



To be completed primarily by Care Managers and in some circumstances a QIDP at an Intermediate Care Facility or OPWDD Regional Field Office Staff.

Submit this form to assessment.requests@opwdd.ny.gov

This is a request for:

CANS-NY: Child and Adolescent Needs and Strengths - NY Assessment (age 0-17)

CAS: Coordinated Assessment System (age 18+)

Please select one:

Initial assessment

Reassessment - Date of initial assessment:

(This date can be found in CHOICES)

Person's Information

Person's Name:

OPWDD Eligibility Status: Eligible Provisional In process Not Eligible

Date of Birth:

TABS ID:

County:

Please indicate the reason for this request:

If "other", please provide a reason:

Please provide any important scheduling information (contact information, language access needs, etc.):

Information of the person completing this form:

Person making request ("requester"):

Title:

Email:

Phone number:

Organization/Agency: