**Include copies of the following eligibility documentation with the Presence Referral Form**

1. Evidence of OPWDD Eligibility

**2.** ALL current Insurance card (s) (front and back).

* If copy of cards not possible, provide details of insurance coverage on the Presence Referral form.
* If Medicare Advantage, or 3rd party Medicare, please provide us with that information.
* If Medicaid Managed Care plan, please provide us a copy of this card.

**3.** Current Individualized Service Plan, Life Plan and /or Individualized Education Plan documenting current services.

**4.** Any other relevant information regarding the reason for referral following consent from referred individual.

**5**. Signed consent (such as the DOH 5055 or DOH 5201) authorizing the release of Personal Health Information to:

1. Presence Counseling Services (Social Work Service) **and/ or**
2. Presence Developmental Services (Psychology, Occupational, Physical Therapy, or Speech Language Pathology service).

If you have any questions please email [info@presencedevelopmental.com](mailto:info@presencedevelopmental.com) or call (315)-515-5183.