

Spring 2017

Workshops take place at:  
460 W 34<sup>th</sup> St, 11<sup>th</sup> Fl,  
New York, NY 10001  
10am-12pm

No children please

Free  
Education  
Workshops

For people with  
disabilities, caregivers,  
and professionals

## FEBRUARY

Friday, February 24th

**Transition to Adulthood**

Michelle Lang, LCSW, Senior Coordinator &  
Emily Gerner, LMSW, Intake Specialist, YAI LINK

## MARCH

Wednesday, March 1st

**Top 10 Autism Resources**

Michelle Lang, LCSW, Senior Coordinator &  
Hayley Schapiro, LMSW, Assistant Supervisor,  
YAI LINK

Thursday, March 16th

**In My Shoes: Self-Advocates in Motion**

Janice McPhillips and Ismael Nuñez,  
YAI Self-Advocates

Thursday, March 30th

**Assessment of People with Autism Across  
the Lifespan**

Charles Yurkewicz, Psy D,  
Supervisor of Psychological Assessments,  
YAI Center for Specialty Therapy

## APRIL

Friday, April 7th

**Stares, Glares & Hurtful Words:  
What to Do?**

Gary Shulman, MS.Ed,  
Special Needs Consulting and Training

Wednesday, April 26th

**Introduction to Mindfulness**

Nicole Riccio, Intake Specialist, &  
Emily Gerner, LMSW, Intake Specialist, YAI LINK

## MAY

Monday, May 1st

**NY START (Systemic, Therapeutic,  
Assessment, Resources & Treatment):  
What You Need to Know**

Roslyn Burton-Robertson, PhD,  
NY START Director, Region 4 Tri-Borough

Friday, May 12th

**Self-Direction**

Michelle Lang, LCSW, Senior Coordinator &  
Nicole Riccio, Intake Specialist, YAI LINK

Thursday, May 18th

**Understanding Person Centered Thinking  
and Personal Outcome Measures**

Hayley Schapiro, LMSW,  
Assistant Supervisor, YAI LINK

**Registration is required**

**[www.yai.org/fews](http://www.yai.org/fews)**

or call ► **YAI LINK** 212.273.6182

See the reverse side for English groups



460 W 34<sup>th</sup> St, 11<sup>th</sup> Fl, New York

No se permite la asistencia de niños.



地址: 460 W. 34th Street, 11樓, 曼哈頓

請勿帶孩童參加講座

## MARZO

Lunes 6 de marzo 10:00am-12:00pm

### Transición a la Vida Adulta

Mara Henriquez, Assistant Coordinator, YAI LINK

## ABRIL

Jueves 20 de abril 10:00am - 12:00pm

### Mindfulness: La Conciencia Del Presente

Dilia Mieses and Beatriz Rodriguez, Parents, Mindfulness Skills Trainers

## MAYO

Jueves 4 de mayo 10:00am - 12:00pm

### Entendiendo la Planificación Centrada en la Persona, POMs y Medidas de Resultados Personales

Sandra Ortiz, Assistant Coordinator, YAI Learning & Talent Development Department

## 二月

2017年2月27日星期一 早上10點至12點

### POMs and Person Centered Thinking: What is it?

什麼是“以個人為中心的想法(Person Centered Thinking)”

