

**Table #: NYConnects I & A Program Data**  
**Format: One record per consumer/client**  
**File Name: NYConnects.txt**

Field Name	Length	Start Pos.	End Pos.	Codes or See Att. B
County Code	2	1	2	See AAA Codes
Record Number/KEY*	10	3	12	Locally assigned
Month of Service (yyyymm)	6	13	18	Year & Month of service delivery
<b>Part A: Demographics</b>				
1 Mode of contact:	2	19	20	01=E-mail 02=Phone call 03=Face to Face 04=Other
2 Caller type:	2	21	22	01=Consumer 02=Professional/Provider 03=Caregiver/Family 04=Other 05=Unknown
3 Referral Source type:	2	23	24	01=Friend, Neighbor or Relative 02=Radio 03=Brochure 04=Television 05=Local Newspaper 06=Website/Webpage 07=Local Agency or Human Service Provider 08=Other
4 Age of Consumer				
a. Date of Birth (mm/dd/yyyy) OR	10	25	34	
b. Age Category	2	35	36	01=Less than or equal to 18 yrs of age 02=Age 19 to 59 yrs of age 03=Age 60 yrs of age or older 04=Unknown

5	Gender of consumer	2	37	38 01=Male Consumers 02=Female Consumers 03=Unknown
6	Primary payor source (Anticipated or Known)	2	39	40 01=Medicaid Funds 02=Private Resources 03=Medicare 04= Long Term Care Insurance 05= Potential Medicaid applicant 07=Other Public Funding 09=Aging Services Funding 10=Veteran's Benefits 11=Not asked/Not collected

**Part B: Information Initially Requested**

1	Children Specific	1	41	41 1 for Yes; 0 for No
2	Consumer & Caregiver Supports	1	42	42 1 for Yes; 0 for No
3	Facility Based Services	1	43	43 1 for Yes; 0 for No
4	Health and Wellness	1	44	44 1 for Yes; 0 for No
5	Home Based Services	1	45	45 1 for Yes; 0 for No
6	Home Modification and Repairs	1	46	46 1 for Yes; 0 for No
7	Insurance/Benefit Information & Counseling	1	47	47 1 for Yes; 0 for No
8	Legal Services	1	48	48 1 for Yes; 0 for No
9	Mental Health, Cognitive Status, Support Groups/Counseling	1	49	49 1 for Yes; 0 for No
10	Nutrition	1	50	50 1 for Yes; 0 for No
11	Personal Finance and Tax Assistance	1	51	51 1 for Yes; 0 for No
12	Potential Abuse Category	1	52	52 1 for Yes; 0 for No
13	Prescription/Medications	1	53	53 1 for Yes; 0 for No
14	Protective/Prevention	1	54	54 1 for Yes; 0 for No
15	Residential/housing Options & Supports	1	55	55 1 for Yes; 0 for No
16	Transportation	1	56	56 1 for Yes; 0 for No
17	Other	1	57	57 1 for Yes; 0 for No

