

# The Road to Independence Begins at Home... **YOUR Home**



**Transitional Homes Project**, is offering four individuals the opportunity to live in two apartments (two people per apartment) with 24 hour oversight while attaining the skills necessary for more independent living. Homes will be located in a Rockland County neighborhood close to shopping, work opportunities and public transportation.

### Candidate Requirements & Eligibility

- Be at least 18 years of age
- Reside in Rockland, Sullivan, Westchester or Orange Counties
- Express an interest in pursuing a more independent living situation
- Be eligible for OPWDD services
- Demonstrate the ability to safely live in a home with less than 24 hour oversight within 2 years.

Eligibility will be determined through a standardized intake process including interviews with the candidate, his or her family and circle of support. A team of professionals including clinical, medical and behavioral experts will review the assessments to determine an individual's readiness for the program.

### Project Implementation

Four participants will be accepted into the transitional homes. Another four will be designated as potential future candidates. Screening will begin immediately, and the program will begin operation once appropriate apartments have been secured.

### Transition Plan

A Transition Plan will outline individualized outcomes, establish objectives and specify the necessary skill acquisition steps and time frames for each objective. Participants will receive training in relevant skills, with staff fading their support to allow for increased independence. Quarterly benchmarks will measure individual progress. The participant and his/her team will receive quarterly feedback to facilitate plan revision if necessary. The individual will receive ongoing feedback throughout.

### Individualized Agreement

An individualized agreement will indicate success criteria to be achieved within a maximum of 24 months. The agreement will include a discharge plan outlining the participant's preferred living arrangements for both successful completion of the program or, in the event that the person needs additional support in a supervised setting in order to continue working towards increased independence.

**Questions? Contact Rachel Shemesh, Managing Director for Residential Services  
845-267-2500 x3140 or rshemesh@rocklandarc.org**

If you are interested, please complete the form below and mail it back to: Arc of Rockland, 25 Hemlock Rd., Congers, NY 10920

## Arc of Rockland Transitional Homes Project Application

Candidate Name: \_\_\_\_\_ Medicaid recipient: yes no \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_