

## Children's Single Point of Access Application Instructions

### Instructions

Thank you for completing this application for the Children's Single Point of Access. When a child in our community is in need of assistance, we are always grateful to find out so that we can make sure that s/he is connected to the care and support that they and their family need.

The Children's Single Point of Access (C-SPOA) is operated by Madison County government to enable families easy, streamlined access to the mental health service system regardless of their financial resources or insurance status. While C-SPOA does not provide any direct services, it can help a family to access the complete continuum of mental health services for a child. If you are in doubt as to whether the child about whom you are concerned should be referred to the C-SPOA, please make the referral.

The attached form requests information that will enable us to ascertain how best to begin serving this family.

- ❖ **Please complete this form no matter what kind of insurance the child has, or if the child has no insurance. C-SPOA services are available for all children in NYS, regardless of their insurance or immigration status.**
- ❖ **Please complete the form to the best of your ability – fields can remain incomplete if information is unavailable.**
  - **If you have documentation of the child's diagnosis, please provide it, but we do not want you to delay the application gathering documentation.**
  - **The C-SPOA will be able to help capture any missing information once you submit this form to them.**
  - **If you need help with this form, please call (315) 366-2327**
- ❖ **There are two consent forms attached to this application.**
  - **The Consent for Release of Information is REQUIRED in order for us to access the information we need to process this application. Therefore, we cannot process this application without appropriate consent signatures.**
- ❖ **The Children's Single Point of Access (C-SPOA) Patient Information Retrieval Consent is highly recommended. This information is NOT required, but will help us to coordinate services for the child, so we strongly encourage the patient/guardian signs it.**

When you have completed this form, please submit it by encrypted email to:

[ChildSPOA@madisoncounty.ny.gov](mailto:ChildSPOA@madisoncounty.ny.gov), by fax to: (315) 750-3424, or by mail to:

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