**Part C: Information Provided**

1 Children Specific

a.	Child Care Provider Referrals	1	58	58 1 for Yes; 0 for No
b.	Early Intervention for Children with Disabilities/Delays	1	59	59 1 for Yes; 0 for No
c.	Special Education Assessment	1	60	60 1 for Yes; 0 for No
d.	Kinship Care	1	61	61 1 for Yes; 0 for No
<b>2</b>	<b>Consumer and Caregiver Supports</b>			
a.	Advocacy	1	62	62 1 for Yes; 0 for No
b.	Assistive Technology Equipment	1	63	63 1 for Yes; 0 for No
c.	Caregiver Training	1	64	64 1 for Yes; 0 for No
d.	Case/Care Management	1	65	65 1 for Yes; 0 for No
e.	Centers for Independent Living	1	66	66 1 for Yes; 0 for No
f.	Condition Specific Rehabilitation Services	1	67	67 1 for Yes; 0 for No
g.	Friendly visiting	1	68	68 1 for Yes; 0 for No
h.	Outreach Programs	1	69	69 1 for Yes; 0 for No
i.	Respite Care	1	70	70 1 for Yes; 0 for No
j.	Senior Centers	1	71	71 1 for Yes; 0 for No
k.	Vocational Rehabilitation	1	72	72 1 for Yes; 0 for No
<b>3</b>	<b>Facility Based Services</b>			
a.	Adult Day Health Programs	1	73	73 1 for Yes; 0 for No
b.	Adult Day Programs (Social)	1	74	74 1 for Yes; 0 for No
c.	Nursing Facilities	1	75	75 1 for Yes; 0 for No
<b>4</b>	<b>Health and Wellness</b>			
a.	Health Care Referrals	1	76	76 1 for Yes; 0 for No
b.	Substance Abuse	1	77	77 1 for Yes; 0 for No
c.	Oral Health Issues	1	78	78 1 for Yes; 0 for No
d.	Wellness programs	1	79	79 1 for Yes; 0 for No
e.	Chronic Disease Self Management programs	1	80	80 1 for Yes; 0 for No
f.	Falls Prevention programs	1	81	81 1 for Yes; 0 for No
<b>5</b>	<b>Home Based Services</b>			
a.	Companionship	1	82	82 1 for Yes; 0 for No
b.	Home Delivered Meals	1	83	83 1 for Yes; 0 for No
c.	Home Health Care	1	84	84 1 for Yes; 0 for No
d.	In Home Attendants for people with disabilities	1	85	85 1 for Yes; 0 for No
e.	Personal Care	1	86	86 1 for Yes; 0 for No
f.	Personal Emergency Response Systems	1	87	87 1 for Yes; 0 for No
g.	Private Duty Nursing	1	88	88 1 for Yes; 0 for No
h.	Telephone Reassurance	1	89	89 1 for Yes; 0 for No

**6 Home Modification and Repairs**

a.	Home Barrier Evaluation/Removal	1	90	90	1 for Yes; 0 for No
b.	Home Rehabilitation/Repair Services	1	91	91	1 for Yes; 0 for No
c.	Home Maintenance Services	1	92	92	1 for Yes; 0 for No
d.	Yard Work	1	93	93	1 for Yes; 0 for No

**7 Insurance/Benefit Information & Counseling**

a.	Health Insurance Information & Counseling	1	94	94	1 for Yes; 0 for No
b.	Long Term Care Insurance Information/Counseling	1	95	95	1 for Yes; 0 for No
c.	Managed Health Care Information	1	96	96	1 for Yes; 0 for No
d.	Medicare Information/Counseling	1	97	97	1 for Yes; 0 for No
e.	Medicaid (General Info.)	1	98	98	1 for Yes; 0 for No
f.	Veteran Benefits Assistance	1	99	99	1 for Yes; 0 for No
g.	Welfare Rights Assistance	1	100	100	1 for Yes; 0 for No
h.	Social Security Retirement Benefits	1	101	101	1 for Yes; 0 for No

**8 Legal Services**

a.	Legal Services (General legal services related questions)	1	102	102	1 for Yes; 0 for No
b.	Adult Guardianship Assistance	1	103	103	1 for Yes; 0 for No
c.	Advance Medical Directives	1	104	104	1 for Yes; 0 for No
d.	Child Guardianship Assistance	1	105	105	1 for Yes; 0 for No

**9 Mental Health, Cognitive Status, Support Groups/Counseling**

a.	Mental Health Issues	1	106	106	1 for Yes; 0 for No
b.	Aging/Older Adult Support Groups	1	107	107	1 for Yes; 0 for No
c.	Caregiver/Care Receiver Support Groups	1	108	108	1 for Yes; 0 for No
d.	Caregiver Counseling	1	109	109	1 for Yes; 0 for No
e.	Disability Related Support Groups	1	110	110	1 for Yes; 0 for No
f.	Specialized Counseling Services	1	111	111	1 for Yes; 0 for No
g.	Dementia	1	112	112	1 for Yes; 0 for No

**10 Nutrition**

a.	Congregate Meals/Nutrition Sites	1	113	113	1 for Yes; 0 for No
b.	Food Stamps (SNAP)	1	114	114	1 for Yes; 0 for No
c.	Nutrition Assessment Services	1	115	115	1 for Yes; 0 for No
d.	Nutrition Education	1	116	116	1 for Yes; 0 for No
e.	Food Pantries	1	117	117	1 for Yes; 0 for No
f.	WIC	1	118	118	1 for Yes; 0 for No

