

**OMH HCBS Children's Waiver  
Transmittal Form - New Enrollments**

To: Operations Support Unit (Waiver Staff)  
OMH Finance Group, 1st Floor, 44 Holland Avenue, Albany, NY 12229

From: \_\_\_\_\_  
HCBS Agency Name \_\_\_\_\_ County \_\_\_\_\_

RE: \_\_\_\_\_  
Child's Name (LN, FN, MI) \_\_\_\_\_ Medicaid ID # \_\_\_\_\_

**Directions: ICC Supervisor** completes/dates/signs Transmittal form. Attaches **copies** of required documents to **original** of Transmittal form and sends to address shown above. Entire packet is returned to ICC Supervisor unprocessed if all required documents are not enclosed and/or are not properly dated and signed.

Transmittal 1		
Required Documents	Date	For OMH Central Office (OSU) Use Only
1 Application/Freedom of Choice Note: Requires Witness	_____ Signed	Packet Returned to ICC Supervisor on _____ because:  <input type="checkbox"/> All required forms not sent at same time <input type="checkbox"/> Form(s) not signed by appropriate persons <input type="checkbox"/> Form(s) not dated properly <input type="checkbox"/> Other _____  OSU Worker's Initials _____ Remarks:
2 Referral Form	_____ Completed	
3 Level of Care Note: Needs 2 Signatures	_____ Signed	
4 Medicaid Application*	_____ Signed _____ Filed	
Name of ICC Supervisor _____ Sign _____ Print	_____ Signed	

Transmittal 2		
Required Documents	Date	For OMH Central Office (OSU) Use Only
4 Medicaid Application*	_____ Signed _____ Filed	Packet Returned to ICC Supervisor on _____ because:  <input type="checkbox"/> All required forms not sent at same time <input type="checkbox"/> Form(s) not signed by appropriate persons <input type="checkbox"/> Form(s) not dated properly <input type="checkbox"/> Other _____  OSU Worker's Initials _____ Remarks:
5 Initial Service Plan	_____ Signed	
6 Budget	N/A	
Name of ICC Supervisor _____ Sign _____ Print	_____ Date Signed	

\*Medicaid Application is not necessary if child is already eligible for Medicaid at time s/he applies for Waiver. If no MA application is necessary, write N/A in date box. If Medicaid application is necessary, it can be sent with either transmittal 1 or 2 submission. Depends on when form is completed and delivered to county LDSS.