



26 Bridge Street, Corning, NY 14830

Behavioral Health Intake Contact:

607-377-0076 / 607-454-8745

Fax: 607-973-2202

Email: referrals@arbordevelopment.org

Please review all Behavioral Health services offered before filling out the form

Contact the Behavioral Health Intake Team with specific questions.

You must include:

Completed application, signed SMI form by LMSW, LCSW, LMHC, PsyD, etc. and respective county SPOE referral

Additional forms are required for different programs, see below in descriptions.

Please allow up to one week for review and processing of all applications

Residential Programming may take an additional 10 days due to authorizations

Emergency/Temporary Housing

Respite: Apartment with roommate

18 years+, currently experiencing homelessness, proof of SMI, 29 day stay

Allegany County— Wellsville

Steuben County— Bath Hornell Corning

Livingston County— Dansville

Forensic: Apartment with roommate

SPOE approval required, 18 years+, proof of SMI experiencing homelessness, released from incarceration, 90 day stay

Steuben County— Bath Hornell Corning

Licensed Residential Housing: *Biopsychosocial REQUIRED*

Community Residence—group setting

18 years+, proof of SMI, 24/7 staff availability, independent skills training, medication monitoring

Bath—Sedgwick

Hornell— Maple Leaf

RITE—Apartment Treatment—with/without roommate scattered in the community

18 years+, staff available daily, skills training, medication monitoring

Corning— Scattered-Site Lamphear Townhomes

Bath

Hornell

Scattered-Site Supportive Housing *SPOE referral required*

Independent apartments

18 years+, meet income guidelines, Proof of SMI

Allegany County

Chemung County

Livingston County

Schuyler County

Steuben County— Bath area Corning area Hornell area

ESSHI—Independent, single apartments at Lamphear Court, Corning

18 years+, proof of SMI, at risk of homelessness, **Lamphear Townhome Rental Application required**



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Financial Information:

SSI

SSDI

DSS

Employment:

Child support:

Other:

Other information pertinent to the individual's case:

CRITERIA FOR SEVERE MENTAL ILLNESS AMONG ADULTS

595.4

Client Name: _____

DOB: _____

To be considered an adult diagnosed with severe mental illness **A** must be met. In addition, **B** or **C** or **D** must be met. Please check all criteria which pertain to the client.

_____A. SEVERE MENTAL ILLNESS DIAGNOSIS

The individual is 18 years of age or older and currently meets the criteria for an **ICD 10-** psychiatric diagnosis **other than** alcohol or drug disorder. (291.xx, 292.xx, 303.xx, 305.xx), organic brain syndromes (290.xx, 293.xx, 294.xx), developmental disabilities (299.xx, 315.xx, 319.xx) or social conditions (Vxx.xx).

_____B. SSI or SSDI ENROLLMENT/ELIGIBILITY DUE TO MENTAL ILLNESS

The individual is currently enrolled, or has applied, in SSI or SSDI due to a designated mental illness.

_____C. EXTENDED IMPAIRMENT IN FUNCTIONING DUE TO MENTAL ILLNES

1. The individual has experienced **two (2)** of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis, please check:
 - Marked difficulty in self-care (personal hygiene, diet, and clothing, avoiding injuries, securing health care or complying with medical advice).
 - Marked restriction of activities of daily living (maintaining a residence, using transportation, day-to-day money management, accessing community services).
 - Marked difficulties in maintaining social functioning (establishing and maintaining social relationships, interpersonal interactions with primary partner, children, other family members, friends, neighbors, social skills, compliance with social norms, appropriate use of leisure time).
 - Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner in work, home, or school settings (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings; individuals may exhibit limitation in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in completion of tasks).
2. The individual has met criteria for ratings of 50 or less on the Global Assessment of Functioning Scale (Axis V of the ICD-10) due to designated mental illness over the past twelve month on a continuous or intermittent basis.

_____D. RELIANCE ON PSYCHIATRIC TREATMENT, REHABILITATION, AND SUPPORTS

- A documented history shows that the individual, at some prior time, met the threshold for C (above), but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder, e.g., hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder

COMPLETED BY: _____ DATE: _____

Credentials:

(LCSW, LMSW, LMHC, PhD, MD, etc.)