

Agency Questions

Agency Name: _____ Contact Name: _____

Phone: _____ Email: _____

Program Name: _____

Question:	Answer/Notes:
What type of day programs do you offer? Site-Based, Community or Without Walls?	
How much of the day is spent in the community?	
What is the staff to participant ratio?	
What does a typical day look like? What are the program hours?	
Does your program have a waitlist?	
What is the OPWDD service authorization needed for this program?	
Can my son/daughter participate in a combination of programs?	
Does your program have requirements regarding: <ul style="list-style-type: none"> • Self-care (toileting, eating, etc.) • Behavior • Other 	
Are participants able to access therapeutic services during program hours (e.g., physical therapy, speech therapy)	
If we want to apply to this program what are the next steps?	
Other Questions/Notes:	