

**Dutchess County Housing
Consortium**

**Resource Guide
for
Case Management
Services**

Created September 2007

October 2007

The Case Management Committee of the Dutchess County Housing Consortium offers the attached Resource Guide for Case Management Services for your use. It is our hope that this guide will make it easier for providers, as well as consumers, to access and utilize case management services in Dutchess County.

The Case Management Committee has undertaken this project with three goals in mind: to identify current services, identify opportunities to streamline access, and to develop a periodic training for agency staff on these mainstream resources.

The information provided in this guide was provided directly by each of the agencies represented. If you believe that agency information is incorrect or an agency which provides case management is not represented at all, please feel free to contact Michael Cole at (845) 485-0180 or through his email at mcole@hudsonriverhousing.org. A blank form has been provided in this guide for you to correct or add your agencies information.

Legislation, insurance and funding changes continually impact agencies ability to offer services and sometimes impact eligibility. Also, please be aware that the eligibility criteria in this guide focuses on primary eligibility. There may be other possible eligibility criteria that apply. For questions about eligibility, please call each agency directly. This guide is not intended to change issues relating to client confidentiality.

The Case Management Committee is also working to provide this resource directory on-line through the Dutchess County website under the "All Services Directory." We hope that it will be functional this fall.

We would like to thank the Dutchess County Housing Consortium for their support of this committee as this project has evolved. We would also like to thank Charlie Flynn, Lou Gagliano, Andrew O'Grady, Leah White and Lisa Cardinale, the hardworking members of the Dutchess County Housing Consortium Case Management Committee, who helped to make all of this possible.

Yours truly,

Michael Cole, LCSW, Co-Chair, DCHC Case Management Committee

Judy Lombardi, LCSW, Co-Chair, DCHC Case Management Committee

Definitions

Eligibility Criteria

Chemical Dependency ~ Bio/pseudo/social addiction to a mood altering substance.

Communicable Disease ~ A disease that is transmitted through direct contact with an infected individual or indirectly through a vector.

Developmental Disabilities ~ A broad category which encompasses mild developmental difficulties to profound mental retardation with multiple disabilities.

Disabled ~ Describes someone with a condition that makes it difficult to perform some or all of the tasks of daily life.

Domestic Violence ~ Violent behavior committed by one intimate partner against another. It can be physical, sexual, or psychological with the primary purpose to control, dominate, or hurt the other partner in the relationship.

Drug/Alcohol Related Crimes ~ A violation of a law which is correlated with or caused by a perpetrator's use of a legal or illegal mind-altering substance(s).

Financially Destitute ~ Lacking money necessary for subsistence

HIV Infected ~ Someone diagnosed with the human immunodeficiency virus (HIV).

Homelessness ~ A situation in which a person does not have a long-term residence, a stable residence, or any residence at all.

Immigration Status ~ The legal status of an individual who has moved from one country to another.

Inpatient at VA Hospital ~ A patient who received lodging and food, as well as treatment, in a veterans hospital.

Parolee ~ The release of a person from Federal or State prison whose term has not expired on condition of sustained lawful behavior that is subject to regular monitoring by an officer of the law for a set period of time.

Physical Disability ~ A collective term which applies to the many forms and degrees of severity of physical impairments that result from damage to the body's support and locomotor systems, and other internal or external damage to the body and its functions.

Pre-School ~ Of, or relating to, intended for, or being the early years of childhood that precede the beginning of elementary school.

Probationer ~ A person who has been charged with criminal or civil offense who has been mandated to be monitored by an officer of the law.

Serious Persistent Mental Illness (SPMI) ~ A severe chronic mental disorder lasting more than six months.

Sexual Assault Victim ~ An individual who has experienced an unlawful sexual attack by a perpetrator.

Sex Offender ~ One who is convicted of a sex crime.

Veteran Status ~ The category of discharge of an individual who has served in the armed forces.

0-17 ~ Children from age 0 to 17.

18-59 ~ Adults aged 18 to 59.

60+ ~ Adults aged 60 and older.

Services Available

Advocacy ~ The act of pleading for or supporting; intercession.

ACT Services ~ Any therapeutic activity conducted by a member of the Hudson River Psychiatric Center (HRPC) Assertive Community Treatment (ACT) Team staff.

Assessment ~ Process of documenting, usually in measurable terms, knowledge, skills, attitudes and beliefs.

Behavior Modification ~ Use of basic learning techniques, such as conditioning, biofeedback, reinforcement, or aversion therapy, to alter human behavior.

Budgeting ~ An itemized summary of estimated or intended expenditures for a given period along with proposals for financing them.

Bus Passes ~ A ticket which permits an individual to use a specific bus transportation service.

Case Management ~ a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs.

Chemical Dependency Rehabilitation ~ Process of medical and/or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs and so-called street drugs.

Chemical Dependency Treatment ~ A range of professional therapeutic services offered to individuals suffering from chemical abuse or dependency.

Children's Services ~ Any of a range of supportive and/or therapeutic activities offered to an individual typically under the age of 18 (sometimes 21).

Clothing ~ Necessary wearing apparel.

Coordination of Services ~ The act of organizing multiple services offered to an individual so as to maximize efficiency, as well as minimize redundancies and gaps in service.

Counseling ~ To give advice or direction as to a decision or course of action.

Crisis Intervention/Prevention ~ Intervention that focuses on acute critical situations with the aim of restoring the person to the level of functioning before the crisis.

Drug Testing ~ A laboratory based procedure which looks for evidence of drug consumption by analyzing urine or blood samples.

Facilitation ~ A process in which an independent person assists groups in working together effectively.

Financial Assistance ~ Cash assistance for food, housing, transportation, etc.

Food ~ Meals or financial assistance to obtain meals.

Housing ~ Provision of lodging or shelter.

Movers ~ Service that transports household goods from one location to another.

Non-formal Education ~ Learning that is not provided by an education or training institution and typically does not lead to certification.

Parenting Education ~ Organized, programmatic effort to change or enhance the child-rearing knowledge and skills of a family system.

Provider Team Meeting ~ A gathering of staff members from multiple programs and organizations to discuss and plan goals and services for an individual.

Representative Payee ~ Someone responsible for a client's funds.

Residential Placement ~ The process of securing appropriate therapeutic/supportive housing services for an individual.

Respite ~ Support program that offers temporary relief from the responsibility of constant caregiving of a person with special needs.

