



HCBS Transfer - Exceeding Capacity Turnaround Form

Part 1 - Notification that County is Exceeding Capacity

Contact Information: NYS Office of Mental Health, Division of Children & Families, 6th Floor HCBS Waiver Unit 44 Holland Ave. Albany, NY 12229 Date: Telephone: (518) 474-8394 Fax: (518) 473-4335 Email: dcfs@omh.ny.gov From: Name of Receiving ICC Agency Supervisor's Name Receiving County Supervisor's Signature Re: Child's Name Medicaid ID: (Ln, FN, MI) Sending ICC Agency: Sending Co: Date of Transfer Date Anticipate Return to Capacity

Part 2 - Notification that County has Returned to Approved Capacity

Contact Information: NYS Office of Mental Health, Division of Children & Families, 6th Floor HCBS Waiver Unit 44 Holland Ave. Albany, NY 12229 Date: Telephone: (518) 474-8394 Fax: (518) 473-4335 Email: dcfs@omh.ny.gov From: Name of Receiving ICC Agency Supervisor's Name Receiving County Supervisor's Signature Date Program Returned to Approved Capacity: Total Number of Months above Capacity: