Yedei Chesed
141 Lafayette Avenue
Suffern, NY 10901
Tel: 845-425-0887 Fax:845-694-5450
www.yedeichesed.org

Paid Neighbor

For Month/Year: _____

Staff's Name: Michelle Trinchillo

Participant's Name: Michael Luciano

Participant's Medicaid #: DY63629W

This participant is an adult who has chosen to Self-Direct the supports and services he/she receives through OPWDD and has a desire to live independently in a non-certified residential setting. He/she has decided with his/her respective Planning Team that the best option to increase safety and independence would be to include a Concerned/Paid Neighbor in his life. The "overarching purpose" of the Concerned/Paid Neighbor is to ensure the wellbeing, and in helping him/her with any emergency that might present.

This is to certify that I, Michelle Trinchillo have provided paid neighbor services to Michael Luciano according to the signed agreement that established the guidelines pertaining to the roles and responsibilities of the Paid Neighbor and the Self-Directed Plan Participant

Signing and submitting false information may lead to a charge of fraud:

Signature	Print Name	Initials	Date	Title
	Michelle Trinchillo			Paid Neighbor Staff
	Helen Luciano			Participant/advocate

Mailing Address:
14A Lyon St.
Rye Brook, NY 10573

Total to reimburse: $800

FI Supervisor_____ Tabs ID#:_____ invoice #: _____