

Children's Single Point of Access (SPOA) Application Part 1 – Westchester County

Instructions

Thank you for completing this application for the Children's Single Point of Access. When a child in our community is in need of assistance, we want to make sure that they are connected to the care and support that they and their family need.

The Children's Single Point of Access (C-SPOA) is operated by Westchester County government to enable families' easy, streamlined access to the mental health service system regardless of their financial resources or insurance status. While C-SPOA does not provide any direct services, it can support a family in learning about the continuum of mental health services for a child. If you are in doubt about the services needs for a youth and family then please make the referral to C-SPOA.

The attached form requests information that will enable us to ascertain how best to begin serving this family.

- ❖ **Please complete this form no matter what kind of insurance the child has, or if the child has no insurance. C-SPOA services are available for all children in NYS, regardless of their insurance or immigration status.**

- ❖ **Please complete the form to the best of your ability – fields can remain incomplete if information is unavailable.**
 - **If you have documentation of the child's diagnosis, please provide it, but we do not want you to delay the application gathering documentation.**
 - **The C-SPOA will be able to help capture any missing information once you submit this form to them.**
 - **If you need help with this form, please call Michele Landry, Westchester County C-SPOA Coordinator at 914-995-5352.**

- ❖ **There are two consent forms attached to this application.**
 - **The Consent for Release of Information is REQUIRED in order for us to access the information we need to process this application. Therefore, we cannot process this application without appropriate consent signatures.**

- ❖ **The Children's Single Point of Access (C-SPOA) Patient Information Retrieval Consent is highly recommended. This information is NOT required, but will help us to coordinate services for the child, so we strongly encourage the patient/guardian signs it.**

When you have completed this form, please submit it by encrypted email to MKL3@westchestergov.com by fax to 914-995-6220, or by mail to 112 East Post Rd. Rm 219 White Plains, NY 10601, Attn: Michele Landry.

Children's Single Point of Access (SPOA) Application Part 1 – Westchester County

Health Insurance Portability and Accountability Act (HIPAA)

Authorization to Disclose and Obtain Information

YOUTH NAME:

Dear Parent/Guardian:

Thank you for taking time to read this referral application for services in the Westchester County Children's Mental Health System. As the child's legal guardian, your consent is required in order for the SPOA Committee to receive your child's information and to communicate with the providers listed below.

The SPOA committee consists of representatives from Westchester County Department of Community Mental Health (DCMH), Family Ties of Westchester, Mental Health Association of Westchester (MHA), Westchester Jewish Community Services (WJCS), Abbott House, and Family Services of Westchester (FSW).

Information to be released to and discussed with the SPOA committee may include: a) this application, b) mental health assessments such as psychiatric evaluations, psycho-social reports, discharge summaries, and psychological evaluations, c) educational records such as CSE evaluations and IEPs and e) Child & Family Team (Network) plans if available.

In addition, information may be released to the Children & Youth Evaluation Service (C-YES) or one of Westchester County's Health Homes Serving Children (HRHCCC or CCF). The purpose of the SPOA Committee's communication with service providers is to determine your child's eligibility for SPOA services, and to determine which service is the best fit for your child and family's needs.

In an effort to offer potential access to a greater array of voluntary services, the SPOA Committee is now partnering with the County's Cross-Systems Unit (CSU), a collaboration between DCMH Children's Mental Health, Department of Social Services, Probation and mental health providers from Westchester Jewish Community Services and Mental Health Association of Westchester. The SPOA Coordinator meets regularly with the CSU Director to explore and consider these additional services for families that are interested. If you would like your family to be considered for such services, please initial below. These programs are voluntary, and whether or not you consent to sharing info with the CSU will have no bearing on your SPOA application.

_____ **As the legal guardian, I hereby give permission for Westchester County's Cross-Systems Unit to review this SPOA application and accompanying documents from the parties specified above.**

I understand that:

- This information will not be disclosed to any other parties without my permission except as required by law.
- This authorization is for period of 90 days from date of Parent/Guardian signature.
- I have the right to revoke (take back) my consent at any time for any reason by contacting **Michele Landry** at Westchester County Department of Community Mental Health **(914) 995-5352**.

Signature of Parent or Guardian

Print Name

Date

Signature of Child/Adolescent

Print Name

Date

Signature of Witness

Print Name

Date