

Children's Single Point of Access Application Part 1

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 are always grateful to find out so that we can make sure that s/he is connected to the care and support that they and their family need.

The Children's Single Point of Access (C-SPOA) is operated by Children's Integrated Services of Chemung County to enable family's 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 help a family to access the complete continuum of mental health services for a child. If you are in doubt as to whether the child about whom you are concerned should be referred to the C-SPOA, please make the referral.

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 Kellie Traugott-Knoll, SPOA Coordinator at 607-737-5582.
- ❖ **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 **OPTIONAL**. This information will help us to coordinate services for the child, so it is helpful if the patient/guardian signs it, but it is **NOT** essential.

When you have completed this form, please submit it:

by encrypted email to ktraugott-knoll@chemungcountyny.gov

or by fax to 607-737-5563

or by mail to Children's Integrated Services
Attn: SPOA
951 Hoffman Street
PO Box 588
Elmira NY 14905