Safety Shelters ~ A place that offers protection.

Social Recreation ~ Opportunities for individuals to gather, meet new people, socialize with one another, and enjoy a fun time.

Support Systems ~ Network of personal or professional contacts available to a person for practical or moral support when needed.

Taxi Voucher ~ Authorization for use of taxi service.

Transportation ~ Conveyance of goods and people.

Vocational ~ Relating to, providing, or undergoing training in a special skill to be pursued in a trade.

Vouchers ~ A certificate which is worth a certain monetary value and which may only be spent for specific reasons or on specific goods.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **AIDS RELATED COMMUNITY SERVICES**
Service or Program Name: Case Management, Support Groups, Street Outreach
HIV Counseling and Testing, Chemical Dependency Services

Street address where service is offered: 235 Main Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.arcs.org
Office Hours and Days: M-F 9 to 5
Contact Person:

Name: Marilyn Rivera
Title: Senior Program Supervisor Telephone: (845) 471-0707
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Self referral or referral from various service providers

Documents Required (please check all that apply)

X None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **ASTOR EARLY CHILDHOOD PROGRAMS**
Service or Program Name: Early Childhood Coordinated Services Initiative (ECCSI)
Street address where service is offered: 50 Delafield Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.astorservices.org
Office Hours and Days: M-F 8 to 4
Contact Person:
Name: Lori Rivenburgh
Title: ECCSI Coordinator Telephone: (845) 452-7726
E-mail: lrivenburgh@astorservices.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **CARDINAL HAYES HOME**

Service or Program Name:

Street address where service is offered: 60 St. Joseph Drive

Mailing Address (if different): POB CH

City/State/Zip: Millbrook, New York 12545

Website: www.cardinalhayeshome.com

Office Hours and Days:

Contact Person:

Name: *William Busby*

Title: *Director of Quality Insurance/Intake* Telephone: *(845) 677-6363*

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

X Referral required (and from whom?) Physician

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): *Intake packet consisting of physical exam, psychosocial summary, psychological testing, IEP*

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): Parents do not have to be eligible. All those placed at Cardinal Hayes are eligible for Medicaid.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **CASTLE POINT VETERANS ADMINISTRATION**
Service or Program Name: VA Hudson Valley Health Care System
Street address where service is offered: Castle Point Campus
Mailing Address (if different):
City/State/Zip: Castle Point, New York 12511-0626
Website: www.va.gov/visns/visn03/castinfo.asp
Office Hours and Days: M-F 8-5 or Emergency Sat-Sun
Contact Person:
Name: Nancy Winter
Title: Pub. Affairs Specialist Telephone: (845) 831-2000 X5400
E-mail: nancy.winter@med.va.gov

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): (Form DD214 and 1010&2)

Payment (please check all that apply)

No Fee Fee (General Admission \$15, Specialty Services \$50, Prescriptions \$8)
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **CATHARINE STREET COMMUNITY CENTER**

Service or Program Name: **Many (See Website)**

Street address where service is offered: **69 Catharine Street**

Mailing Address (if different):

City/State/Zip: **Poughkeepsie, New York 12601**

Website: **www.catharinecenter.org**

Office Hours and Days: **M-F 8:30-5:30**

Contact Person:

Name: **Shirley Adams**

Title: **Executive Director** Telephone: **(845) 473-2272**

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): **For HIV/AIDS Services – Require Proof of Status**

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **CATHOLIC CHARITIES**

Service or Program Name: Community Services

Street address where service is offered: 218 Church Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.archny.org

Office Hours and Days: 9 to 5 – Monday through Friday

Contact Person:

Name: Mary Lieberman, LCSW

Title: Senior Social Worker Telephone: (845) 452-1400 X4214

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Per Individual

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **COMMUNITY HOUSING INNOVATIONS**

Service or Program Name: Park Place

Street address where service is offered: 803 Violet Avenue

Mailing Address (if different):

City/State/Zip: Hyde Park, New York 12538

Website: communityhousing.org

Office Hours and Days: 24/7

Contact Person:

Name: Scott Mendleson

Title: CHI Coordinator of M.H.V. Services Telephone: (845) 229-9070

E-mail: smendelson@communityhousing.org

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
- Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
- Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
- Referral required (and from whom?) DSS

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
- Other (please specify): (All taken care of by DSS).

Payment (please check all that apply) (All taken care of by DSS).

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

(All taken care of by DSS).

- Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: **Big Brothers/Big Sisters of Dutchess County**
Street address where service is offered: **77 Cannon Street**
Mailing Address (if different):
City/State/Zip: **Poughkeepsie, New York 12601**
Website: **www.dccaa.org/bbbs.htm**
Office Hours and Days: **M-F 8:30 – 4:30 (Eves & Weekends Available)**
Contact Person:
Name: **Lori Rivenburgh**
Title: **Program Director** Telephone: **(845) 452-5104 X108**
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) (for children – parent or legal guardian for community-based program).

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**

Service or Program Name: Child Health Plus/Family Health Plus

Street address where service is offered: 84 Cannon Street * (See Footnote Below)

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.dccaa.org

Office Hours and Days: M-F 8:30-4:30 (Thursdays 8:30-6:00)
1st & 3rd Saturdays of each month: 9:00 a.m. – 1:00 p.m.

Contact Person:

Name:	Pat DiRienzo	
Title:	Program Director	Telephone: (845) 452-5104 X111
E-mail:	pdirienzo@dccaa.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): (Will be advised for all documents when calling for appointment).

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

* Appointments also conducted at our Beacon, Dover, Red Hook sites.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: DECIP
Street address where service is offered: 3414 Rte 22
Mailing Address (if different):
City/State/Zip: Dover Plains, New York 12522
Website: dcca.org
Office Hours and Days: M-F 8:00 – 4:30 p.m.
Contact Person:
Name: Susanne Martinez
Title: Director of Eastern Site Telephone: (845) 877-9272 X100
E-mail: smartinez@dcca.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Birth Date and Social Security Number.

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

(Extra helpings Food Co-op – Cash and Food Stamps).

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: Dutchess County Community Action Partnership
Street address where service is offered: 44-46 East Market Street
Mailing Address (if different):
City/State/Zip: Red Hook, New York 12571
Website: dccac.org
Office Hours and Days: M-F 8:30-4:30
Contact Person:
Name: Zoe Hendrickson
Title: Asst. Family Dev. Director Telephone: (845) 876-1611 X102
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Photo ID

Payment (please check all that apply)

X No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

* Depends on what program.

