



## Support Broker Authorization Form - Instructions

### Instructions

Please follow the directions provided when completing this form. Failure to adhere to the standards established below will lead to either rejection of this form or Authorization revocation. Please note, factually false information included and submitted on this form may lead to immediate revocation of certification.

### Section I – Identifying Information

Use your legal last name, first name, and the first letter of your first middle name. If appropriate and desired, enter a nickname, a professional name, or preferred alternates in the “Alternate Names” field.

Enter the address, phone number, and e-mail address you use for business purposes. Date of Birth should be formatted MM/DD/YYYY. Phone number should be formatted (XXX)XXX-XXXX. Multiple e-mail addresses should be separated by a semicolon (“;”) only. The state must be the accepted two-letter abbreviation (e.g., New York is NY). The first five numbers of the zip code are the only numbers necessary in that field. The verification registry will include the established Broker Authorization Number, the legal name, the city and state from the address, and the effective date of authorization.

Support Brokers may provide services independently or as staff of an agency. An agency refers to a voluntary provider of Home and Community Based Services (HCBS). Only agencies listed in the drop-down are acceptable.

If employed by an agency, as defined above, please enter the name of the agency in the appropriate field. If you are not employed by an agency, please leave this blank.

If you choose to be included in the public version of the Broker Registry, it will not include the full address, but it will include the information from the verification registry, the e-mail address, phone number and the information from Section III, Section IV, Section V, and Section VI.

### Section II – Experience

Enter the number of participants you anticipate working with in your first year.

### Section III – Additional Languages (other than English)

Please select the languages you can understand and can communicate in. If you need additional room, or you can communicate in a language not included in the dropdown, please include that in the broker profile. Please be specific about what language you are indicating proficiency in (e.g., do not just indicate “Iroquoian languages” specifically cite “Onondaga,” “Iroquois,” etc.). The categories correspond with the categories utilized by the Census Bureau and represent a sample of the common languages spoken in New York. The list was held to the number you see to simplify completion of the form.



If you are not comfortable communicating in English, or have a limited capacity to do so, please discuss that in the broker profile. Otherwise, by completing the form, you are affirming that you are comfortable communicating in English.

## **Section IV – Broker Profile**

Please provide a short description of your background and experience as it relates to the provision of Support Broker Services for a person who Self-Directs their services.

## **Section V – The DDRO and County you intend to serve**

Please check the box next to each Region and County where you are willing to provide services. You are not required to provide services in each of the counties cited.

## **Section VI – Specialized Skills**

Please list your individual skills that may be of use to a person who Self-Directs their services. Please separate each skill with a semicolon (;). (e.g., Housing Navigator; Licensed Practical Nurse...)

## **Section VII – Agency Contact Information**

If you are employed by a certified agency, please provide contact information for a manager or supervisor approved to receive information regarding Support Broker services you provide.

## **Section VIII – Training Attestation**

In the date field, enter the date you finished the training. For example, your four module Broker Training Institute started August 6, 2022, but you completed the series August 18, 2022. The date should be August 18, 2022

In the organization field, enter the name of the DDRO or Organization that provided the training. For example, if you attended a Budget Template training provided by the Finger Lakes DDRO. “Finger Lakes” would be the appropriate entry. If you attended an in-person Medicaid Compliance training through an agency, enter the name of the agency.

In the location field, enter the city or town the training occurred in. If the training was presented virtual (Web Ex), enter Web Ex.

For the Additional Six Training Courses (only), you have the option of receiving the trainings in written form from the DDRO or in-person through an agency. If you read the training, choose “Read”, and by complete this section you are attesting that you read and understood the material. If you attended an in-person training, choose “In- Person” and, by completing this section, you are attesting that you completed all the required elements of the training to the satisfaction of the instructor.

You must include readable versions of your training certificates for Self- Advocacy/Self-Determination, Person Centered Planning, Broker Training Institute, and Budget Template Training. If a course includes multiple certificates, you must include all certificates.

Unsigned documents will not be accepted. You must complete the form, as directed. You must digitally sign and date the form, then save it, and then submit the original file to [SDBroker@opwdd.ny.gov](mailto:SDBroker@opwdd.ny.gov). Forms that have been reproduced or have handwritten elements are not acceptable.



## Office for People With Developmental Disabilities

Please be advised that Broker Training Institute classes completed prior to June 1, 2016, and Budget Template Training completed prior to December 1, 2015, have been determined to be obsolete. Per the standards established in ADM 2019-05, obsolete trainings are not acceptable for Authorization.

Please be advised that Person Centered Planning must include both Introduction to Person Centered Planning and Advanced Person-Centered Planning. These courses may be taken together or separately. The certificate must demonstrate that both courses were completed.

### **Signature**

Digitally sign and date the form. The form does not print, and handwritten submissions are not acceptable. For more information on signing the pdf go to [adobe.com](http://adobe.com) and search "Signing PDFs in Adobe Acrobat". After signing, save the file and e-mail the form, together with your training certificates, to [SDBroker@opwdd.ny.gov](mailto:SDBroker@opwdd.ny.gov). To complete this document, you need to use the Adobe Reader. To get a free copy of the Adobe Reader, please visit: [www.adobe.com](http://www.adobe.com)



## Support Broker Authorization Form

Please complete the entire form, save the document, and submit the file to OPWDD. See page 1 for instructions.

### Section I: Identifying Information

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
<b>Alternate Name(s)</b>		<b>Date of Birth</b>			
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone Number</b>		<b>Extension:</b>			
<b>E-Mail Address</b>					

Please check here if you wish to be included in the public version of the registry as an  
**INDEPENDENT Support Broker\***

<b>Name of Agency</b>					
<b>Business Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone Number</b>		<b>Extension:</b>			
<b>E-Mail Address</b>					

Please check here if you wish to be included in the public version of the registry as an  
**AGENCY Support Broker\***

\*Inclusion on the public version of the registry is not mandatory. It is intended only for paid Support Brokers who are seeking to increase their current caseloads.

### Section II: Experience

Number of Participants you anticipate working with within the first year of being a broker	

### Section III: Additional Languages (other than English)


### Section IV: Broker Profile

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# Office for People With Developmental Disabilities

## Section V: Check each Developmental Disabilities Regional Office and County you intend to serve

Region 1	<b>Finger Lakes DDRO</b>			
	Chemung	Livingston	Monroe	Ontario
	Schuyler	Seneca	Steuben	Wayne
	Wyoming	Yates		
	<b>Western NY DDRO</b>			
	Allegany	Cattaraugus	Chautauqua	Erie
	Genesee	Niagara	Orleans	
Region 2	<b>Broome DDRO</b>			
	Broome	Chenango	Delaware	Otsego
	Tioga	Tompkins		
	<b>Central NY DDRO</b>			
	Cayuga	Cortland	Herkimer	Lewis
	Madison	Oneida	Onondaga	Oswego
	<b>Sunmount DDRO</b>			
	Clinton	Essex	Franklin	Hamilton
	Jefferson	St. Lawrence		
Region 3	<b>Capital District DDRO</b>			
	Albany	Fulton	Montgomery	Rensselaer
	Saratoga	Schenectady	Schoharie	Warren
	Washington			
	<b>Hudson Valley DDRO</b>			
	Orange	Rockland	Sullivan	Westchester
	<b>Taconic DDRO</b>			
	Columbia	Dutchess	Greene	Putnam
	Ulster			



**Section V Cont.**

<b>Region 4</b>	<b>Bernard Fineson DDRO</b>		<b>Queens</b>
	<b>Brooklyn DDRO</b>		<b>Kings</b>
	<b>Metro Bronx</b>		<b>Bronx</b>
	<b>Metro Manhattan</b>		<b>New York</b>
	<b>Staten Island</b>		<b>Richmond</b>
<b>Region 5</b>	<b>Long Island DDRO</b>		
	<b>Nassau</b>	<b>Suffolk</b>	

**Section VI: Specialized Skills**

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**Section VII: Agency Contact Information**

<b>Agency Name</b>			
<b>Contact Name</b>		<b>E-Mail</b>	
<b>Address</b>		<b>Phone</b>	

- **Please make sure to scroll down to the next page.**
- **All trainings need to be completed.**
- **Training certificates needs to be attached as a separate file with the form.**
- **Additional instructions for training is listed on pages 2-3.**
- **It is important to fill all the required fields before sending the form to [SDBroker@opwdd.ny.gov](mailto:SDBroker@opwdd.ny.gov)**



**Section IX: Training Attestation**

	Date	Organization	Location
<b>Self-Advocacy/Self-Determination</b>			

<b>Person-Center Planning</b>			
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<b>Broker Training Institute</b>			
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<i>The trainings below are provided as "Read and Sign" after completion of the Broker Training Institute</i>	Date	Organization	Read/In-Person
<i>Privacy and Security of Health Information</i>			
<i>Overview of Developmental Disabilities</i>			
<i>Medicaid Compliance</i>			
<i>PICA</i>			
<i>PRAISE</i>			
<i>Rights and Responsibilities of Persons Receiving Services</i>			

	Date	Organization	Location
<b>Budget Template</b>			

<b>Signature</b>		<b>Date</b>	
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By signing above, you attest to the accuracy of the information included in this document and affirm that you are aware that any factually false information provided could serve as the basis of immediate, or retroactive, revocation of the Broker Authorization.

For OPWDD Use Only

Reviewer		Approval Date		Authorization Date		Authorization #	
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