Children’s Single Point of Access Application Part 1 Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check and initial any and all agencies you wish to allow

CSPOA to exchange information with

\*\* please remember to insert provider names below if there are any

* Oneida County Department of Family and Community Services
* Oneida County Probation Department
* OMH
* Mohawk Valley Health System, inc. St. Luke’s ED and St. Elizabeth’s ED
* Oneida- Herkimer- Madison BOCES
* Madison-Oneida BOCES
* ICAN \_\_\_\_\_CFTSS \_\_\_\_\_ Health Home CM \_\_\_\_\_ SPIN \_\_\_\_\_\_KO Enrollment \_\_\_\_\_\_\_ACT \_\_\_\_\_\_ICM
* Community Health and Behavioral Services (CHBS)
* The Neighborhood Center Inc. \_\_\_\_\_Clinic\_\_\_\_\_\_ MCAT \_\_\_\_\_\_\_Heath Home CM \_\_\_\_\_\_CFTSS
* Mohawk Valley Psychiatric Center-Pinefield
* Central New York Health Home Network (CNYHHN)
* Children’s Health Home of Upstate New York (CHHUNY)
* Elmcrest
* Cayuga Center
* Hillside Family of Agencies
* HGS
* Four Winds Hospitals
* Hutchings Psychiatric (inpatient and Respite)
* OPWDD \_\_\_\_\_\_\_ LifePlan \_\_\_\_\_\_\_\_Primecare
* \*\* Psychiatrist/Agency:
* \*\* Therapist/Agency:
* \*\* School District:
* \*\* Primary Doctor:
* \*\* Other:
* \*\* Other: