2023 Family Empowerment Application Checklist

Individuals Name: _________________________         Date Application Received: _________

Care Manager: ___________________________

Are all of the required documents included?

☐ The completed application using OPWDD form
☐ Verification of OPWDD eligibility
☐ Verification that the individual resides with a non-paid family member/caregiver
☐ Receipts for the items/services to be reimbursed
☐ Medicaid denial letters (for items that can be funded by Medicaid)
☐ Additional documentation if requesting reimbursement for emergency items/services, camp, electronic devices, or medical/ clinical devices and services
☐ Life Plan with CWI listed as an FSS provider in Section 5

Is the request reimbursable per the 7/1/22 ADM?

☐ Items/ services that are not covered or available through other means and are reviewed and approved by the committee and OPWDD Central Office
☐ Respite (cannot be used to supplement waiver services)
☐ Camp
☐ Recreation Programs
☐ Electronic Devices (with clinical justification)
☐ Supplements approved by a clinician and outline in the treatment plan
☐ Legal fees associated to guardianship or special needs trusts
☐ Clothing as a necessity or if there are specific needs relation to the individuals I/DD as clinically indicated in the Life Plan
☐ If Other, date Special Request tracker submitted to the DDRO:_________

Date of FSS Committee Meeting: _____________
Date Tracker Submitted To DDRO : ___________
DDP1 Competed On: _____________
Award Letter Sent to Family On: _____________
Denial Letter Sent To Family On: _____________