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: **ECIP/HEAP & FSC**
Street address where service is offered: **77 Cannon Street**
Mailing Address (if different):
City/State/Zip: **Poughkeepsie, New York 12601**
Website: **wramirez@dccaa.org**
Office Hours and Days: **M-F 8:30-4:30**
Contact Person:
Name: **Wanda Ramirez**
Title: **HEAP/WRAP Coordinator** Telephone: **(845) 452-5104**
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**

Service or Program Name: Family Development Program (Beacon)

Street address where service is offered: 93 Catherine Street

Mailing Address (if different):

City/State/Zip: Beacon, New York 12508

Website: www.bbbsdc.org

Office Hours and Days: M-F 8:30 – 4:30

Contact Person:

Name:	Maria Dyson	
Title:	Site Director	Telephone: (845) 831-2620 X105
E-mail:	mdyson@dccaa.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): (Photo ID, and documents for all family members applying for services).

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: Family Development Program (Poughkeepsie)
Street address where service is offered: 84 Cannon Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: dccaa.org
Office Hours and Days: M-F 8:30-4:30 (Thursdays to 6:00 p.m.)
Open 1st and 3rd Saturday of each month
Contact Person:
Name: Yvonne Maloney
Title: Site Director Telephone: (845) 452-5104 X103 & X104
E-mail: ymaloney@dccaa.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): (Social Security Cards, NYS ID or Driver's License).;

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: **Powerful Opportunity Programs**
Street address where service is offered: **84 Cannon Street**
Mailing Address (if different):
City/State/Zip: **Poughkeepsie, New York 12601**
Website: **dccaa.org**
Office Hours and Days: **M & W 8:30-4:30 Th 8:30-6:00 Fri 8:30-4:30**
Contact Person:
Name: **Sheri A. Johnson**
Title: **Program Director** Telephone: **(845) 452-5104**
E-mail: **sjohnson@dccaa.org**

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

(Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY COMMUNITY ACTION**
Service or Program Name: Weatherization Assistance Program
Street address where service is offered: 84 Cannon Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: dccaa.org
Office Hours and Days: M-F 8:30 – 4:30
Contact Person:
Name: Donna O'Brien
Title: Weatherization Director Telephone: (845) 452-5104
E-mail: dobrien@dccaa.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Proof of Ownership; most recent Electric Bill.

Payment (please check all that apply)

No Fee Fee (for eligible Landlords) Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY OFFICE FOR THE AGING**

Service or Program Name: **New York Connects**

Street address where service is offered: **27 High Street**

Mailing Address (if different):

City/State/Zip: **Poughkeepsie, New York 12601**

Website:

Office Hours and Days: **M-F 9 :00 – 5:00**

Contact Person:

Name: **John Beale**

Title: **Director**

Telephone: **(845) 486-2555**

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF HEALTH**

Service or Program Name: Many (Inquire by Phone)

Street address where service is offered: 387 Main Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Barbara Good

Title: Asst. Director, Public Health Telephone: (845) 486-3420

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) Schools refer for Immunizations.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Immunization and Medical Records.

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_0 to cost of vaccines.

Medicaid Medicare Private Insurance Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY HEALTH DEPARTMENT**

Service or Program Name: Early Intervention and Preschool Special Education

Street address where service is offered: in homes and schools

Mailing Address (if different): 15 Collegeview Ave

City/State/Zip: Poughkeepsie, New York 12603

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Beverly Allyn

Title: Coordinator Telephone: (845) 486-3518

E-mail: ballyn@co.dutchess.ny.us

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other – N/A – Services at child’s home or childcare

Languages other than English spoken by service providers:

- Spanish Other – Attempts made to locate translators

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE**

Service or Program Name: Intensive Treatment Alternative Program (ITAP)

Street address where service is offered: 82 Washington Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.dutchess.org

Office Hours and Days: 8:30 – 4:30 p.m. Monday-Friday

Contact Person:

Name: Michael North, LCSW

Title: Unit Administrator Telephone: (845) 486-3690

E-mail: michaeln@dcdmh.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) All participants are mandated to treatment either by DSS or the Criminal Justice System (Court/Lawyers/Probation/Parole)

Documents Required (please check all that apply)

X None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

(No one is rejected for inability to pay).

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE**

Service or Program Name: Jail-Based Services

Street address where service is offered: 150 North Hamilton Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.dutchess.gov

Office Hours and Days: 8 – 4 p.m. Monday-Friday

Contact Person:

Name: William Eckert, LCSW

Title: Unit Administrator

Telephone: (845) 486-3960

E-mail: williams@dcdmh.org

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?) Most individuals are in jail and can self refer, or anyone can request Assistance on behalf of person.

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): Must be incarcerated to access services.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE**

Service or Program Name: MATS Program

Street address where service is offered: 82 Washington Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, NY 12601

Website: www.dutchess.gov

Office Hours and Days: 8:30 to 4:30 M-F

Contact Person:

Name: Linda Monkman, LCSW

Title: Supervisor Telephone: (845) 486-2950 X170

E-mail: Lindam@dcdmh.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

X Disabled Parking Ramps X Accessible Bathrooms

X Elevators X Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

X Referral required (and from whom?) If you are heavy user of Medicaid dollars for Alcohol and S/A treatment you may be eligible.

Documents Required (please check all that apply)

X None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Picture ID

Payment (please check all that apply)

X No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): No Fee. If you are eligible the services are free.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **D.C. OFFICE OF PROBATION AND COMMUNITY CORRECTIONS**

Service or Program Name: **Many**

Street address where service is offered: **50 Market Street, Poughkeepsie, New York 12601**

Mailing Address (if different):

City/State/Zip: **223 Main Street, Beacon, New York 12508**

Website: **www.dutchess.gov**

Office Hours and Days: **8 a.m. to 5 p.m. M,W,F and 8 a.m. to 7 p.m. Tu/Th**

Contact Person:

Name: **Mary Ellen Still**

Title: **Director**

Telephone: **(845) 486-2600**

E-mail: **probation@co.dutchess.ny.us**

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required

X Referral required (and from whom?) Court Orders

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): **Other documents may be required.**

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$ 0.00 to \$30.00 per mo.