什麼是“依照個人果效來評估(POMs)”？這想法和評估方式將如何影響我的小孩取得服務？

Pat Liu Chang, MA,

Family Support Coordinator, GHO

刘育祺 家庭扶助服務部門主任, 亞美殘障福利中心

## 四月

2017年4月3日星期一 早上10點至12點

### Top 5 Tips to Get the Services that You Need.

五大成功秘笈：如何獲得您需要的服務

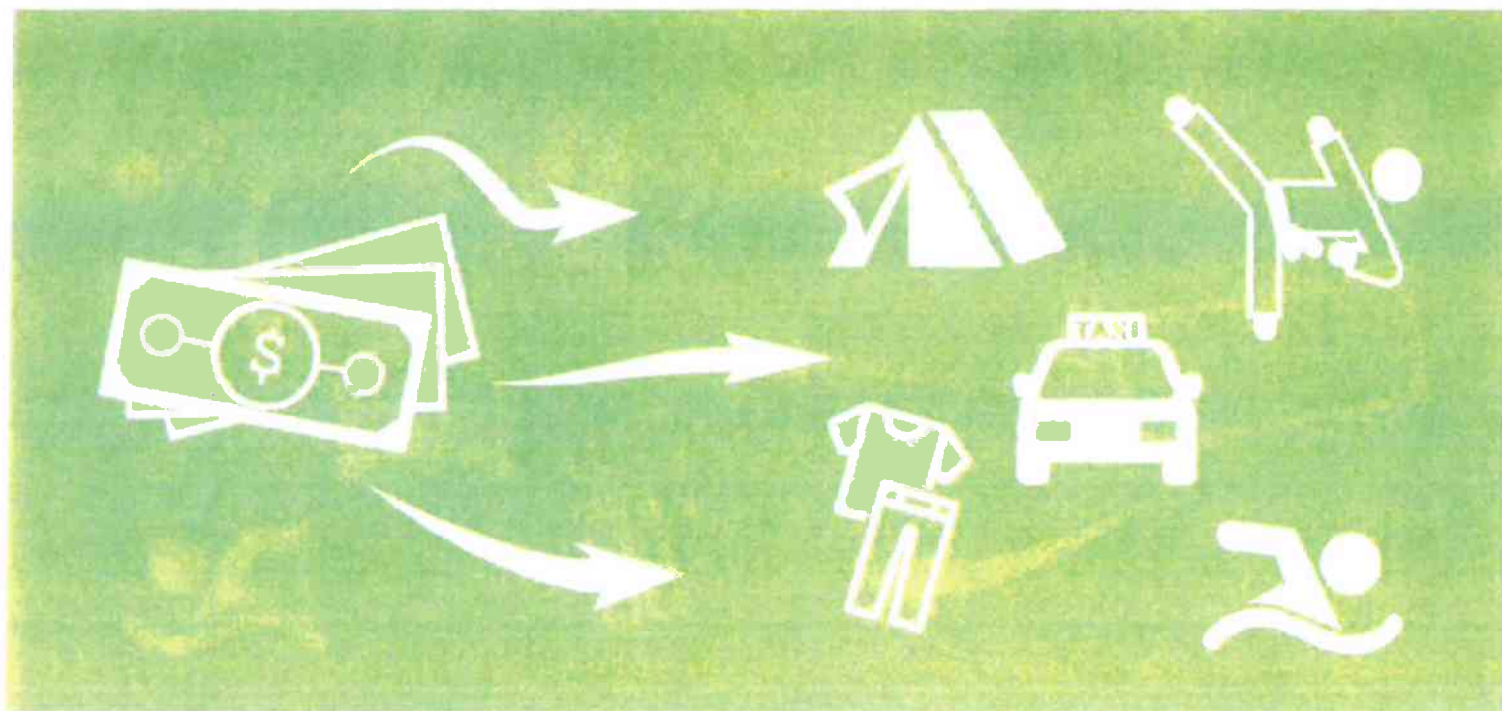
June Lum, Parent Advocate, 蓝秀玲, 家長與倡導者

Necesita registrarse:  
visite la página web [yai.org/fews](http://yai.org/fews)  
o llame a ▶ YAI LINK 212.273.6182

本系列講座將以華語/  
普通話進行, 請撥打  
▶ YAI LINK 212.273.6182 來報名

Financiado gracias a la generosa subvención de la fundación TAFT y el NYC Council's Autism Initiative

感謝TAFT基金會和NYC Council's Autism Initiative的贊助



## Family Reimbursement Fund

Reimbursement funding for eligible families to help pay for goods and services which are not reimbursed or obtained through other sources.

Applications for family reimbursement are reviewed by a parent committee and original receipts for goods and services purchased are required. Special camp fund for Brooklyn residents.

For more information please contact

**YAI LINK** at **212.273.5182** or email **[link@yai.org](mailto:link@yai.org)**

*OPWDD eligibility required; person with a disability must reside at home with their family in Brooklyn, Manhattan or Queens*

**YAI** Seeing beyond disability.

[yai.org](http://yai.org)



# In crisis?

## Getting help in a crisis.

Taking care of a family member with ID/DD is stressful at times. But when the family is overwhelmed, the right support can make all the difference.

### WE PROVIDE EXPERT ASSISTANCE WITH

▶ **Getting needed services**

Our social workers will help connect you with the supports you need.

▶ **Crisis counseling**

Short-term counseling to help enhance coping skills and identify solutions to problems.

▶ **Behavior management**

We will teach you how to address and modify challenging behaviors - in your home.

▶ **Emergency respite funds**

Funding for respite services in emergency situations.

**212.273.6200**

*Must reside in Manhattan & Queens*

[yai.org/helpinacrisis](http://yai.org/helpinacrisis)



Seeing beyond disability.



advocacy  
RESOURCE CENTER

Spring 2017

## RESOURCES AND SUPPORTS: Navigating the System for People with Developmental Disabilities

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Learn About:

- Eligibility and access to services through NYS Office for People with Developmental Disabilities (OPWDD)
- What services are available to you now and in the future

### **Morning Workshops (10am-12pm)**

Wednesday, April 26th

Wednesday, May 10th

Wednesday, June 7th

Wednesday, June 28th

### **Evening Workshops (6pm-8pm)**

Wednesday, May 3rd

Unable to make it in person? You can call our:

### **Phone-In Workshop (12pm-1pm)**

Wednesday, April 19th

Wednesday, May 24th

Register online for access details.

Register at: [yai.org/resourcesandsupports](http://yai.org/resourcesandsupports)

(Walk-ins also welcome)

460 W. 34<sup>TH</sup> St, 11<sup>TH</sup> Fl, New York

**YAI LINK 212.273.6182** or [link@yai.org](mailto:link@yai.org)

(Workshops are open to people with I/DD, families, caregivers and professionals)

*Supported in part by a generous grant from The Taft Foundation*



Viendo más allá  
de la discapacidad.

See other side for English



超越身心障礙

## RECURSOS Y APOYOS:

Navegando el Sistema para  
Personas con Discapacidades  
del Desarrollo

Infórmese sobre:

- Elegibilidad y acceso a servicios a través de la Oficina para Personas con Discapacidades del Desarrollo (OPWDD por sus siglas en inglés)
- Qué servicios hay disponibles ahora y en el futuro

Miércoles 5 de abril 10am-12pm  
 Miércoles 17 de mayo 10am-12pm  
 Miércoles 21 de junio 10am-12pm

Registrarse en:

[yai.org/resourcesandsupports](http://yai.org/resourcesandsupports)

(Puede acudir sin previa registraci3n)

460 W. 34<sup>TH</sup> Street, 11<sup>TH</sup> Floor, New York

**YAI LINK 212.273.6182** o [link@yai.org](mailto:link@yai.org)

(Talleres abiertos a individuos, familias,  
proveedores de cuidado y profesionales)

## 如何取得 資源和支持：

協助您申請到  
孩子需要的服務

來瞭解：

- 如何申請智能及發展障礙人士的服務資格
- 現在和未來所需的服務項目

6月14日 (星期三)  
 上午10點至中午12點

歡迎直接前來參加，無需事先註冊

地點：460 West 34th Street, 11th  
Floor, New York, NY 10001

**YAI LINK 212.273.6182** / [link@yai.org](mailto:link@yai.org)

歡迎身心障礙者、家人、  
照護人及專業人士來參加



# Emergency Respite Fund



Funding for eligible\* families to help pay for respite services in an emergency situation.

Covered emergencies can include:

- medical hospitalization and recuperation
- attending a funeral
- family member sickness
- assistance with challenging behaviors
- other emergencies (please call)

For more information, please call:  
**YAI LINK** at **212.273.6182** or email [link@yai.org](mailto:link@yai.org)

*\*OPWDD eligibility required; must reside  
in Brooklyn, Queens or Manhattan*



# Independent Living Program

Supportive group for adults looking to develop skills in independence\*

[yai.org/ilp](http://yai.org/ilp)

The course runs one day a week in the late afternoon to the early evening for two hours. ILP is a 26 week course that includes topics such as:

- budgeting
- nutrition & kitchen safety
- decision making
- problem solving
- community & internet safety
- stress management
- and other topics to help individuals make strides towards independence

A light snack and travel reimbursement is provided weekly

To apply online visit [yai.org/ilp](http://yai.org/ilp)

\*Registration and OPWDD eligibility required.

Open to individuals living at home with their families in  
**Brooklyn, Manhattan, Queens or the Bronx**



For information about connecting to YAI services, go to [yai.org/link](http://yai.org/link) or call us at 212.273.6182 - age range and eligibility requirements vary

### **MANHATTAN**

Crisis Intervention  
Emergency Respite Reimbursement  
Family Reimbursement  
FREE psychological and psychosocial evaluations  
In Home Behavior Management  
Parent Training: Behavior Management  
Parent Training: Sexuality and Relationships  
Parent Training: Parents with Special Needs  
NYSTART: Crisis Prevention and Response for People with Developmental Disabilities (212-273-6300)  
Skills Building: Transition to Independence for Young Adults on the Autism Spectrum  
Social Skills for Children with Autism  
You and I: Social and Networking Skills

### **BRONX**

Parent Training: Behavior Management  
NYSTART: Crisis Prevention and Response for People with Developmental Disabilities (212-273-6300)

### **STATEN ISLAND**

Parent Training: Behavior Management

### **QUEENS**

Afterschool Program  
Crisis Intervention  
Day Habilitation  
Emergency Respite Reimbursement  
Family Reimbursement  
FREE psychological and psychosocial evaluations  
Non Medicaid Community Habilitation  
NYSTART: Crisis Prevention and Response for People with Developmental Disabilities (212-273-6300)  
Overnight Respite  
Parent Training: Sexuality and Relationships  
Parent Training: Parents with Special Needs

### **BROOKLYN**

Ballet Yoga for Children with Autism  
FREE psychological and psychosocial evaluations  
Emergency Respite Reimbursement  
Parent Training: Parents with Special Needs  
Social Skills for Children with Autism

### **ALL REGIONS**

Free Education Workshops: For people with disabilities, caregivers and professionals  
Independent Living Program  
Premier HealthCare: Internal Medicine, Pediatrics, Dental and Ophthalmology  
Social, Camping and Recreation Services  
Supportive Employment Services  
Autism Assessments, Neuropsychologicals  
Manhattan Star Academy: Private School  
Resources and Supports Workshop: Learn about the I/DD System and Services  
Residential: Contact YAI LINK for information on our residential waiting list

# ADAPT COMMUNITY NETWORK'S FAMILY CONNECT SUMMIT

Advocacy: An Ever-Evolving Need to Stay Current with Services and Supports

## SCHEDULE OF EVENTS | Wednesday, April 26th

8:30 A.M. – 9:30 A.M. **REGISTRATION**

9:00 A.M. – 10:15 A.M. **VENDOR FAIR**

OR

9:00 A.M. – 10:15 A.M. **MORNING SESSION**

[WORKSHOPS AM-A, AM-B, AM-C, AM-D]

10:30 A.M. – 11:30 A.M.

**PLENARY SESSION:**

**ACHIEVING CONFLICT-FREE CASE MANAGEMENT  
ACROSS THE NEW YORK STATE OPWDD SERVICE SYSTEM**

11:45 A.M. – 1:00 P.M. **VENDOR FAIR**

OR

11:45 A.M. – 1:00 P.M. **AFTERNOON SESSION**

[WORKSHOPS PM-E, PM-F, PM-G, PM-H, PM-I]

## WORKSHOPS

**MORNING SESSION | 9:00 A.M. to 10:15 A.M. [CHOOSE ONE]**

### [AM-A.] FRONT DOOR INFORMATION SESSION FOR FAMILIES

Join us for an overview of the Front Door process which is mandatory for anyone entering the OPWDD system, returning to the OPWDD system, or graduating from the Department of Education. This Front Door Session utilizes a person-centered approach ensuring services are the most appropriate for the individual, foster independence, and are integrated into the community. This session will allow 75 parents or family members to participate and will count as a session so that you can fast-track the OPWDD process.

**MODERATOR:** Carol Lincoln, Director of Medicaid Service Coordination, ADAPT Community Network  
**PRESENTER:** Kathleen Kingston, NYC Regional Front Door Coordinator, OPWDD

### [AM-B.] POSITIVE APPROACHES TO BEHAVIORAL CHALLENGES

Dr. Avi Avigdor and Michael Scott, LMSW will present a variety of positive approaches and counseling interventions that could be applied when supporting someone who is experiencing behavioral challenges. They will also discuss the types of behavior support and counseling services available to parents, caregivers, and staff. This discussion includes services provided by Article 28 clinics, Article 16 clinics, day habilitation and residential programs.

**PRESENTERS FROM ADAPT COMMUNITY NETWORK:** Avi Avigdor, PhD, Licensed Psychologist and Michael P. Scott, LMSW

### [AM-C.] THE WORRY BUG STRIKES AGAIN: STRATEGIES FOR ASD & ANXIETY

Learn about the frequent overlap of Autism Spectrum Disorder (ASD) and anxiety disorders and how traditional cognitive-behavioral therapy can be effectively modified to treat this combination. We will also share strategies for use throughout daily routines to help children cope with anxiety and learn strategies to face their fears.

