Form OPWDD 150 (rev. 8/2013)

For additional guidance in completing this form please see line by line instructions

State of New York OFFICE FOR PEOPLE WITH

1. REPORTING AGENCY DEVELOPMENTAL DISABILITIES							
2. PROGRAM TYPE	PROGRAM ADDRESS				REPORTI	REPORTING FORM:	
2.1 NOGKM 1112		. TROGRAM ADDRESS				14 NYCRR Part 625	
4. ADDRESS WHEN EVENT/SITUATION OCCURRED							
5. PHONE 6. EVENT/SITUATION REFERENCE NUMBER 7. PERSON COMPLETING REPORT							
()							
TO BE COMPLETED BY STAFF DESIGNATED IN POLICY 8. NAME OF INVOLVED INDIVIDUAL (Last, First) 9. DATE OF BIRTH 10. GENDER 11. TABS I.D. (if							
	1 🗆			1 □ MA 2 □ FEI	ALE applicable)		
12. DATE & TIME EVENT/SITU					ATION OCCURRED (IF KNOWN):		
1 □ Observed 2 □ MO. DAY YR.		MO.	DAY	YR.	HR. MIN		
	HR. MIN.	1 □ AM 2 □ PM		2		1 11111	1 □ AM 2 □ PM
14. PRELIMINARY CLASSIFIC		·			•		
14. PRELIMINARY CLASSIFICATION (X ONE) 15. REFERRALS (as applicable) 16. ACTION TAKEN 1 Active Neglect 2 Death 3 Emotional Abuse 3 Hospital 4 Law Enforcement 5 Office of Professional Discipline 6 School 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 School 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Office of Professional Discipline 6 School 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Offering to make referral to appropria service provider 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Offering to make referral to appropria service provider 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Offering to make referral to appropria service provider 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Offering to make referral to appropria service provider 7 Statewide Central Register of Child Abuse and Maltreatment 5 Office of Professional Discipline 6 Offering to make referral to appropria service provider 7 Self Neglect 7 Statewide Central Register of Child Abuse and Maltreatment 7 Self Neglect 7 Self Neglect 7 Statewide Central Register of Child Abuse and Maltreatment 7 Self Neglect 7 Self Neglect 7 Self Neglect 7 Statewide Central Register of Child Abuse and Maltreatment 7 Self Neglect 7 Sel							about iduals and/or I to appropriate r relevant
CONTACT	notifications are no DATE		t 625 except as r SON CONTAC		REPORTED		METHOD
	DAIL		Jon Comac		ILI OKIEL		
20 DDINT NAME OF DADTY O	OMDLETING FOR	M	TITL D			T) A (TP)	
20. PRINT NAME OF PARTY C	LIVI	TITLE			DATE		