Supervision fees for adult probationers – custody investigation fees may vary

- Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES**

Service or Program Name: Adult Protective Services

Street address where service is offered: 60 Market Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.co.dutchess.ny.us./countygov/departments/socialservices

Office Hours and Days: M-F 9-5

Contact Person:

Name:	Maryanne Maruschak	
Title:	Director, APS	Telephone: (845) 486-3026
E-mail:	Maryanne.maruschak@dsa.state.ny.us	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Use Language Line as needed).

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) (Usually made by referrals, but not required).

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES**

Service or Program Name: Child Protective Services

Street address where service is offered: 60 Market Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.dutchess.org

Office Hours and Days: M-F 9-5 (Take Reports 24/7)

Contact Person:

Name: Rick LaVoie

Title: Ass't Director Telephone: (845) 486-3381

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone (1-800-342-3720) Walk-in Appointment Required

Referral required (and from whom?) (Must be referred by Albany).

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES**

Service or Program Name: Medicaid

Street address where service is offered: 60 Market Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: 9 to 5 (Appointments are 9:00-10:30 a.m.)

Contact Person:

Name: Joanne Sinagra

Title: Director of Medicaid Telephone: (845) 486--3008

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Chinese, Lithuanian, many others)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES**

Service or Program Name: Public Assistance

Street address where service is offered: 60 Market Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9:00-5:00

Contact Person:

Name: Kathy Connis

Title: Director, Public Assistance Telephone: (845) 486-3013

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Chinese, Lithuanian, Many Other Languages)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): SSN

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **DUTCHESS OUTREACH, INC.**
Service or Program Name: Many (See Website)
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.dutchessoutreach.org
Office Hours and Days: M-F 8:30 a.m. to 11:30 a.m. and 1 to 4:30 p.m.
Contact Person:
Name: Any Case Worker
Title: Telephone: (845) 454-3792
E-mail: dutchessoutreach.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): *Depending on services needed.*

Payment (please check all that apply) *N/A*

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **EUROPA ASSOCIATES FOR COMMUNITY SERVICES, INC.**

Service or Program Name: Medicaid Service Coordination

Street address where service is offered: 404 Manchester Road

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Robert Ndede

Title: Medicaid Service Coordinator

Telephone: (845) 473-4643 or 416-4302

E-mail: europaassociates@ecite.com

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) *DSS, DDSO, and other certified private agencies*

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): *Medicaid Enrollment*

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **FAMILY SERVICES INC.**

Service or Program Name: Battered Women's Services

Street address where service is offered: 29 N. Hamilton Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9-5 (24-hour Hotline – (845) 485-5550)

Contact Person:

Name: Kathy Graham

Title: Director

Telephone: (845) 452-1110 X3202

E-mail: k.graham@familyservicesny.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County
(Also if work or study in Dutchess County)

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Also use Language Line for other languages).

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **FAMILY SERVICES, INC.**
Service or Program Name: Crime Victims Assistance Program
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5 Hotline: (452-7272)
(People interested in services should call the
CVAP Intake Department)
Contact Person:
Name: Renee Cunningham
Title: Telephone: (845) 452-1110 X3083 or X3121
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish (We have one bi-lingual/clinician advocate) Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required for Therapy
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Fees (please check all that apply) - (No Payment is Needed)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **FAMILY SERVICES, INC.**

Service or Program Name: Domestic Abuse Awareness Classes for Men

Street address where service is offered:

Mailing Address (if different): 29 N. Hamilton Street

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: Monday-Thursday 9 to 5 and Fridays 9 to 1

Contact Person:

Name:	Sheena White	
Title:	Program Assistant	Telephone: (845) 452-1110 X3134
E-mail:	swhite@fsiny.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) Courts, Probation, Parole, or DSS.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Referral Form

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$5.00 to \$60.00 per week.

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **FAMILY SERVICES, INC.**
Service or Program Name: Dutchess Youth Career Works
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 8:30 a.m. to 4:30 p.m.
Contact Person:
Name: Casey Hons
Title: Program Coordinator Telephone: (845) 452-1110 X3112
E-mail: chons@familyservicesny.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **FAMILY SERVICES, INC.**
Service or Program Name: Teen-Parent Program
Street address where service is offered: 29 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9-5, (early & late hours available)
Contact Person:
Name: Diane Labenski
Title: Teen Parent Program Coordinator Telephone: (845) 452-4937
E-mail: dlabenski@familyservicesny.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): DSS Benefits Card, if available.

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GATEWAY COMMUNITY INDUSTRIES INC.**
Service or Program Name: Dutchess County Supportive Housing
Street address where service is offered: 82 Washington Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.gatewayindustries.org
Office Hours and Days:
Contact Person:
Name: Darcy McCourt
Title: Director of Res. Services Telephone: (845) 473-5642
E-mail: dmccourt@gatewayindustries.org

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Note: Gateway, in general, supports outside of Dutchess County.

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?) S.P.O.E.

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Full referral package from S.P.O.E.

Payment (please check all that apply) DSS/SSI/SSD Entitlements.

- No Fee for Res. Services Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GATEWAY COMMUNITY INDUSTRIES, INC.**
Service or Program Name: Medicaid Service Coordination
Street address where service is offered: One Amy Kay Parkway
Mailing Address (if different): P.O. Box 5002
City/State/Zip: Kingston, New York 12402-5002
Website: www.gatewayindustries.org
Office Hours and Days: M-F 8 to 4
Contact Person:
Name: David Laube
Title: Manager, Medicaid Services Coordinator Telephone: (845) 339-0155 X366
E-mail: lasdlaube@gatewayindustries.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Ulster County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): HCBS Waiver enrolled eligibility.

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GATEWAY COMMUNITY INDUSTRIES INC.**

Service or Program Name: Residential Services

Street address where service is offered: Various Locations in Dutchess County

Mailing Address (if different): One Amy Kay Parkway

City/State/Zip: Kingston, New York 12401

Website: www.gatewayindustries.org

Office Hours and Days: 24/7

Contact Person:

Name:	Darcy McCourt	
Title:	Residential Director	Telephone: (845) 331-1261
E-mail:	dmccourt@gatewayindustries.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Interpreter Services)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) Self or Service Provider

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): MH/DD/DX

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GATEWAY COMMUNITY INDUSTRIES, INC.**
Service or Program Name: Vocational Services
Street address where service is offered: 82 Washington Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.gatewayindustries.org
Office Hours and Days: M-F 8 to 4
Contact Person:
Name: Sandy Lindmark
Title: Mgr. D.C. Vocational Transition Center Telephone: (845) 473-7127
E-mail: slindmark@gatewayindustries.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Ulster County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) VESID, Mental Health Practitioner

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Proof of Disability

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **Good Counsel**

Service or Program Name:

Street address where service is offered: 38 North Clinton Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, NY 12601

Website: www.goodcounsel.org

Office Hours and Days: Office (8 a.m. to 4 p.m.)

