

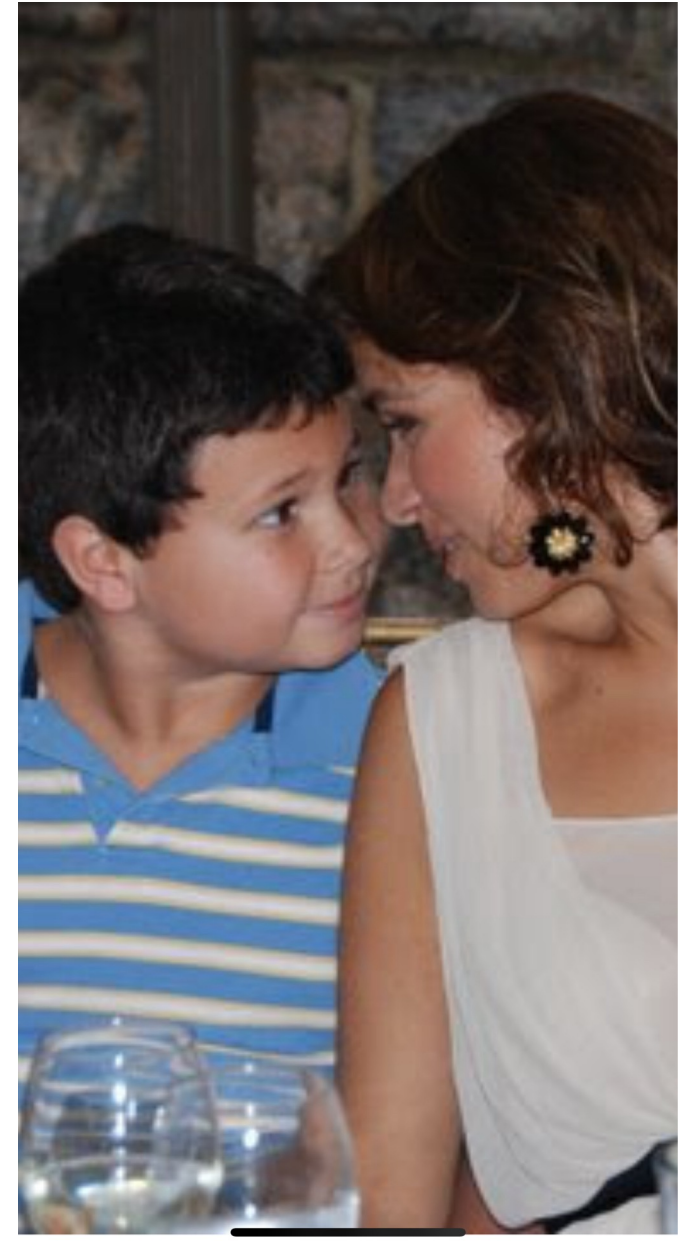


Supporting the Family's Journey Through The Residential Experience.

- Mariela Adams, M.S. (WIHD)
- Valerie Colavecchio-Dill
- Heather Walters

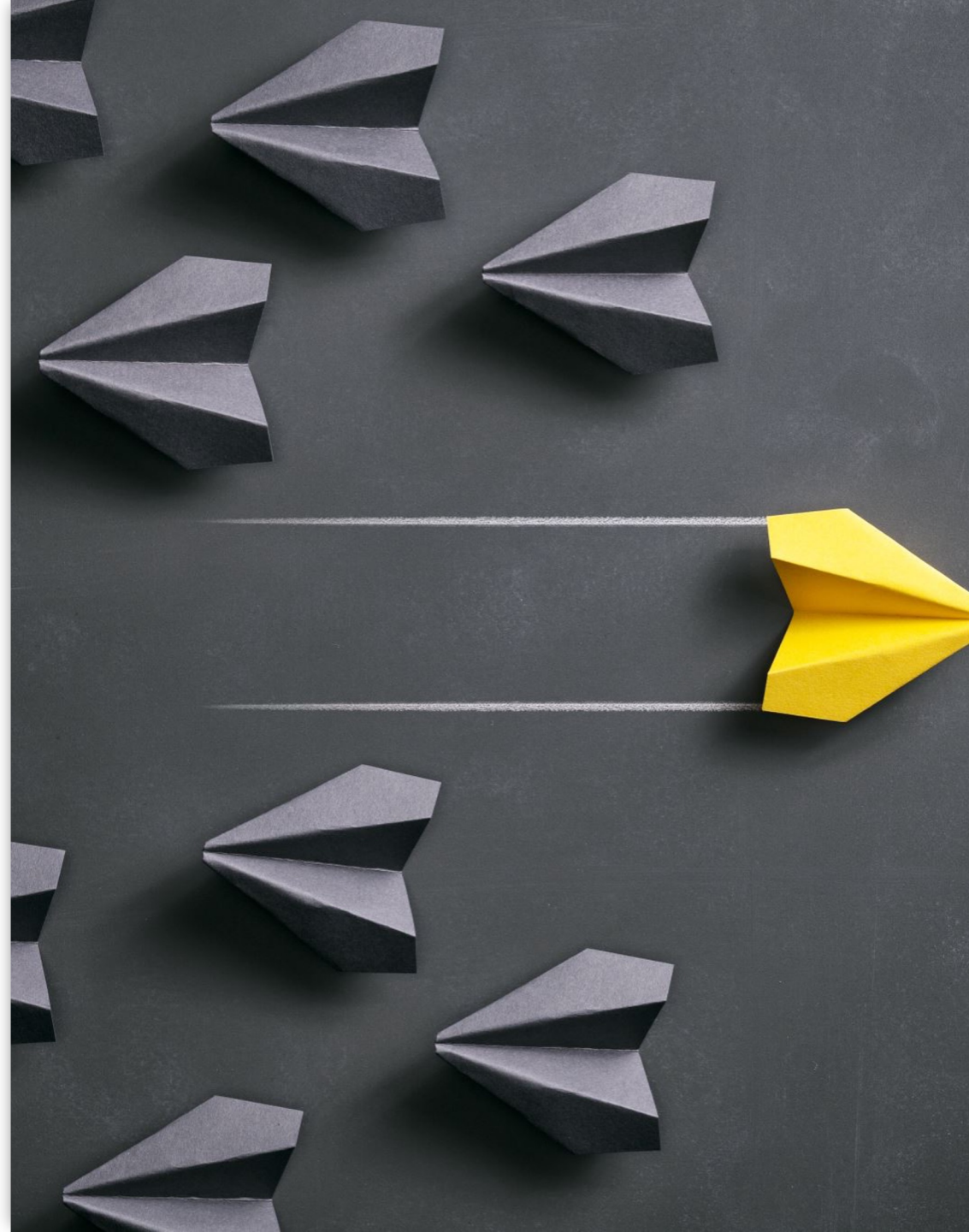
My Journey to Residential Care for my son:

- **Understanding his needs vs. my needs.**
- **Believing in his capacity to grow up.**
- **Accepting the limitations of home care without feeling like a failure.**
- **Considering the needs of my whole family.**



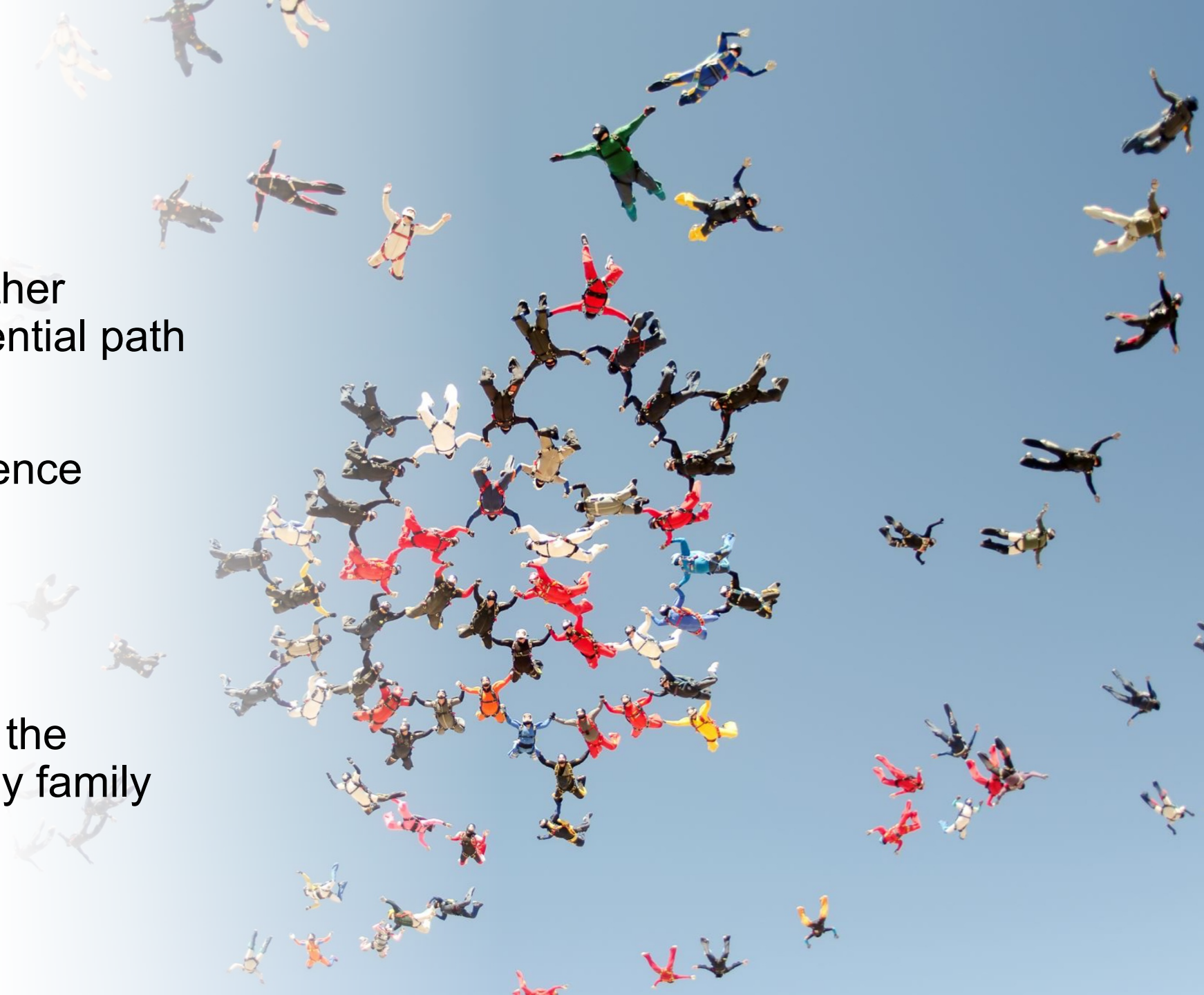
The beginning of the residential journey

- Choosing the right school:
 - Isolating
- Difficult to know what I was looking for in a school?
- How honest can I be?
- Making an important decision in my most vulnerable time as a parent.



Building my tribe

- It was hard to find other families in the residential path
- It is a unique experience
- I felt judged
- I wanted support for the emotional journey my family was going through.



Connecting with Parent to Parent of NYS

1

Finding a place where it was ok to focus on me.

2

Learning from others in a similar path.

3

Understanding my parenting role in a residential school.

4

Learning how to build community in a residential school.



A lifelong journey of learning.

Collaboration

Learning to work with staff.

Communication

Learning to communicate my needs as a parent.

Conflict
Resolution

Learning to keep my cool and solve conflicts early

Gratitude

Learning to appreciate the support of others

When is it time for a residential placement?

There is no right or wrong time

If you are considering it at all....
Just DO IT!

This process takes time and you
can always say NO



A close-up photograph of a spiral-bound notebook. The notebook is open to a page with horizontal lines. A white pen with a silver tip is resting on the page. The spiral binding is visible on the left side. The background is slightly blurred, showing the edges of other pages.

Getting Started With the Residential Process

New Webinar offered on a bimonthly basis online to provide an overview of the process of applying for residential services.

**EMPOWERMENT
AND
UNDERSTANDING**

Section 3: Identifying Level of Support Needed and Preferences

Think about these questions when considering a residence

- ❓ **Who:** Who do you want your person to live with? How important is age and gender of the residents to you? The number of residents?
- ❓ **What:** What's your top priority when considering a home for our person? What is negotiable? Non negotiable?
- ❓ **Where:** Is location important? Are you looking to move to a different part of the state? How far are you willing to travel to visit your person?
- ❓ **When:** When is placement needed?

Certified Residential Opportunity (CRO) Referral



Office for People With
Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES RESIDENTIAL REFERRAL

Instructions: As indicated in the Protocol for Certified Residential Opportunities (CRO), the service coordinator/referral source should complete this form when referring an individual to the CRO Team for consideration. The CRO Team receives, reviews, and processes all residential referrals then will assign a level of need designation utilizing OPWDD's Statewide Criteria (see below). The CRO Team will notify the service coordinator/referral source of the level assigned, in writing, within 5 business days of receiving the complete referral packet. *Note: incomplete referrals are returned to the service coordinator. Missing information will be identified in the "Referral Incomplete: Additional Information Required" section at bottom of this form.*

