

## **Document Checklist**

<b>Psychological Evaluation</b> (with Full Scale IQ, Adaptive Testing, Autism specialty reports, IEPs or any applicable evaluations)— completed within the last three years
Psychosocial Evaluation (with developmental milestones) – completed within the last year
<b>Medical Evaluation</b> (signed by a physician) – completed within the last year
<b>OPWDD Eligibility Letter</b> - Current Level of Care Eligibility Determination (LCED)
Signed Consent Form – original/electronic signature needed
DOH 5055 Adult Consent Form
DOH 5200 (Under 18) Consent Form
DOH 5201 (Under 18) Consent Form
ROA – Receipt of Acknowledgment
<b>HIPAA Release of Information</b> – Authorization for Release of Protected Health Information
State Paid Care Management Consent Form