NEW YORK STATE | Office for People With Developmental Disabilities

OPWDD CAS/CANS-NY Request Form

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 previous assessment:

(This date can be found in CHOICES)

Person's Information

Person's Name:

OPWDD Eligibility Status Eligible Provisional In Process Not Eligible

TABS ID:

Required: Select reason for this request:

If the reason is Self Direction budget (initial or amendment), SART, CRO, or Waiver application, please provide the intended date of application submission:

Required: Provide key scheduling details, including contact information for the person(s) responsible for scheduling the assessment and any language access needs:

Person responsible for scheduling (name, phone number):

Language Access required Yes No

If yes, what language

Information of the person completing this form:

Person making request ("requester"):

Title:

Email:

Phone number:

Organization/Agency: