (for Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties) call (407) 245-0440;

Suncoast Region (for Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties) call (800) 615-8720;

Southeast Region (for Broward, Indian River, Martin, Okeechobee, Palm Beach, and Saint Lucie counties) call (844) 766-7520;

Southern Region (for Dade and Monroe counties) call (305) 349-1478;

Sunland Center call (850) 482-9210; and

Tacachale Center call (352) 955-5000.

Who receives this Notice of Privacy Policy and Protection of Health Information? APD sends this notice to every recipient household. This notice applies to all clients served by the Agency. To comply with Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, please contact the HIPAA Privacy Official at the address shown on this Notice if you would like to receive this Notice in an alternate format such as Braille, large print, or audio.

AGENCY FOR PERSONS WITH DISABILITIES
Bill of Rights for Persons with Developmental Disabilities
Excerpted from 393.13, Florida Statutes, entitled "Treatment of persons with developmental disabilities"

The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are clients of the agency.

- (a) Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from abuse, including sexual abuse, neglect, and exploitation.
- (b) Persons with developmental disabilities shall have the right to religious freedom and practice. Nothing shall restrict or infringe on a person's right to religious preference and practice.
- (c) Persons with developmental disabilities shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
- (d) Persons with developmental disabilities shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability. Such persons may be provided with instruction in sex education, marriage, and family planning.
- (e) Persons with developmental disabilities shall have a right to social interaction and to participate in community activities.
- (f) Persons with developmental disabilities shall have a right to physical exercise and recreational opportunities.
- (g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- (h) Persons with developmental disabilities shall have a right to consent to or refuse treatment, subject to the powers of a guardian advocate appointed pursuant to s. 393.12 or a guardian appointed pursuant to chapter 744.
- (i) No otherwise qualified person shall, by reason of having a developmental disability, be excluded from participation in, or be denied the benefits of, or be subject to discrimination under, any program or activity which receives public funds, and all prohibitions set forth under any other statute shall be actionable under this statute.
- (j) No otherwise qualified person shall, by reason of having a developmental disability, be denied the right to vote in public elections.



agency for persons with disabilities
State of Florida

We Have **RESOURCES** For You

FOR INDIVIDUALS WITH DISABILITIES

There are resources in Florida for people who are not eligible for APD services and those waiting for services.

The **APD Resource Directory** is a tool for individuals to learn about the available resources and organizations available in their local areas, programs offered throughout the state, and nationwide resources.

Visit: <https://apd.myflorida.com/resourcedirectory>

The **APD Florida Navigator** is an online tool designed to empower and inform individuals with developmental disabilities, caregivers, and professionals about specific State of Florida services.

Visit: <https://navigator.apd.myflorida.com/>

Apply for Medicaid or other public assistance programs through the **Department of Children and Families Access program.**

Visit: <https://dcf-access.dcf.state.fl.us/access/index.do>

Florida Kidcare offers healthcare coverage for children from birth to age 18. There are 4 possible programs, including: Medicaid, MediKids, Florida Healthy Kids, or the Children's Medical Services Managed Care Plan. For more information please contact Florida Kidcare at 1-888-540-KIDS (5437) or visit their website at:

<https://www.floridakidcare.org/>

Visit: apdcare.org

Toll-Free: 1-866-APD-CARES (1-866-273-2273)



Offering Waiver Enrollment to People with Phelan-McDermid Syndrome

In 2016 the Florida Legislature authorized 2.5 million dollars to offer waiver enrollment to individuals with Phelan-McDermid syndrome who meet the eligibility requirements of section 393.065(1), Florida Statutes.

What are the eligibility requirements for APD?

To be eligible for services from the Agency for Persons with Disabilities (APD), the individual must be:

- Three years of age or older, and have a developmental disability before the age 18
- A Florida resident
- Diagnosed with one of the following seven developmental disabilities listed in Chapter 393, Florida Statutes: autism, cerebral palsy, intellectual disabilities, Down syndrome, Prader-Willi syndrome, spina bifida, Phelan-McDermid syndrome, or children ages 3-5 who are at a high risk of a developmental disability

How do I apply for APD services?

To obtain an Application for Services, please visit the APD website at: <http://apdcares.org/customers/application/>.

You may submit an application to the APD office that serves your area, either by mail or in person. Information for the APD regional offices can be found online at <http://apdcares.org/region/>. Faxed submissions will not be accepted.

What documentation do I need for the APD application process?

You will need to provide the following information:

1. Proof of identity in the form of: FL Driver's License/ID card, US Passport, Military/ Government issued photo ID card, Certificate of Naturalization/Citizenship, school photo ID (only accepted for people under the age of 16).
2. Documentation from a physician which provides the diagnosis of Phelan-McDermid syndrome as derived from genetic testing.



What happens after an individual applies for APD services?

In order to receive home and community-based services, the person must meet both APD eligibility and Medicaid eligibility requirements. A review is completed to determine APD eligibility. The applicant will receive a letter notifying them of their eligibility determination within 45 days for children and within 60 days for adults. The individual will then choose a waiver support coordinator (case manager) from a list of available coordinators to help them identify and receive their needed supports and services. Applicants with Phelan-McDermid syndrome who meet APD and iBudget Florida waiver eligibility criteria can enroll on the waiver once they obtain Medicaid (children not already on Medicaid are considered as a family of one for Medicaid eligibility purposes). Individuals with Phelan-McDermid who are currently on the waiver waiting list should call their APD Regional Office to find out how to enroll on the waiver to begin to receive services.

What services does APD provide?

The agency provides services that help individuals to live, learn and work in their communities. The types of services that APD provides under the waiver are grouped in eight service families. These include:

- Life Skills Development (companion services, supported employment and adult day training)
- Supplies and Equipment, Personal Supports (personal care assistance)
- Residential Services
- Support Coordination (Case Management)
- Therapeutic Supports and Wellness (behavior analysis services, physical therapy, occupational therapy, etc.)
- Transportation
- Dental Services for adults over the age of 21

For more information, go to: <http://apd.myflorida.com/ibudget/docs/services.pdf>

APD does not provide medical services. However, once a person meets Medicaid eligibility, the individual may receive medical services from the Florida Medicaid system operated by the Agency for Health Care Administration. For information on these benefits, please link to: <http://www.fdhc.state.fl.us/medicaid/>

For Medicaid eligibility, the Department of Children and Families (DCF) is the agency that makes this determination. To apply for Medicaid, please go to the DCF Automated Community Connection to Economic Self Sufficiency (ACCESS) at: <http://www.myflorida.com/accessflorida/>.

1-866-APDCARES (1-866-273-2273)
apdcare.org

