



E-mail to your region's Self Direction email address. If approved, you will receive a notification with an effective date. As of that effective date, you are authorized to receive mentorship

Section I: Identifying Information

Last Name		First Name		Middle Initial	
Broker Authorization Number		Initial Authorization Date			
Business Street Address					
City		State		Zip Code	
Phone Number		Number of Participants Currently Served			
E-Mail Address					
Name of Agency					

Section II: Background

Please provide a brief description of the guidance you are looking for from a Mentor.

Section III: Region

I would like to be a Mentee in the follow region(s):

- Region 1:
 - Finger Lakes DDRO Western NY DDRO
- Region 2:
 - Broome DDRO Central NY DDRO Sunmount DDRO
- Region 3:
 - Capital District DDRO Hudson Valley DDRO Taconic DDRO
- Region 4:
 - Bernard Fineson DDRO Brooklyn DDRO Metro Bronx DDRO
 - Metro Manhattan DDRO Staten Island DDRO
- Region 5:
 - Long Island

Section IV: Assignment

I would like to be assigned to a Mentor.

I am requesting to work with:

Broker Name:

Broker #

Broker Name:

Broker #

By signing below, I acknowledge that:

- I understand that written approval from the individual receiving services is necessary when the Mentor is assisting with activities that require accessing the individual's private information.
- I understand that approval as a Mentee does not guarantee that I will be assigned a Mentor.

Broker Digital Signature	<input type="text"/>	Date	<input type="text"/>
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DDRO Use Only

Approved

Denied

Comments

Liaison Signature	<input type="text"/>	Date	<input type="text"/>
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CBAR Use Only

Reviewer	<input type="text"/>	Determination	<input type="text"/>	Number	<input type="text"/>
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Instructions

The Support Broker Mentorship Program defines the Mentor and Mentee as such:

The Mentor is responsible for giving guidance to the Mentee. Potential Mentors must be in good standing and have at least one year of experience as an authorized Support Broker.

The Mentee is the recipient of guidance from the Mentor. Priority is given to Mentees with less than one year of experience as an authorized Support Broker.

This form is to be completed by the Support Broker applying to be a Mentee.

Please follow the directions when completing this form. This form should be completed in Adobe. Adobe Reader is a free program which can be obtained here:
<https://get2.adobe.com/reader/>

Section I

Provide the legal name and Authorization Number of the Mentee.

Section II

Please provide a summary of what you are seeking from a Mentor.

Section III

Please select the Regional Office(s) under which you would be available as a Mentee. You must currently provide services in a region in order to be considered as a Mentee for that region. If selecting multiple regions, you will need to be approved by each Regional Office in order to be accepted as a Mentee.

Section IV:

Please indicate if you have a Mentor that you would prefer to work with or if you would like to be assigned a Mentor. All requests must be approved by OPWDD.