Contact Person:

Name: Carlene Manning

Title: Manager Telephone: (845)452-2944

E-mail: Hot Line: (1-800-723-8331)

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): SS Card Picture ID

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale 10% of income or DSS approved

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GRACE SMITH HOUSE, INC.**
Service or Program Name: Brookhaven
Street address where service is offered: 1 Brookside Avenue
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5
Contact Person:
Name: Susan F. Denton
Title: Brookhaven Manager Telephone: (845) 452-7155
E-mail: Susand@gracesmithhouse.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Application required. Must be living apart from abuser for 30 days,
homeless due to domestic violence/in counseling for domestic violence.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Domestic Violence Referral.

Payment (please check all that apply)

No Fee x Fee of: Rent Subsidy to be determined Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GRACE SMITH HOUSE, INC.**
Service or Program Name: Grace Smith House/Shelter #1
Street address where service is offered:
Mailing Address (if different): P.O. Box 5205
City/State/Zip: Poughkeepsie, New York 12601
Website: www.gracesmithhouse.org
Office Hours and Days: 24 Hours a Day – 7 Days a Week (Hotline Number 845-471-3033)
Contact Person:
Name: Laurie Benton
Title: Director Telephone: (845) 471-3038
E-mail: benton@gracesmithhouse.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish X Other Language Line services available

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Any and all documents that may help to identify and establish the client

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

NOTE: Fees paid by per diem from DSS. Others work out affordable payment agreement.

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

Collect calls accepted

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GRACE SMITH HOUSE, INC.**
Service or Program Name: Non-Residential Program
Street address where service is offered: 1 Brookside Avenue
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.gracesmithhouse.org
Office Hours and Days: M-F 9 to 5
Contact Person:
Name: Judy Lombardi, LCSW
Title: Executive Director Telephone: (845) 452-0908
E-mail: barbs@gracesmithhouse.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GRACE SMITH HOUSE, INC.**
Service or Program Name: Northeast Shelter
Street address where service is offered: "Confidential"
Mailing Address (if different): P.O. Box 97
City/State/Zip: Millerton, New York 12546
Website: www.gracesmithhouse.org
Office Hours and Days: 24 Hours a Day – 7 Days a Week
Contact Person:
Name: Sarita Greene
Title: Shelter Director Telephone: (518) 789-6977
E-mail: sarita@gracesmithhouse.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other Language Line services available

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

Collect calls accepted

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **GREYSTONE PROGRAMS INC.**
Service or Program Name: Many (See Website)
Street address where service is offered: 36 Violet Avenue
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.greystoneprograms.org
Office Hours and Days: M-F 1:00 – 4:30
Contact Person:
Name: Catherine Doyle
Title: C.E.O. Telephone: (845) 452-5772
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Medicaid Service Coordinator/Family.

Documents Required (please check all that apply)

Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Intake Package

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HEALTH CARE INC.**
Service or Program Name: **HELP – Community Care Partners - HCAP**
Street address where service is offered: **29 North Hamilton Street**
Mailing Address (if different):
City/State/Zip: **Poughkeepsie, New York 12601**
Website: **hchcare.org**
Office Hours and Days: **M-F 10 a.m. to 1:00 p.m.**
Contact Person:
Name: **S. Muller**
Title: **HCAP Project Director** Telephone: **(845) 483-5757 / 454-8201**
E-mail: **smuller@hchcare.org**

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) City of Poughkeepsie

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): **Register with Community Care Partners and then bring documents for health care**

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: Dutchess County Coalition for the Homeless
Street address where service is offered: 28 Snow Terrace
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: 8:15 p.m. to 7:00 a.m.
Contact Person:
Name: Linda Malave
Title: Project Director Telephone: (845) 452-5197
E-mail: lmalave@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): TB Test Results

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): This is a Homeless Shelter. Accessed in the evening and must be vacated at 7 a.m.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: Gannett House
Street address where service is offered: 391 Manchester Road
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12603
Website: www.hudsonriverhousing.org
Office Hours and Days: 24 Hours a day 7 days a week
Contact Person:
Name: Darlene Thomas
Title: Project Manager Telephone: (845) 452-0019
E-mail: skilpatrick@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) DC DSS

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): DSS Authorization

Payment (please check all that apply) N/A

No Fee Fee of (DSS Contracted Payment Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: Hillcrest House Transitional Housing
Street address where service is offered: 28 Snow Terrace
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: 24 Hours a day 7 days a week
Contact Person:
Name: Linda Malave
Title: Project Director Telephone: (845) 452-5197
E-mail: lmalave@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Application must be submitted for review.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: River Haven Independent Living Program
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours 7 days a week
Contact Person:
Name: Pat Kellett
Title: Director of Youth Services Telephone: (845) 454-2300
E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Varies.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Intake Documentation

Payment (please check all that apply) D.C. & N.Y.S.

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
(Varies)

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: River Haven Shelter
Street address where service is offered: Catharine Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours 7 days a week
Contact Person:
Name: Donna Menconeri
Title: Supervising Case Manager Telephone: (845) 454-3600
E-mail: dmenconeri@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) DC DSS, DC Probation, DC Family Court, School Districts

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Intake Documents

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

DC DSS Contract

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: River Haven Street Outreach
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Varies
Contact Person:
Name: Pat Kellett
Title: Director of Youth Services Telephone: (845) 454-2300
E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply) N/A

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER HOUSING, INC.**
Service or Program Name: River Haven Transitional Living Center
Street address where service is offered: 305-307 Mill Street
Mailing Address (if different): 313 Mill Street
City/State/Zip: Poughkeepsie, New York 12601
Website: www.hudsonriverhousing.org
Office Hours and Days: Open 24 hours a day 7 days a week
Contact Person:
Name: Pat Kellett
Title: Director of Youth Services Telephone: (845) 454-2300
E-mail: pkellett@hudsonriverhousing.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Varies.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____ (Varies)
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER PSYCHIATRIC CENTER**

Service or Program Name: Alliance House

Street address where service is offered: 316 Violet Avenue

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website:

Office Hours and Days: 24-7

Contact Person:

Name: Allen Stippa

Title: House Manager

Telephone: (845) 452-3964

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Putnam (If referred)

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Treated by MD/ACT Team

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Referral form/write-up on client, meds.

