

The Enrollment Process

1. Contact your Medicaid Service Coordinator
2. Complete an Intake Packet for Respite / Recreation
—> Available at www.cprochester.org/recreation.asp
3. Submit your completed Intake Packet to the Intake Coordinator
[mail to CP Rochester at the address listed in the box below]
4. Obtain approval for Recreation Respite services



In order to participate in Respite Recreation Programs, individuals must:

- have Medicaid
- be enrolled in the HCBS waiver
- have received approval for the service from CP Rochester and DDRO
- participate in a Respite Recreation Program annually

How to Register for Programs

All required intake documentation must be received and processed prior to registering for an event or program.

A) Complete the registration form on the last page and mail it to:

CP Rochester
3399 Winton Road S
Rochester, NY 14623
Attn: Recreation

B) EMAIL your registration information to klyon@cprochester.org; please include all the information that is required on the registration form so it can be processed correctly.

A confirmation email will then be sent to you confirming the date(s) and time of the activity. Please keep this as a reminder of your upcoming programs. **Prior to program registration, staff must ensure that all the required documentation is in place for each person, and at times we must follow up with your Medicaid Service Coordinator. Thank you for your patience while we process your registration.**

Payment

Please do not send payment with your registration form.

The confirmation email will include payment details. Sending payment in with your registration will not guarantee a spot in the program. You may call or email to check on the status of your registration:

Phone: 334-6000 ext. 2271/ Email: klyon@cprochester.org

Program Fees

We try our best to offer low or no-cost recreation programs, however, some activities do incur expenses beyond basic staffing resulting in fees which must be paid after successful registration. This cost applies to both HCBS/Care at home waiver enrolled AND non-waiver enrolled individuals.

If you are enrolled in the HCBS Waiver or the Care at Home Waiver, you will still need to pay the fee that is listed for that activity.

If requested, we will provide a receipt for payments made to CP Rochester for Recreation Programs. You may choose to submit your receipt for Family Reimbursement—please contact your Medicaid Service Coordinator for further information.

Payments or Cancellations

Payments or cancellations must be made by the program's registration deadline. If we have not received payment one week prior to the event's date or start of the session and you have not contacted us, we will assume that you are not going to participate in this program anymore. Past due payments will affect registration for future recreation programs. In the event that a program is cancelled, we will issue a voucher that can be used toward future recreation programs; **we do not issue refunds.**

Please make checks payable to: CP Rochester

Project Access Transportation

Project Access is a grant supplemented service that provides, low cost transportation to individuals with disabilities living with family in Monroe county.

Hours of Operation:

Monday through Friday, 5pm-8:30pm

Saturday & Sunday, 8:30am-8:30pm

**For more information or to schedule rides,
call the Project Access Coordinator:**

585-334-6000 ext. 2281





3399 Winton Road South
Rochester, NY 14623

Tel: 585-334-6000 x2271
Fax: 585-334-1646
Email: klyon@cprochester.org

Community Recreation Program Registration Form

Participant's Name: _____

***Please do not send in payment with your registration form.
You will receive a confirmation email with payment details once your registration has
been processed.***

PROGRAM INFORMATION					OFFICE USE			
Program	Time / Session	# Youth and age	# Adults	Accessible seating required?	Dbase Conf	Cost	Date Paid	Check #
					DB / C			
					DB / C			
					DB / C			
					DB / C			
					DB / C			
					DB / C			

OFFICE USE: Check #: _____ Total: _____ Receipt sent

CONTACT INFORMATION: *Has anything changed? Please let us know!*

Phone Number(s): _____

If you wish to be added to our email distribution list that provides information about upcoming events, freebies, or community resources, you can provide it below. We do not share your email address with others.

Email: _____