

LIDDSO
ANNOUNCES
Information for Parents and Professionals 2010
On OMRDD Services (Course G1023)

Dates:	March 16, 2010	From:	10 am to 12 pm	(Day)
	June 17, 2010	From:	7 pm to 9 pm	(Eve)
	September 7, 2010	From:	10 am to 12 pm	(Day)
	December 2, 2010	From:	7 pm to 9 pm	(Eve)

Course Description: A two hour overview introduces families and professionals to the types of supports and services available. Topics include Eligibility, Family Support Services, Medicaid Service Coordination, Home and Community Based Waiver, Employment Services, Residential Services including Family Care, Medicaid, SSI and Self Determination.

Directions: See Attached

Info: Joan Ryan: Phone: (631) 434-6160 Fax: (631) 434-6647

To Register: Use form below if mailing or faxing.

NYS OMRDD Catalog of Training and Development Programs
Registration Form 19th Edition September 2009 - February 2010

For EACH person a Registration Form needs to be completed, in its entirety, and submitted.
Please Register at least **4 WEEKS BEFORE** Date of Session. Use **ONLY ONE** Method to Register.
To register online, go to www.omr.state.ny.us/wp/index.jsp To register by fax, dial 516-473-4490
To register by mail, address registration forms to: NYS OMRDD; Talent Development & Training Office,
5th Floor, 44 Holland Avenue, Albany, NY 12229

PLEASE PRINT CLEARLY

NEW: Check here if you are a **NEW TRAINEE** (you have never taken a 'Catalog of Training & Development Programs' course before)

LAST Name: _____ **FIRST Name:** _____

Check if the 'Catalog of Training & Development Programs' knows you by any other name (i.e. maiden name), agency, or agency location. Please list the previous names: _____

Agency/Facility Name: (PLEASE SPELL OUT) _____

Job Title: _____

Work Mailing Address: _____

City: _____ **State:** _____ **E-Mail Address:** _____

Work Phone: _____ **Fax:** _____

Registration Type: (PLEASE CHECK ONLY ONE)

<input type="checkbox"/> MSC	<input type="checkbox"/> QA Staff	<input type="checkbox"/> Day Hab Staff
<input type="checkbox"/> Consumer/Self Advocate	<input type="checkbox"/> MSC Supervisor	<input type="checkbox"/> Dir Supp Prof
<input type="checkbox"/> Res Hab Staff	<input type="checkbox"/> None of these	<input type="checkbox"/> Family Member

Supervisor's Approval: YES NO

Reasonable Accommodations Needed (if any): _____

Course G1023 Dates: (Check One) 3/16/10 6/17/10 9/7/10 12/2/10