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER PSYCHIATRIC CENTER**

Service or Program Name: Inpatient Unit

Street address where service is offered: 10 Ross Circle

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: 7 days a week

Contact Person:

Name: Jean Dingee

Title: R.N.

Telephone: (845) 452-8000

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) Psychiatric Hospital

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): This is a State Psychiatric Hospital and referral needs to come from local 9.37 Hospital

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **HUDSON RIVER PSYCHIATRIC CENTER**

Service or Program Name: **Mobile Crisis Team**

Street address where service is offered: **4 Jefferson Plaza**

Mailing Address (if different):

City/State/Zip: **Poughkeepsie, New York 12603**

Website:

Office Hours and Days: **Monday through Friday 9-5**

Contact Person:

Name: **Veronica Cavalla**

Title: **Team Leader**

Telephone: **(845) 452-3964**

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Putnam (If referred)

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) **Community**

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): **Referral form/write-up on client, meds.**

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **LEXINGTON CENTER FOR RECOVERY, INC.**
Service or Program Name: Eastern Dutchess Counseling Center
Street address where service is offered: 2 Reimer Avenue
Mailing Address (if different): POB 696
City/State/Zip: Dover Plains, New York 12522
Website: Mon/Thur 9 to 9 and Tues/Wed/Fri 9 to 5
Office Hours and Days: 5 Days a Week
Contact Person:
Name: Sharon Flanders
Title: Clinical Supervisor Telephone: (845) 877-4100
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Fees (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$0.00 to \$85.00

Payment (please check all that apply)

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **LEXINGTON CENTER FOR RECOVERY, INC.**

Service or Program Name: Millbrook Counseling Center

Street address where service is offered:

Mailing Address (if different): P.O. Box 519

City/State/Zip: Millbrook, New York 12545

Website:

Office Hours and Days: Thursday 9 to 9 and Mon/Tue/Wed/Fri 9 to 5

Contact Person:

Name: Sharon Flanders

Title: Clinical Supervisor

Telephone: (845) 677-4050

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$0.00 to \$85.00
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **LEXINGTON CENTER FOR RECOVERY, INC.**
Service or Program Name: Poughkeepsie Counseling Center
Street address where service is offered: 20 Manchester Road
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12603
Website: Tues/Fri 9 to 5 and Mon/Wed/Thurs 9 to 8:30 p.m.
Office Hours and Days: 5 Days a Week
Contact Person:
Name: Ira Wolfe
Title: Associate Director Telephone: (845) 486-2950
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$ 0.00 to \$85.00
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **LEXINGTON CENTER FOR RECOVERY, INC.**
Service or Program Name: Rhinebeck Counseling Center
Street address where service is offered: 6529 Springbrook Avenue
Mailing Address (if different):
City/State/Zip: Rhinebeck, New York 12572
Website: Tues. 9 to 9 and Mon/Wed/Thurs/Fri 9 to 5
Office Hours and Days: 5 Days a Week
Contact Person:
Name: Sharon Flanders
Title: Clinical Supervisor Telephone: (845) 876-2006
E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Dutchess County HELP Line

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$0.00 to \$85.00
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MARANATHA INC.**
Service or Program Name: Maranatha Human Services
Street address where service is offered: 55 Academy Street – Floor 2
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F – 9 to 5
Contact Person:
Name: Quantica Bennett
Title: Family Care Coordinator Telephone: (845) 452-1424 X23
E-mail: qbennett@maranatha.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Photo ID

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MEDIATION CENTER OF DUTCHESS COUNTY, INC.**

Service or Program Name: Community Mediation Program

Street address where service is offered: 29 N. Hamilton Street, Suite L-18

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.dutchessmediation.org

Office Hours and Days: M-F 9 to 5 – Mediation available evenings

Contact Person:

Name: Emma Kreyche

Title: Community Program Manager Telephone: (845) 471-7213

E-mail: ekreyche@dutchessmediation.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Interpreters available for other languages)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required for Mediation Sessions

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MHA IN DUTCHESS COUNTY, INC.**
Service or Program Name: Case Management Program
Street address where service is offered: 253 Mansion Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website:
Office Hours and Days: M-F 9 to 5
Contact Person:
Name: Andrew O'Grady
Title: Director Telephone: (845) 452-1799 X3039
E-mail: aogrady@mhadc.com

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other - French

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Clinical Provider

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MHA IN DUTCHESS COUNTY, INC.**
Service or Program Name: Mel's Place Living Room
Street address where service is offered: 28 N. Hamilton Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.mhadc.com
Office Hours and Days: M-F 7:30 a.m. to 7:30 p.m. – Sat. & Sun. 7:30 a.m. to 5:00 p.m.
Contact Person:
Name: Mel Garrett
Title: Director Telephone: (845) 471-9329
E-mail: mgarrett@mhadc.com

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply) N/A

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): This is a daytime shelter and must be vacated at closing time.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MHA IN DUTCHESS COUNTY, INC.**
Service or Program Name: Support and Advocacy Services
Street address where service is offered: 253 Mansion Street
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: mhadc.com
Office Hours and Days: M-F 9 to 5 (some evenings & weekends)
Contact Person:
Name: Lydia Edelhaus
Title: Director, Supt. & Adv. Services Telephone: (845) 473-2500 X342
E-mail: ledelhaus@mhadc.com

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) Any and All

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MID-HUDSON ADDICTION RECOVERY CENTER, INC.**

Service or Program Name: Bolger House

Street address where service is offered: 230 Church Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Andrea Tkazyik

Title: Program Director

Telephone: (845) 452-9168

E-mail:

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): SSI/DSS/Public Assistance

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MID-HUDSON ADDICTION RECOVERY CENTER, INC.**

Service or Program Name: Chemical Dependency Crisis Center

Street address where service is offered: 51 Cannon Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: 24 Hours a Day – 7 Days a Week

