NYSHA INC.
NEW YORK STATE HAMASPIK ASSOCIATION
293-295 Division Ave• Brooklyn NY 11211
Tel 1-877-26-NYSHA (69742) • www.nyshainc.org

MEMBER AGENCIES
Hamaspik of Orange County • 845-774-8400
Hamaspik of Rockland County • 845-356-8400
Hamaspik of Kings County • 718-387-8400

Welcome to the NYSHA Clinic!

Thank you for contacting us to become a patient at our clinic. We will do everything possible to make your experience with us satisfying and productive. We are an outpatient rehabilitation clinic servicing people with developmental disabilities only. We provide physical, occupational and speech-language therapies in addition to psychotherapy.

Communicating

We are open six days a week from 9:00am till 4:00pm. Please note that all of our clinicians work on a part-time basis, which means that they all have different schedules and will not be available at all times.

Each patient at our clinic has a Treatment Coordinator who is in charge of his/her case and is available to address your concerns and/or questions at all times. If you have an emergency, you should call 911 or Hatzolah and perhaps your primary care physician, as our clinic is a non-emergency center. We do however have a 24-hour hotline for truly urgent matters; the number is 877-928-9000.

Please do not hesitate to contact our office with any questions or concerns you may have. All our staff are willing to answer your questions and address your concerns. All voice messages will be returned in a timely manner.

Requesting an Assessment

The first step for every patient prior to being admitted for treatment is to come for an assessment. For each type of therapy, each therapist will do their own assessment to determine whether the patient is eligible to receive the services they're requesting and what services they can get.

Before scheduling the assessment, we will require you to submit certain documents so we can establish some basic patient information. This includes the following:

- A completed Application Form
- A psychological evaluation
- A psychosocial/social history report
- A medical assessment
- An initial Level of Care

We may contact you if we need to sort out any health insurance issues prior to your first appointment.

Your First Appointment

Once we have collected all of the above information, we will schedule your first appointment. This appointment generally takes about 45 minutes. In order for us to honor our patients' time, as well as keep on schedule as much as possible, we need for you to arrive ten minutes early to your appointment so we can make sure we have

everything needed for your visit. **You must bring your insurance card(s) with you** so we can make copies for your chart.

Prior to seeing the clinician, you will need to review and sign some documents and then the clinician will see you and evaluate you for services. We encourage you to come with a family member or someone that has information regarding your condition in order for the assessment to be more comprehensive.

Being Admitted

After your first appointment, the clinician will write up a treatment plan. This plan will be the "blueprint" for the therapy you'll receive. This plan must be approved by our medical director before you can be admitted to our clinic for ongoing therapy. Therefore, we will schedule for you to meet our medical director so your plan can be approved. In the interim, we will collect additional documents that we need to have, this will include:

- PPD verification
- ISP
- ISP Addendum

Once your plan has been approved and the above documentation has been received, your first ongoing appointment will be scheduled!

Your Visits

We do our best to meet our appointment schedule. We generally have no wait-time between check-in and the initiation of service. We are very concerned about sticking to our schedule since we do not want anybody waiting long periods to receive their therapies. So rather be five minutes early than five minutes late. Please note that you may be charged for an appointment you missed without notifying us in advance.

Coming consistently to appointments is generally part of the treatment. Missing appointments impedes the results we hope to get from your therapy. We may therefore discharge you if you miss three visits within a three month period.

Ongoing Treatment

Every six months we will reassess your condition and determine whether you're progressing with the therapies and how we should continue providing you the services you need. It might just be a minor tweak in the treatment plan, such as changing goals.

Of course, we expect you to keep us abreast with any developments on your end. Please let us know whenever there are any changes to your health, services you're getting elsewhere, health insurance, etc.

Looking forward seeing you,

The NYSHA Staff

NYSHA Inc. Article 16 Clinic

293 - 295 Division Ave. • Brooklyn, NY 11211

Application for Services

Date: _____ TABS ID#_____

Name: _____ Sex: ☐ M ☐ F DOB: _____ SS#:_____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ E-mail: _____

Name of Parents (if minor): _____ Phone: _____

Is there a Legal Guardian? ☐ YES ☐ NO Specify: _____

Service Requested: ☐ OT ☐ Counseling/psychotherapy ☐ Nursing ☐ Nutrition ☐ PT ☐ SLP ☐ Psychiatry ☐ Other: _____

Location of Service: ☐ Kings County Clinic ☐ Orange County Clinic ☐ Off-site: _____

Referral made by: _____ Phone #: _____

Reason for Referral: _____

_____

Special Requests: _____

_____

Needs Ambulette Services? ☐ YES ☐ NO

The individual speaks: ☐ English ☐ Yiddish ☐ Other: _____

Service Coordinator: _____ Agency: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Language Spoken: ☐ English ☐ Yiddish ☐ Other: _____

Type of Residence: ☐ Family ☐ ICF ☐ IRA ☐ Other: _____

Primary Diagnosis: _____ Level of MR: _____ Other Diagnosis: _____

	Current Medication:	Dosage:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Allergies: _____ Special Alerts: _____

PLEASE COMPLETE PAGE 2

NYSHA Inc. Article 16 Clinic

293 - 295 Division Ave. • Brooklyn, NY 11211

Application for Services

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Cell: _____ Email: _____

Primary Care Physician's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Psychiatrist's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient attends ☐ school ☐ day program ☐ job ☐ other: _____

Name of school/day program/company: _____ director/employer: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the individual receive any other clinical services? ☐ Yes ☐ No, If Yes, please complete:

☐ Counseling/psychotherapy ☐ Nursing ☐ Nutrition ☐ PT ☐ OT ☐ SLP ☐ Psychiatry ☐ Other: _____

Name of Provider: _____ ☐ Clinic ☐ Home Care ☐ Other: _____

Phone: _____ Fax: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Information

Medicaid: ☐ YES ☐ NO CIN #: _____ Medicare: ☐ YES ☐ NO ID #: _____

Other Insurance: ☐ YES ☐ NO Name of Insurance company: _____

Policy #: _____ Policy Holder Name: _____ Relationship to individual: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH A COPY OF THE MOST RECENT PSYCHOLOGICAL, PSYCHOSOCIAL AND OTHER RELEVANT EVALUATIONS INCLUDING AN ISP TO:

NYSHA INC. 293 DIVISION AVE. BROOKLYN, NY 11211 OR FAX TO 718-715-7299

PLEASE NOTE: FAILURE TO COMPLETE THIS FORM IN FULL MAY RESULT IN THIS REFERRAL BEING RETURNED TO YOU.