**PRESENTER:** Sarah Kern, LCSW, Clinical Assistant Professor of Child and Adolescent Psychiatry, Child Study Center at NYU Langone Medical Center, FUNDED BY: NYC Council's Autism Awareness Initiative

### [AM-D.] FAMILY SUPPORT & COMMUNITY SERVICES: WHAT ARE THEY AND HOW DO YOU GET THEM?

This workshop will provide an overview of Family Support Services, including:

[FAMILY REIMBURSEMENT] [HOUSING ASSISTANCE SERVICES] [RECREATION SERVICES]

We will also discuss waiver services like community habilitation, an individualized, goal-oriented program aimed at promoting learning and independence with the support of one-to-one staffing.

**PRESENTERS FROM ADAPT COMMUNITY NETWORK:** Daidre Davis, Project Connect Coordinator, and Shani Fintoni, Director, Family Support

**MID-MORNING SESSION | 10:30 A.M. to 11:30 A.M. [CHOOSE ONE]**

### [PLENARY SESSION]

#### **ACHIEVING CONFLICT-FREE CASE MANAGEMENT ACROSS THE NEW YORK STATE OPWDD SERVICE SYSTEM**

Join ADAPT Community Network's CEO Edward R. Matthews and panelists in a discussion about Conflict-Free Case Management. The foundation of Conflict-Free Case Management is that an organization should not deliver both case management and waiver services to the same people. This session will discuss the transition to Conflict-Free Case Management.

**MODERATOR:** Edward R. Matthews, CEO, ADAPT Community Network

**PANELISTS:** Kate Marley, Deputy Director, Division of Person-Centered Supports, OPWDD, and Donna Colonna, CEO, Services for the Under-Served (SUS)

**AFTERNOON SESSION | 11:45 A.M. to 1:00 P.M. [CHOOSE ONE]**

### [PM-E.] ENVIRONMENTAL MODIFICATIONS & ASSISTIVE TECHNOLOGY: IMPACT ON INDIVIDUALS AND THEIR CAREGIVERS

Did you know ADAPT Community Network provides environmental modifications and assistive technologies to increase accessibility, safety, the performance of activities of daily living, and independence for individuals with disabilities? These interventions also assist in caregiving and reduce caregiver burden while improving the overall quality of life for the entire family. This workshop will illustrate how home modifications such as ramps, stair lifts, accessible bathrooms, and automatic door openers have impacted individuals and their caregivers on physical, psychological, and social levels and helped them to function at their maximum potential.

**PRESENTERS:** Dr. Richard V. Olsen, PhD, Matt Parascando, Senior Coordinator of Operations (ADAPT Community Network), and Bobbi Jo Yeager, Vice President of Workforce Development (ADAPT Community Network)



**ADAPT  
COMMUNITY NETWORK**

**WEDNESDAY, APRIL 26, 2017  
9:00 A.M. – 1:00 P.M.**

family connect

PLEASE CLICK HERE  
TO REGISTER!

New York Academy of Medicine  
1216 Fifth Avenue at 103rd Street  
[ENTRANCE ON 103RD STREET]

CHILDCARE NOT AVAILABLE

\* [FORMERLY UCP OF NYC]

<http://www.adaptcommunitynetwork.org/familysummit2017>

### [PM-F.] PUTTING POSITIVE PSYCHOLOGY INTO PRACTICE: CARE FOR THE CAREGIVERS

Dr. Dan Tomasulo will present an inspiring program on the power of positive being. We all want to lead significant lives and to support what is the very best in ourselves. Positive psychology helps to uncover people's strengths and promote positive functioning and a meaningful existence. There are times when caregivers and community members can become overwhelmed and feel isolated. During these times, they may perceive limitations rather than opportunities. Being able to manage these thoughts and feelings while adding more positivity will be central to this presentation. The application of positive psychology is to focus on potentials, not shortcomings. When we feel good, we enhance our experiences of work, love, and play and we enrich the lives of those we care for and care for us. This workshop will leave you with a smile on your face and a new way of looking at your life—and the lives of others.

**PRESENTER:** Dan Tomasulo, Ph.D., TEP, MFA, MAPP

### [PM-G.] WORKING WITH YOUR CHILD'S SCHOOL: ADVOCATING FOR YOUR CHILD AND PARTNERING WITH TEACHERS

Partnerships between parents and school staff are critical to a child's long-term success. This workshop identifies strategies to develop effective classroom accommodations and behavioral plans for attention and behavioral concerns. We also cover helpful behavioral interventions, including individualized Education Programs (IEPs), Section 504, and Daily Report Cards.

**PRESENTER:** Christina Di Bartolo, LMSW, Research Coordinator and Clinical Assistant Professor at the NYU Langone Child Study Center, FUNDED BY: NYC Council's Autism Awareness Initiative

### [PM-H.] GOVERNMENT BENEFITS: ARE YOU ELIGIBLE FOR MORE?:

The Center for Independence of the Disabled, NY (CIDNY) will provide information on public benefits, eligibility, and how CIDNY can help you apply. Learn about:

[PUBLIC BENEFITS AND ELIGIBILITY] [AFFORDABLE HOUSING INFORMATION] [SSI] [SNAP AND OTHER BENEFITS]

The SNAP benefits program at CIDNY assists consumers with submitting new applications for food stamps benefits. Also, the program assists consumers with recertification applications and change forms to report updates on the food stamps case. Additionally, the program offers mediation assistance, which consists of referring food stamps cases to contacts at the HRA office for review and correction, when discrepancies between the individuals they serve and the HRA have caused a reduction or cancellation of benefits.

