NYSHA INC.
NEW YORK STATE HAMASPIK ASSOCIATION
293-295 Division Ave• Brooklyn NY 11211
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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 for a psychological evaluation 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. However, we are authorized to perform testing to determine whether you are developmentally disabled.

Communicating

We are open six days a week from 9:00am till 4:00pm. Please note that evaluations are performed only certain hours of certain days. We will try to schedule your appointment at your convenience.

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 Evaluation

Before scheduling the evaluation, 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 Provisional Level of Care (if the reason for evaluation is to renew a Level of Care)

Please note that it is extremely important to have a complete and valid reason for requesting a psychological evaluation as this may influence our decision on whether to test you. We may contact you if we need to sort out any health insurance issues prior to your first appointment. We accept all insurances – (as long as the patient has Medicaid as well).

Screening Process

As soon as we have received a completed application, one our psychologists will screen your case and we will inform you of what the probability of an MR/DD diagnosis is. With that prediction you can make your own decision of whether you want to continue with the evaluation process.

Your Appointments

We generally schedule 2 appointments. One appointment is a short parent interview (approximately 30 minutes) to gather some information about you, this can be done over the phone. The other appointment is the actual testing and it can take up to 2 hours. 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.

It may sometimes occur that 2 hours of testing is just too strenuous on you, in such a case we will divide this appointment and schedule for you to come back to complete the testing.

The Report

After the testing is complete and all the required paperwork is received, the psychological report will be written. We will send a copy to all the parties you have listed on your application.

If you requested on your application a psychosocial report as well, one of our social workers will complete that report within the same time-period and you will receive both reports at once. Please note that our social worker will need to contact you to complete this report.

Looking forward seeing you,

The NYSHA Staff

NYSHA Inc. Article 16 Clinic

293 - 295 Division Ave. • Brooklyn, NY 11211

Referral Form for Evaluations

Service: ☐ **Psychology** ☐ **Occupational Therapy** ☐ **Physical Therapy** ☐ **Speech Therapy** ☐ **Psychiatry** ☐ **Nursing** ☐ **Nutrition**

Location: ☐ **Kings County Clinic** ☐ **Orange County Clinic** ☐ **Off-Site** _____

Date: _____ TABS ID#_____

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

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

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

Parent/Legal Guardian Name/Relationship:_____

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

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

OPWDD Agency Involved: _____

Referral Source

Referral made by: _____ Agency: _____

Phone #: _____ Email: _____

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

Reason for Referral: _____

_____

_____

School Name: _____ Teacher Name:_____

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

Phone 1 #: _____ Phone 2 #: _____ E-mail: _____

Individual's language _____ Does the individual understand English? ☐ YES ☐ NO

Who can be contacted for additional information regarding this Individual? _____

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

Psychiatrist's Name: _____ Phone #: _____

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

Current Medication: _____

Insurance Information

Medicaid: ☐ YES ☐ NO CIN #: _____ Is the individual receiving SSI? ☐ YES ☐ NO

Medicare: ☐ YES ☐ NO ID #: _____

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

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

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

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Referral Form for Evaluations

Psychosocial Report

Please indicate whether a psychosocial report is requested: ☐ YES ☐ NO

Reports should be sent to: (Please note: we cannot send reports to parties who aren't listed below. Please check one form of communication per party.)

Party 1: _____ Title: _____

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

☐ Fax: _____ ☐ E-mail: _____

Party 2: _____ Title: _____

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

☐ Fax: _____ ☐ E-mail: _____

Party 3: _____ Title: _____

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

☐ Fax: _____ ☐ E-mail: _____

PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH A COPY OF THE MOST RECENT PSYCHOLOGICAL AND PSYCHOSOCIAL OR OTHER RELEVANT EVALUATIONS, SPECIFICALLY _____ 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 DELAY THE SCHEDULING OF YOUR APPOINTMENT.