BASIC DEMOGRAPHICS

Individual's Name: _____	DOB: _____ Gender: _____	Street Address: _____ City: _____ State: _____ Zip Code: _____
TABS #: _____	ISPM Score: _____	
OPWDD Eligibility Confirmed: <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*eligibility letter must be attached</i>		HCBS Enrollment Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date of HCBS Waiver NOD: _____
Current Living Situation: <input type="checkbox"/> Family Care – <i>specify agency:</i> _____ <input type="checkbox"/> ICF – <i>specify agency:</i> _____ <input type="checkbox"/> Supportive Apartment – <i>specify agency:</i> _____ <input type="checkbox"/> IRA – <i>specify agency:</i> _____ <input type="checkbox"/> Supervised Apt – <i>specify agency:</i> _____ <input type="checkbox"/> Other – <i>specify, including agency:</i> _____		Care Manager Name: _____ Care Coordination Organization: _____ Phone Number: _____ Email Address: _____ CM Supervisor Name: _____ CM Supervisor Phone Number: _____
Diagnosis (list all): _____ _____		Legal Representative Information Name: _____ Phone Number: _____ Email Address: _____
If the individual is over the age of 18 and lives in their own apartment, will they accept a residential opportunity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Individual is Under 18 If no, please explain: _____		

INDIVIDUAL NEEDS

Section 8: Making the Transition

Create an “All About Me” form that includes

- ❑ a photo
- ❑ diagnoses
- ❑ allergies
- ❑ favorite foods
- ❑ favorite activities
- ❑ things that are calming
- ❑ things that are triggering
- ❑ how to know when I’m happy
- ❑ how to know when I’m sad

ALL ABOUT ME

My name is _____

I am _____ years old.

I am from _____

I am in Grade: _____

My birthday is: _____

My Self Portrait!

My top 5 favorite activities are:

1. _____
2. _____
3. _____
4. _____
5. _____

My favorite food is:

My favorite subject is:

My wish for this year is: _____

JOIN US:

- January 29th 2:00 pm
- February 26th 7:00 pm
- April 8th 11:00 am
- May 13th 7:00 pm
- July 28th 12:00 pm
- September 4th 7:00 pm
- October 7th 1:00 pm
- December 9th 7:00 pm



Monthly Considering Residential Group

Designed for Parents/caregivers thinking about a residential placement for their person

A safe place to ask questions, express emotions and learn more about the process

Meets the Third Tuesday of each month.



A close-up photograph of a group of people, including an elderly woman, smiling and hugging each other. The scene is warm and intimate, with soft lighting. The elderly woman is in the center, wearing a dark turtleneck, and is being embraced by a younger woman with long dark hair on the right. Another person is visible in the background, also smiling.

Monthly Residential Support Group

- For parents and caregivers with loved ones in any form of residential placement

Meets the Second Thursday of each month

Residential School
Certified Residence
Apartment



Connect with other Caregivers

- Safe space for open discussion
- Share or just listen
- Talk about common concerns
- Guest speakers
- Gain knowledge and information
- Relieve stress
- Volunteer support parents

Parent Matching

- ❑ A trained Support Parent is a parent or primary caregiver of an individual with a disability who volunteers to provide a safe listening environment for other parents and family members.
- ❑ Support Parents connect with other families, either by telephone or by e-mail, after being carefully matched by the Regional Coordinator with a referred family. They can be a wealth of information to other families, but listening is the priority.
- ❑ Support Parents DO NOT provide any form of medical advice or professional counseling.



What Do Support Parents Provide?

- A non-judgmental listening environment in a peer to peer model
- Information that is shared without bias
- Encouragement to determine what will work best for the family or individual—Support Parents do not tell other families what to do
- Understanding regarding the various stages of adjustment a diagnosis or transition challenge may bring, including feelings of loss and grieving



What Caregivers Say about the Group

- This group has gotten me through some tough times.

-

- I love the community Parent to Parent has created. These parents really understand me.

-

- This is the only time I get to really get to talk openly about my child.

-

- I appreciate the support I get from everyone.

-

- Placing my adult son was a very hard decision to make. I am always worried. This group allows me to talk about it.

-

- I get good ideas on how to deal with the staff, how to work with the team

Questions





Contact Us

- <https://www.ptopnys.org/>
- 5 Regional Offices throughout the State- Upstate East, Upstate West, Long Island, Staten Island and NYC
- For general inquiries, e-mail info@ptopnys.org
- [\(800\) 305-8817](tel:(800)305-8817)