**MODERATOR:** Karen Liebman, Assistant Director of Medicaid Service Coordination, ADAPT Community Network

**PRESENTERS:** Homairah Salem, National Council on Aging Coordinator, and Delmy Sabio, Nutrition Outreach and Education Program Coordinator, Center for the Independence of the Disabled, New York

### [PM-I.] PARTNERS HEALTH PLAN (PHP)

Join Partners Health Plan (PHP) for an in-depth overview of their plan and the benefits of their person-centered case management program. Learn about the ease of enrollment, what opportunities become available when you are a member of PHP, and how they strive to keep members healthy, happy, and safe!

**PRESENTER:** Annrose Bacani, MHA, Marketing Representative, Partners Health Plan

FOR MORE INFORMATION: email [familyconnect@adaptcommunitynetwork.org](mailto:familyconnect@adaptcommunitynetwork.org) tel: 718-436-7979 ext. 704  
REGISTRATION IS REQUIRED.



Providing Multicultural, Lifespan Services for People with Disabilities

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## Free Evaluations

Non-Medicaid Psychological and Psychosocial evaluations provided to Manhattan residents of all ages who are seeking eligibility for OPWDD programs and services

**Evaluations can be conducted in the home and on weekends!!!**

Please contact our Intake Coordinator at:  
212-643-2840 ext. 336

For additional information and questions please contact our Evaluation's Coordinator Doris Rodriguez at 212-643-2840 ext. 325

**Sinergia, Inc.**

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2082 Lexington Avenue, 4th Floor  
New York, NY 10035

Phone: 212-643-2840  
Fax: 212-749-5021  
E-mail: [information@sinergiany.org](mailto:information@sinergiany.org)





Proporcionando Multicultural, Esperanza de Vida de Servicios Para Personas con Discapacidades de Desarrollo

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## Evaluaciones Gratuitas

Psicológicos y Psicosociales para personas de todas las edades que vivan en Manhattan y que no tengan Medicaid  
Y quieran obtener los programas y servicios de OPWDD  
**Las Evaluaciones pueden hacerse en la casa y los fines de semana!!!**

Por favor comuníquese con nuestro Coordinador de Admisión al: 212-643-2840 ext. 336

Para obtener información adicional o si tiene preguntas por favor comuníquese con nuestra Coordinadora de Evaluaciones Doris Rodríguez al: 212-643-2840 ext. 325

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### Sinergia, Inc.

2082 Lexington Avenue, 4th Floor  
New York, NY 10035



Phone: 212-643-2840  
Fax: 212-749-5021  
E-mail: [information@sinergiany.org](mailto:information@sinergiany.org)  
[www.sinergiany.org](http://www.sinergiany.org)

# Programa

**8:30am** REGISTRO Y REFRIGERIOS

**9:00am-12:00pm** APERTURA

Bienvenida

Rocio Ruiz, MA, Senior Coordinator, Clinical and Family Services, YAI

George Contos, JD, CAP®, CEO, YAI Network

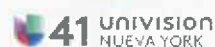
Sarah Molinari, Events Coordinator, Center for Latin American, Caribbean and Latino Studies



## ORADORA PRINCIPAL

**Berenice Gartner**, Reportera de "Noticias Univision 41 A Tu Lado"

Nacida en Colombia, ha recibido numerosos reconocimientos a lo largo de su carrera. 8 premios Emmy de la Academia Nacional de Artes y Ciencias de la Televisión; 1 premio Edward R. Murrow; 3 premios Gabriel y 12 nominaciones al Emmy.



## VIVENCIAS QUE NOS INSPIRAN: VENCIENDO LA ADVERSIDAD

Ricardo Corral, LCDO, periodista y atleta paralímpico

## ALMUERZO

**12:00-1:00pm**

**1:00-2:30pm** TALLERES

### A Enfermedades psiquiátricas asociadas con el trastorno del espectro autista: Diagnóstico y tratamiento

Ah Young Kim, MD, Child & Adolescent Psychiatry, New York University, NYU Child Study Center

Pilar Trelles, MD, Child & Adolescent Psychiatry, Seaver Autism Center for Research and Treatment, Icahn School of Medicine at Mount Sinai

### B Inmigración: Lo que usted debe saber acerca de los cambios en la inmigración bajo el nuevo gobierno

Tania Mattos, MA, Education and Outreach Coordinator, UnLocal, Inc., Board of Immigration Appeals Accredited Representative

### C Entendiendo la educación especial: Habilidades de formación para padres y defensores

Paola Martínez Boone, MSW, Senior Advocate, New York Lawyers for the Public Interest

registrarse en [yai.org/latino](http://yai.org/latino)

# Registro

El cupo es limitado.

No se permite la asistencia de niños

Registrarse antes del día  
Viernes 28 de abril del 2017

## Opciones de registro

Página web  
[yai.org/latino](http://yai.org/latino)

E-mail  
[link@yai.org](mailto:link@yai.org)

Correo  
Enviando el formulario adjunto

Fax  
212.273.6581  
Attn. Mara Henriquez

Teléfono  
212.273.6412

**¡Gratuita y en Español!**

**Miércoles 3 de mayo**

UBICACION

**CUNY Graduate Center**

365 5<sup>ta</sup> Avenida, Ciudad de Nueva York

(En la esquina de la calle 34)

**XIII CONFERENCIA  
LATINA 2017**

PARA FAMILIAS DE PERSONAS CON DISCAPACIDADES DEL DESARROLLO

Miembro de familia  Profesional

Nombre  Apellido

Agencia (solo para profesionales)

Dirección

Ciudad

Estado  Código Postal

E-mail

Teléfono

**TALLERES 1:00-2:30pm**

Seleccione uno solamente

- A Enfermedades psiquiátricas asociadas con el trastorno del espectro autista
- B Inmigración
- C Entendiendo la educación especial

**YAI** Viendo más allá  
de la discapacidad.

ESTA CONFERENCIA HA SIDO POSIBLE  
GRACIAS AL VALIOSO APOYO DE:

TAFT Foundation

New York City Council's Autism Initiative

The Guy's American Heartland Foundation

Brooklyn Caribe Lions Club

La misión de YAI, es ayudar a otros a  
alcanzar una vida lo más plena posible,  
mediante la creación de nuevas  
oportunidades para vivir, amar,  
aprender y trabajar.

 **Viendo más allá  
de la discapacidad.**

 **Viendo más allá  
de la discapacidad.**

460 West 34 Street, New York, 10001

**XIII CONFERENCIA  
LATINA 2017**

PARA FAMILIAS DE PERSONAS CON DISCAPACIDADES DEL DESARROLLO

**Afrontando Retos,  
Realidades y Mitos**

**Miércoles 3 de mayo**



AUSPICIADA EN PARTE POR: 

 **Viendo más allá  
de la discapacidad.**

**YAI**

Atn: LINK Dept

460 West 34<sup>th</sup> Street, 11<sup>th</sup> floor

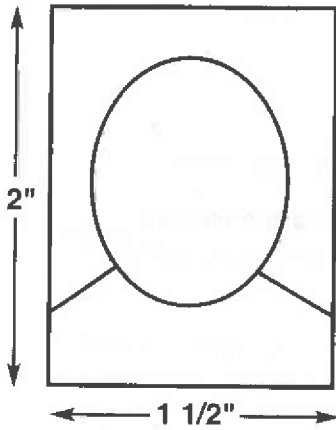
New York, NY 10001

# Application for MTA Reduced-Fare MetroCard for People with Disabilities



## Information

Type or print in ink.



<input type="text"/>										<input type="text"/>										<input type="text"/>				
Last Name										First Name										M.I.				
<input type="text"/>																						<input type="text"/>		
Street Address																						Apt. No.		
<input type="text"/>										<input type="text"/>		<input type="text"/>												
City										State		Zip Code												
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Home Telephone										Birth Date		<input type="text"/>		<input type="text"/>		Male		Female						
<input type="text"/>										<input type="text"/>		<input type="text"/>												
Social Security Number (optional)										Code		<input type="text"/>												

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

**Mail Completed Application to:**

**Metropolitan Transportation Authority**  
 Attention: Reduced-Fare Program  
 130 Livingston Street  
 Brooklyn, New York 11201-9625

For further information or additional copies of this Application or the Application for Senior Citizens, call: 718-330-1234

If you are deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us. Or visit [mta.info](http://mta.info)

Allow two to eight weeks for processing.

**For Office Use Only**

Disk # \_\_\_\_\_

Image # \_\_\_\_\_

**Examiner's Signature** \_\_\_\_\_

**Information For All Applicants**

The Metropolitan Transportation Authority's (MTA) Reduced-Fare MetroCard Program for People with Disabilities provides reduced-fare transportation for persons with the following disabilities:

- receiving Medicare benefits for any reason other than age\*
- serious mental illness (SMI) and receiving Supplemental Security Income (SSI) benefits
- blindness
- hearing impairment
- ambulatory disability
- loss of both hands
- intellectual disability and/or other organic mental capacity impairment

**If you do not have one of these disabilities, you are not eligible for the Reduced-Fare MetroCard Program. Read the entire form carefully before you apply.**

All applicants must sign the affirmation in Section 1 and have the statement and signature confirmed by a notary public.

All applicants must supply at their own expense one 2" x 1 1/2" photograph (passport type) with this application. Print your name on the back of your photograph and attach it where indicated on the front page of this application.

Each applicant must complete the section that applies to their eligibility category. If the Certification Section applies to your disability, you must have a physician or other licensed health care provider ("Certifier") complete the Certification (Section 5). You are responsible for any fee that your Certifier may charge you.

The MTA may ask for additional proof of disability and may accept or reject documentation you offer in place of the Certification. In its discretion, the MTA may waive application requirement(s) on a case-by-case basis. The MTA may require that the applicant be examined by its own physician at MTA's own expense.

**\*If you receive Medicare benefits based on age 65 years or older, use the Application for Senior Citizens.**

**Conditions of Use**

If the MTA determines that you are eligible for reduced-fare transportation, you will receive a Reduced-Fare MetroCard. You are certified for the Reduced-Fare MetroCard for four years from the date it is issued. (The temporary card can be used up to one year.) The card itself expires on the date printed in the upper-left corner of the card and will be renewed automatically.

The Reduced-Fare MetroCard is valid only if you are disabled as stated in your application. The Reduced-Fare MetroCard can be used only by the person to whom it is issued and only in accordance with the program guidelines.

If at any time you are no longer disabled as described, your eligibility for the Reduced-Fare MetroCard Program automatically ceases; you are no longer permitted to use the Reduced-Fare MetroCard, and you must return the card to the MTA.

**Any violation of these Conditions of Use may result in a permanent revocation of your eligibility for the Reduced Fare Program.**

**Information for All Personal Representatives**

If the application is completed by a personal representative of the applicant for reduced fare, the personal representative must complete the following:

Print Name of Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.(s): \_\_\_\_\_

Relationship to Applicant:(e.g., parent, guardian, attorney, friend, etc.) \_\_\_\_\_

**Section 1**

**Disability Affirmation**

Must be completed by all applicants and notarized

*(See Notary Section below)*

I have read and understand all the program information, instructions, and conditions of use contained in this application. I affirm under penalty of perjury that all statements made by me on this application and to any Certifier (physician or other licensed professional) who is named in this application, including all statements, if any, concerning my disabilities, are true and complete. I understand that the MTA will rely on the statements made by me and by any Certifier named in this application to determine my eligibility for the Reduced-Fare Program, that all such statements may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced-fare privileges. I understand that the MTA may discontinue or change its Reduced-Fare Program without notice. If the MTA determines that I have not followed the Reduced-Fare Program Conditions of Use, I understand that my Reduced-Fare MetroCard will be cancelled, and I will not be eligible to reapply for the Reduced-Fare Program. I understand that it is a crime to allow anyone else to use my Reduced-Fare MetroCard or for me to continue to use the card if I am no longer disabled as defined by the Reduced-Fare Program.

