Access to Money Reimbursement Program (ATM) Application Form

Mental Health Association in Orange County, Inc.
73 James P. Kelly Way, Middletown NY 10940

Phone-(845) 342-2400 ext 1235/1253
Fax- (845)343-9665
Print additional forms at www.mhaorangeny.com

Date_____

Name of individual with disability _____

Address_____

City_____State_____Zip Code_____ E-mail_____

Telephone _____ Birth date _____ Gender_____

Social Security Number _____-_____-_____ Tabs # _____

Referring service provider/Coordinator _____Agency_____

Phone _____E-mail _____

Parent/family contact name_____ Relationship_____

Telephone other than home_____E-mail _____

Lives with parent/guardian Y____N____ Self-directed Y____ N_____

Developmental disability (circle all that apply and add notes or specify below if needed)

Autism/P.D.D. Cerebral Palsy Epilepsy Intellectual/Developmental Disability

Neurological impairment(specify)_____

Medicaid _____ SSI _____ SSA_____ Private health insurance_____

Day program/school _____

Goods/services requested_____

If reimbursement requested, to whom will the check be made out:

Name_____Phone _____

Address_____

City_____ State _____ Zip _____

Have you made this request to any other program or service? Yes _____ No_____

Specify programs/services contacted_____

What was the outcome?_____

How will the service or item benefit the person with a disability or the family:_____

_____

Additional information you want us to know about the request:_____

_____

Mental Health Association
in Orange County, Inc.

NADIA ALLEN, EXECUTIVE DIRECTOR

Access to Money Reimbursement Program (ATM)

In order for your **initial** Access to Money (ATM) Fund application to be processed you will need to submit items ***1 through 4.***

1) Completed application form, printed or typed clearly!

2) HIPAA ("Notice of Privacy Practice and Program Participants Rights")
Click here for HIPAA forms Signature page filled out, signed and dated.

3) Proof of OPWDD eligibility ie: Notice of Decision (NOD) from Hudson Valley DDSO.

4) Invoice, receipts, price list or brochure for the services/goods requested and vendor contact information.

*For future applications, submit items 1and 4.

73 JAMES P. KELLY WAY * Middletown, NEW YORK 10940 * (845) 342-2400-FAX (845) 343-9665
EBEN ROCKWELL HILL, PRESIDENT * A UNITED WAY AGENCY