

11-11 Integrated Care

Self-Direction Brokerage Intake

Welcome

Thank you for choosing 11-11 Integrated Care. Our goal is to provide clarity, advocacy, and support while navigating OPWDD Self-Direction services.

Please complete the following information so we can understand your needs so we can determine appropriate next steps.

Section 1: Basic Information

- Individual's Name:
- Age:
- County of residence:
- Primary Contact Name & Relationship to Individual
(self, parent, legal guardian, advocate)
- Email:
- Phone:

Section 2: Where Are You in the OPWDD Process?

Which best describes your current situation?

- Already OPWDD eligible
- Applied for OPWDD and awaiting eligibility
- Not yet applied for OPWDD
- Unsure / first time learning about OPWDD

Section 3: Self-Direction Status

Have you been approved for Self-Direction?

- Yes, approved and ready to launch
- Yes, but services not yet launched
- In process / application submitted
- Not yet applied for Self-Direction

Section 4: What Support Are You Seeking Right Now?

(Check all that apply)

- Seeking a Self-Direction Broker
- Switching brokers
- Budget support or launch preparation
- Switching Fiscal Intermediaries (FI)
- New to Self-Direction and need guidance
- General information only

Section 5: Fiscal Intermediary and Care Manager Agency (If Applicable)

- Current FI (if any):
- Interested in switching FI? Yes No Unsure
- Current Care Management Agency:
- Interested in switching CM Agency? Yes No Unsure

Section 6: Timing & Urgency

How soon are you looking to move forward?

- Immediately
- Within 1–3 months
- 3+ months
- Just gathering information

Section 7: Additional Information

Is there anything important you'd like us to know about your situation?

Submitting this form helps us understand where you are in the Self-Direction process so we can best support you. Completion of this form does not guarantee availability or immediate services.