**Notary Public**

Must be completed for all applicants, except when applying in person, with photo ID

Signature of Applicant or Personal Representative named above: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )

\_\_\_\_\_ ) ss:

County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ before me appeared

to me known and known to me to be [check the one that applies]

- the person who is described in and executed the foregoing instrument
- the personal representative of the applicant named above and who executed the foregoing instrument on behalf of the applicant

and (s)he duly acknowledged to me that (s)he executed the same and that the statements therein are true.

Signature and stamp of officer: \_\_\_\_\_ NOTARY PUBLIC

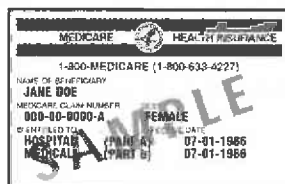


**SECTION 2**

To be completed only by applicants with Medicare

I am a recipient of Medicare. I have completed Section 1. Attached to this application is my photograph and a copy of my Medicare Card.

(Check the box and submit the required information)



If you receive Medicare benefits based on age 65 years or older, use the application for Senior Citizens.

**SECTION 3**

To be completed only by persons with SSI whose disability is serious mental illness (SMI)

Read, check the box, provide the information requested, and sign and date where indicated

I currently receive Supplemental Security Income (SSI) benefits from the United States Social Security Administration (SSA) and have a serious mental illness. I understand that I am eligible to receive the MTA Reduced-Fare MetroCard only while I am receiving SSI. In the event that my SSI eligibility status changes, I agree to immediately notify MTA.

I authorize the release to MTA and its authorized designee of any records or information maintained by the SSA in its SSI Record system relevant to a determination that I am eligible to receive SSI due to a serious mental illness. This authorization is effective as follows: (1) for so long as the MTA is reviewing my application for benefits under the MTA Reduced-Fare Program; and/or (2) to determine my continued eligibility for SSI during the four-year period commencing on the date the Reduced-Fare MetroCard is issued.

I understand that, if SSA cannot confirm that my records indicate that I receive SSI and have a serious mental illness, MTA will notify me and require that I submit a certification confirming my disability from a psychiatrist or other licensed mental health care provider (Certifier), and that a determination of my eligibility for Reduced Fare will be delayed until the Certification is submitted to and reviewed by MTA. In addition, MTA may contact my health care provider directly, as follows:

Health Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Signature of Applicant or Personal Representative \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Social Security Number:  
(Required for SSI Verification)

Form with boxes for Social Security Number (9 digits) and Code (2 digits).

**SECTION 4A**

To be completed by all applicants not covered by section 2 or 3

My application for reduced fare is based on one or more of the following disabilities (check all that apply):

- blindness — If your eligibility is based on "Blindness" as defined in the Physician's Section and you are registered with the New York State Commission for the Blind and Visually Handicapped, you DO NOT need to have a physician complete Section 5. However you must submit a copy of your N.Y.S.C.B.V.H. Registration.
- hearing impairment
- ambulatory disability
- loss of both hands
- intellectual disability or other mental capacity impairment
- I have completed and signed the Authorization to Disclose My Health Information (attached to this application) for release/disclosure of information by my Certifier. A copy has been provided to my certifier.

**SECTION 4B**

Complete the following if applicable:

- I use a service animal to travel. If checked, indicate the type of service animal (e.g., guide dog)
- My service animal provides the following assistance.
- My certifier has completed the Certification in Section 5.

**SECTION 5**

Only for applicants who are eligible under section 4A or 4B

To be completed by a physician or other appropriate licensed Health Care Provider ("Certifier")

**CERTIFICATION**

Type or print in ink and sign on page 6

Physician/Certifier:

Name (Last) (First) (M.I.)

Office Address Suite No.

City State Zip

Best time to call

Telephone ( )

State Professional License No.

I have examined the applicant (fully identified in the Applicant's Section of this application) and signed the back of his/her photograph and attached it to this application. It is my professional opinion that he/she is a "disabled person" within the meaning of the term set forth in this document, as follows:

Check all that apply:

- Blindness** – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

Diagnosis: \_\_\_\_\_

**SECTION 5**  
(continued)

**Hearing Impairment** – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels:

- Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or
- Speech discrimination scores of 40% or less in each ear.

Diagnosis: \_\_\_\_\_

**Ambulatory Disability/Disorder of Gait**

From whatever cause, the applicant is unable to move about without a walker, wheelchair, wheelchair stroller, crutch(es), cane or other mobility/ambulation aid at all times. The word "unable" is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient.

The applicant is unable to move about without use of the following aid:

- Wheelchair     Wheelchair Stroller     Cane     Crutch(es)
- Walker     Other ambulation aid (describe) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Loss of Both Hands** – By reason of amputation or anatomical deformity, the person lacks both hands.

**Intellectual disability and/or Other Organic Mental Capacity Impairment [The opinion must be given by a physician, medical social worker, or intellectual disability service agency.]** The scores specified below refer to those obtained on the W.A.I.S., and are used only for reference purposes. Scores obtained on other standardized individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning:

- The person is mentally incapacitated such that he or she is dependent upon others for personal needs (e.g., toileting, eating, dressing, or bathing) **AND** is unable to follow directions, such that the use of standardized measures of intellectual functioning is precluded; or
- Based on a valid verbal, performance, or full-scale IQ test, the person has an IQ of 59 or less; or
- Based on a valid verbal, performance, or full-scale IQ test, the person has an IQ of 60 to 70 **AND** either (a) is unable to perform routine repetitive tasks; or (b) has another mental capacity impairment that imposes additional and significant limitation of mobility or gait.

**Other Organic Mental Capacity Impairment** – The person experiences mental incapacity due to an organic cause(s) that imposes significant limitations of ambulation or gait.