Contact Person:

Name: Sue Tallardy

Title: Program Director Telephone: (845) 471-0310

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): SSI/DSS/Public Assistance

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MID-HUDSON ADDICTION RECOVERY CENTER, INC.**

Service or Program Name: Dowling House

Street address where service is offered: 2103 New Hackensack Road

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Sheila Baker

Title: Program Director Telephone: (845) 454-4661

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Medical Evaluation/Lab Tests

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): SSI/DSS/Public Assistance

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MID-HUDSON ADDICTION RECOVERY CENTER, INC.**

Service or Program Name: Florence Manor

Street address where service is offered: 52 Route 9

Mailing Address (if different):

City/State/Zip: Fishkill, New York 12524

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Karen Laffler

Title: Program Director Telephone: (845) 896-5450

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Medical Evaluation/Lab Tests

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): SSI/DSS/Public Assistance

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MID-HUDSON ADDICTION RECOVERY CENTER, INC.**

Service or Program Name: Sober Supported Apartments

Street address where service is offered: 51 Cannon Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: M-F 9 to 5

Contact Person:

 Name: Sue Tallardy

 Title: Program Director Telephone: (845) 471-0210

 E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) CD Treatment Provider

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Medical Evaluation

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): SSI/DSS/Public Assistance

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MONTROSE VETERAN'S AFFAIRS**

Service or Program Name: Poughkeepsie Community Clinics

Street address where service is offered: 488 Freedom Plains Road – Suite 120

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website: www.myheath.va.gov

Office Hours and Days: M-F 8:00-4:00

Contact Person:

Name:

Title:

Telephone: (845) 452-5151

E-mail:

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Discharge Paperwork

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **MULTI-COUNTY COMMUNITY DEVELOPMENT CORPORATION**

Service or Program Name: Many (Call for details)

Street address where service is offered: Twin Maples Plaza – Suite #5

Mailing Address (if different):

City/State/Zip: Saugerties, New York 12477

Website:

Office Hours and Days: M-F - 8:30 – 5:00

Contact Person:

Name: Margaret Bryant

Title: Office Manager

Telephone: (845) 247-9110 X100

E-mail: mbryant@multicounty.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?) OASIS, SPOE (MHA)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Psych/Social Evaluation (if appropriate)

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **NEW HORIZONS RESOURCES INC.**

Service or Program Name: Many (See Website)

Street address where service is offered: 21 Van Wagner Road

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website: www.nhrny.org

Office Hours and Days: M-F 8:30-5:00

Contact Person:

Name:	Regis Obijiski	
Title:	Executive Director	Telephone: (845) 473-3000
E-mail:	robijiski@nhrny.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Ulster & Putnam

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Sign Language)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Proof of OMRDD Status

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **NEW YORK STATE DIVISION OF PAROLE**

Service or Program Name: Parole Supervision – Poughkeepsie

Street address where service is offered: 20 Manchester Road

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website: www.parole.state.ny.us

Office Hours and Days: M-F 8:30 – 4:30

Contact Person:

Name: Fred Flood

Title: Bureau Chief

Telephone: (845) 452-0620

E-mail: fflood@parole.state.ny.us

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Sullivan County Ulster County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Parolees from NYS Prisons

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Certificate of Release to Parole Supervision.

Payment (please check all that apply)

No Fee (Supervision Fee Requirement for Parolees (\$30/\$15/\$5)
 Medicaid Medicare Private Insurance Money Order Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **NORTHERN DUTCHESS HOSPITAL**

Service or Program Name: **Medical Services**

Street address where service is offered: **6511 Springbrook Avenue**

Mailing Address (if different): **POB 5002**

City/State/Zip: **Rhinebeck, New York 12572**

Website: **www.northerndutchesshospital.com**

Office Hours and Days: **24-7**

Contact Person:

Name:

Title: **Telephone: (845) 876-3001**

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **PLANNED PARENTHOOD – MID-HUDSON VALLEY**

Service or Program Name: **Many (See Website)**

Street address where service is offered: **17 Noxon Street**

Mailing Address (if different): **178 Church Street**

City/State/Zip: **Poughkeepsie, New York 12601**

Website: **ppmhv.org**

Office Hours and Days: **Week Days and Evenings**

Contact Person:

Name:	Mimi Tannen	
Title:	Site Manager	Telephone: (845) 471-1540
E-mail:	mimi.tannen@ppfa.org	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$20.00 to \$80.00

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **PROJECT MORE**

Service or Program Name: Transitional Housing /ATI

Street address where service is offered:

Mailing Address (if different): PO BOX 190

City/State/Zip: Poughkeepsie, New York 12602

Website:

Office Hours and Days: 24 hours/day – 7 days/week

Contact Person:

Name: Steve Murrell

Title: House Director Telephone: (845) 452-0148

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers: (None).

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) (Probation – Court Mandate required).

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): (Court-ordered Documents).

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **REHABILITATION PROGRAMS, INC.**
Service or Program Name: Social Work Department/Case Management Program
Street address where service is offered: 70 Overocker Road
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12603
Website: www.rehabprograms.org
Office Hours and Days: M-F 8:15 a.m. to 4:00 p.m.
Contact Person:
Name: Linda Curtis, LMSW
Title: Assistant Director of Social Work Telephone: (845) 485-9803 X240
E-mail: lindacurtis@rehabprograms.org

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Proof of Developmental Disability

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
(Fees Vary)

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **RICHARD C. WARD ADDICTION TREATMENT CENTER**

Service or Program Name: Many (Call for Details)

Street address where service is offered: 117 Seward Avenue, Suite 12/16, Building 92

Mailing Address (if different):

City/State/Zip: Middletown, New York 10940

Website:

Office Hours and Days: M-F 8:00 – 4:30 p.m. for Admissions

Contact Person:

Name: M. Johnson

Title: Assistant Director Telephone: (845) 341-2504

E-mail: maryjohnson@oasns.styate.ny.us

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other (Brail Sign on Office Doors)

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) (Licensed Chemical Dependency Clinics, Courts, Probation, Parole, Hospitals, Social Service Agencies)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): (Social Security Number)

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **ST. JOSEPH'S REHAB CENTER, INC.**

Service or Program Name: Joseph's House

Street address where service is offered: 7 Fallkill Place

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website:

Office Hours and Days: 24 Hours Daily

Contact Person:

Name: Lou Gagliano, CASAC

Title: Program Manager Telephone: (845) 483-7051 – Fax: 483-7052

E-mail: tonie129@aol.com

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) OASAS Licensed Programs

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Psych – Axis I – Axis II

Payment (please check all that apply)

No Fee Fee of: \$854.00 Sliding fee scale from \$_____ to \$_____

Note: **CC Level II**

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **TACONIC DEVELOPMENTAL DISABILITIES SERVICE ORGANIZATION**

Service or Program Name: Medicaid Service Coordination

Street address where service is offered: 38 Firemen's Way

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12603

Website: OMRDD

Office Hours and Days: 8:00 a.m. – 4:30 p.m.