Diagnosis: \_\_\_\_\_

I estimate that the duration of the applicant's disability(ies) will be:

- Permanent (more than 12 months)
- Temporary (more than 3 but fewer than 12 months)

Physician's/Certifier's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION**

1. I hereby authorize: physician/certifier name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

to disclose the information as specified in paragraph 2 to: MTA Reduced-Fare Program, 130 Livingston Street, Brooklyn, NY 11201-9625.

- 2. (a) You are authorized to complete the "physician/certifier certification" section of my MTA Reduced-Fare Program application and send it to the MTA; and, if contacted by MTA, you are authorized to discuss with a representative of the MTA Reduced-Fare Program the information you have provided in the "physician/certifier certification."
- (b) This authorization is effective until the date of the termination of my receipt of MTA Reduced-Fare benefits.
- (c) I am requesting that you disclose this health information for the purpose of enabling the MTA to determine my eligibility for reduced-fare transportation benefits.
- 3. (a) I understand that my authorization is voluntary and that I may revoke it at any time by notifying you in writing. I understand that if I do so, it is effective only to prevent any additional disclosure after the date I give you my notice. It does not apply to disclosures that you made while my authorization was in effect.
- (b) I understand that once my health information is disclosed as authorized by me in this form, it may no longer be subject to privacy protections if the authorized recipient is not obligated under law to protect the privacy of my health information.
- (c) I understand that you may not condition my treatment, payment, enrollment or eligibility for benefits from you on my granting an authorization for disclosure/release of my health information.

Signature of Individual (applicant for the MTA Reduced Fare Program) \_\_\_\_\_

Date: \_\_\_\_\_

Print the name and address of the individual (applicant for reduced fare) whose health information is to be disclosed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

If this form has been signed by a personal representative, he/she must complete and sign the following:

I am the personal representative of the individual requesting disclosure of health information whose name and address appear above. This individual has authorized me to complete this form on his/her behalf. My relationship to the individual is as follows (e.g., parent, guardian, attorney, friend, etc.):

Signature of Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Personal Representative: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

HIPAA-Compliant

# MTA Reduced-Fare MetroCard

## Conditions of Use and Other Important Information

for a Metropolitan Transportation Authority Reduced-Fare MetroCard (RFM) issued to people 65 years of age and older and people with disabilities. This program is managed by MTA New York City Transit.



**Valid Use:** RFM can be used to pay fares on all MTA New York City Transit subways, NYC Transit local buses, express buses only during non rush hours, MTA Staten Island Railway, Nassau Inter-County Express Bus (NICE), MTA Bus, Roosevelt Island Tram, Westchester Bee-Line local buses and express Bee-Line BxM4C buses only during non rush hours.

The RFM is valid identification for eligibility in the reduced-fare programs of the MTA Long Island Rail Road and MTA Metro-North Railroad, anytime except weekday rush hours to New York City terminals. To receive the reduced fare, show the RFM to train personnel or station agents when purchasing your ticket.

**Expiration Dates:** Reduced-Fare MetroCards expire on the date printed on the back of the card. As long as you actively use your card, NYC Transit automatically sends you a new RFM before the expiration date.

The full value on an expired RFM may be transferred to a new RFM at a subway station booth. Any remaining value that is not transferred to a new RFM within two years after the expiration date on the original RFM will be surrendered by, and unavailable to, the card holder.

**Trouble Using RFMs:** An RFM that does not work or is damaged should be returned to MetroCard Customer Claims. Ask a station booth agent or bus operator for a prepaid envelope in which to return your card to us. In the envelope you'll find a form to fill out so you can describe your RFM problem.

If you prefer, you may bring your damaged RFM to the MetroCard Customer Service Center at 3 Stone Street in downtown Manhattan, 9 AM to 5 PM, Monday to Friday.

If you cannot get a prepaid mailer, send the damaged card to our mailing address at:

**MetroCard Customer Claims**  
**130 Livingston Street**  
**Brooklyn, New York 11201-9625**

Be sure to include your name, address and phone number, your damaged RFM, an explanation of the problem and the address to which the new RFM should be sent.

**For more information, call 718-330-1234 6 AM to 10 PM. If you are deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us. Have the card at hand so you can read the serial number and expiration date to the customer service agent who assists you.**

The holder assumes the risk of loss until the card is received by either MetroCard Customer Claims or the MetroCard Service Center.

**Change of Address:** Notices and replacement cards will be sent to you at the address you provide. You must inform us promptly, in writing, of any change of address.

**Lost or Stolen RFMs:** Immediately report a lost or stolen RFM by calling the MetroCard Customer Service Center, 718-330-1234, 6 AM to 10 PM or via our MetroCard eFIX system at [www.mta.info](http://www.mta.info). Any value or unlimited rides on your card will be transferred to your replacement RFM after the old RFM has been frozen and any balances verified.

**Restrictions:** An RFM may be used only by the person to whom it has been validly issued. Use of the RFM by any other person may result in forfeiture of the card and its remaining balances, plus civil and/or criminal penalties.

You must present your Reduced-Fare MetroCard to a police officer or transit personnel upon request.

There are no refunds of money remaining on RFMs. Money remaining on an expired card may only be transferred to a new card within two years of the expiration date. Money from a full-fare MetroCard cannot be transferred to a temporary or permanent RFM. No redemptions or exchanges will be given for an RFM that has been altered or tampered with, or whose value cannot be verified.

The City of New York, the State of New York, the County of Westchester and the Metropolitan Transportation Authority and its subsidiaries and affiliates, including New York City Transit, are not liable for any special or consequential damages associated with or resulting from the failure, malfunction, or disabling of the RFM or the MetroCard system.

*The MTA Reduced-Fare MetroCard and its use are subject to all tariff provisions, rules and regulations of the New York City Transit Authority and its affiliates, and Westchester County Bee-Line System.*