Contact Person:

Name: Karen A. Coleman

Title: TTL

Telephone: (845) 471-9226 X140

E-mail: karen.coleman@omr.state.ny.us

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify): Eligibility for OMRDD Services

Payment (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **TACONIC RESOURCES FOR INDEPENDENCE, INC.**

Service or Program Name: Many (See Website)

Street address where service is offered: 82 Washington Street

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.taconicresources.net

Office Hours and Days: M-F 9 to 5

Contact Person:

Name: Cynthia L. Fiore

Title: Executive Director Telephone: (845) 452-3913

E-mail: c.fiore@taconicresources.net

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) (Home Visit if needed)

Documents Required (please check all that apply)

X None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): This agency provides interpreters for the deaf through Mid Hudson Interpreter Services. There is a fee.

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **TACONIC RESOURCES FOR INDEPENDENCE INC.**
Service or Program Name: Mid-Hudson Interpreter Service (MHIS)
Street address where service is offered: 82 Washington Street, Suite 214
Mailing Address (if different):
City/State/Zip: Poughkeepsie, New York 12601
Website: www.taconicresources.net/mhis
Office Hours and Days: M – F (9:00 – 5:00)
Contact Person:
Name: Diane Barkstrom
Title: Program Director Telephone: (845) 452-3913
E-mail: d.barkstrom@taconicresources.net

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other Deaf/Hard of Hearing Services
Interpreting (American Sign Language)

Languages other than English spoken by service providers:

Spanish Other (American Sign Language)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Payment (please check all that apply)

No Fee Fee of: \$45-\$80 Sliding fee scale from \$_____ to \$_____
 Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): (Electronic Funds Transfer)

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **V.A. HUDSON VALLEY HEALTHCARE SYSTEM**

Service or Program Name: Domiciliary Care for Homeless Veterans

Street address where service is offered: 2094 Albany Post Road, Route 9A

Mailing Address (if different): POB 300

City/State/Zip: Montrose, New York 10522

Website: <http://vaww.hudson-valley.med.va.gov>

Office Hours and Days: M-F 8:00 to 4:30 p.m.

Contact Person:

Name:	Peter G. Medonis, Jr.	
Title:	Acting Program Manager	Telephone: (914) 737-4400 X3808
E-mail:	pete.medonis@med.va.gov	

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?) Any agency to whom the client is known.

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): Military Discharge (DD219).

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$ 0 – depends on total Assets and Income.

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **VASSAR BROTHERS MEDICAL CENTER**

Service or Program Name: Healthcare Provider

Street address where service is offered: 45 Reade Place

Mailing Address (if different):

City/State/Zip: Poughkeepsie, New York 12601

Website: www.health-quest.org

Office Hours and Days: 7 Days a Week – 24 Hours a Day

Contact Person:

Name:	May Mamiya		
Title:	Director, Case Management	Telephone:	(845) 437-3115
E-mail:	mmamiya@health-quest.org		

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other (Cyra Com Interpreter Telephones available, 187 languages)

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required (For clinics, etc.)

Referral required (and from whom?) (Physician)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify): (Insurance Cards helpful)

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Note: Fees vary depending on Services. Sliding fee possible if meet income eligibility criteria)

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

Agency Name: **YOUNG MEN'S CHRISTIAN ASSOCIATION**

Service or Program Name:

Street address where service is offered: **35 Montgomery Street**

Mailing Address (if different):

City/State/Zip: **Poughkeepsie, New York 12601**

Website: **DCYMCA.ORG**

Office Hours and Days: **7 Days a week**

Contact Person:

Name: **Milo Bunyi**

Title: **Director** Telephone: **(845) 471-9622**

E-mail:

Area Served (please check all that are served):

Parts of Dutchess County: Northeast Northwest All of Dutchess County

Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

Disabled Parking Ramps Accessible Bathrooms

Elevators Wide Doors Other

Languages other than English spoken by service providers:

Spanish Other

Application Procedure (please check all that apply)

Telephone Walk-in Appointment Required

Referral required (and from whom?)

Documents Required (please check all that apply)

None Proof of Residence Proof of Income Birth Certificate

Other (please specify):

Payment (please check all that apply)

No Fee Fee of: _____ Sliding fee scale from \$30.00

(Show that you cannot afford membership fees).

Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s): If involved w/agency, work w/vouchers – Vassar Hosp. & SFH

**DATA ENTRY FORM FOR THE DUTCHESS COUNTY
CASE MANAGEMENT RESOURCE GUIDE/WEB SITE**

TEMPLATE

Agency Name:

Service or Program Name:

Street address where service is offered:

TEMPLATE

Mailing Address (if different):

City/State/Zip:

Website:

Office Hours and Days:

Contact Person:

Name:

Title:

Telephone:

E-mail:

Area Served (please check all that are served):

- Parts of Dutchess County: Northeast Northwest All of Dutchess County
 Greater Poughkeepsie Southeast Southwest (Beacon/Fishkill) Outside Dutchess County

Disability Access (please check all that apply)

- Disabled Parking Ramps Accessible Bathrooms
 Elevators Wide Doors Other

Languages other than English spoken by service providers:

- Spanish Other

Application Procedure (please check all that apply)

- Telephone Walk-in Appointment Required
 Referral required (and from whom?)

Documents Required (please check all that apply)

- None Proof of Residence Proof of Income Birth Certificate
 Other (please specify):

Fees (please check all that apply)

- No Fee Fee of: _____ Sliding fee scale from \$_____ to \$_____

Payment (please check all that apply)

- Medicaid Medicare Private Insurance Credit Card Personal Check Cash

Note(s):