<b>11</b>	<b>Personal Finance and Tax Assistance</b>			
a.	Personal Finances/Budget Counseling	1	119	119 1 for Yes; 0 for No
b.	Tax Preparation Assistance	1	120	120 1 for Yes; 0 for No
c.	Tax Information	1	121	121 1 for Yes; 0 for No
d.	Property Tax Exemption Information	1	122	122 1 for Yes; 0 for No
<b>12</b>	<b>Potential Abuse Category (As Per NYS Social Service Law)</b>			
a.	Physical Abuse	1	123	123 1 for Yes; 0 for No
b.	Sexual Abuse	1	124	124 1 for Yes; 0 for No
c.	Financial Exploitation	1	125	125 1 for Yes; 0 for No
d.	Active and Passive Neglect	1	126	126 1 for Yes; 0 for No
e.	Self Neglect	1	127	127 1 for Yes; 0 for No
f.	Domestic Violence	1	128	128 1 for Yes; 0 for No
g.	Other (e.g. Abandonment)	1	129	129 1 for Yes; 0 for No
<b>12.1</b>	<b>Abuse/Neglect/Exploitation</b>			
g.	Referred to Adult Protective Services	1	130	130 1 for Yes; 0 for No
h.	Referred to Police Agency	1	131	131 1 for Yes; 0 for No
i.	Referred to Domestic Violence Service Provider	1	132	132 1 for Yes; 0 for No
j.	Referred to Other	1	133	133 1 for Yes; 0 for No
k.	Not Referred	1	134	134 1 for Yes; 0 for No
l.	Referred to Child Protective Services	1	135	135 1 for Yes; 0 for No
<b>13</b>	<b>Prescription/Medications</b>			
a.	Government Subsidized Prescription Drug Benefits	1	136	136 1 for Yes; 0 for No
b.	Prescription Drug Patient Assistance Programs	1	137	137 1 for Yes; 0 for No
c.	Prescription Medication Services	1	138	138 1 for Yes; 0 for No
d.	Prescription Expense Assistance	1	139	139 1 for Yes; 0 for No
<b>14</b>	<b>Protective/Preventative</b>			
a.	Adult Protective Services	1	140	140 1 for Yes; 0 for No
b.	Elder Abuse Reporting	1	141	141 1 for Yes; 0 for No
c.	Children's Protective Services	1	142	142 1 for Yes; 0 for No
d.	Consumer Fraud Reporting	1	143	143 1 for Yes; 0 for No
<b>15</b>	<b>Residential/ Housing Options and Supports</b>			
a.	Adult Residential Care Homes	1	144	144 1 for Yes; 0 for No
b.	Assisted Living Facilities	1	145	145 1 for Yes; 0 for No
c.	Congregate Living Facilities	1	146	146 1 for Yes; 0 for No
d.	Low Income/Subsidized Rental Housing	1	147	147 1 for Yes; 0 for No
e.	Naturally Occurring Retirement Community Programs (NORC)	1	148	148 1 for Yes; 0 for No

f.	Utility Payment Assistance	1	149	149	1 for Yes; 0 for No
g.	Weatherization Programs	1	150	150	1 for Yes; 0 for No
h.	Residential Housing Options	1	151	151	1 for Yes; 0 for No
i.	Housing Issues	1	152	152	1 for Yes; 0 for No
j.	Homelessness	1	153	153	1 for Yes; 0 for No

## 16 Transportation

a.	Automobile/Van Adaptations	1	154	154	1 for Yes; 0 for No
b.	Disability Related Transportation	1	155	155	1 for Yes; 0 for No
c.	Escort Programs	1	156	156	1 for Yes; 0 for No
d.	Medical Transportation	1	157	157	1 for Yes; 0 for No
e.	Senior Ride Programs	1	158	158	1 for Yes; 0 for No

## 17 Other

a.	Hospice	1	159	159	1 for Yes; 0 for No
b.	Household Safety Education	1	160	160	1 for Yes; 0 for No
c.	Interpreter Registries	1	161	161	1 for Yes; 0 for No
d.	Activities of Daily Living Assessment	1	162	162	1 for Yes; 0 for No
e.	Employment	1	163	163	1 for Yes; 0 for No
f.	Other	1	164	164	1 for Yes; 0 for No
g.	Volunteerism	1	165	165	1 for Yes; 0 for No

## Part D: Assistance Provided

1	Connected/Linked consumer with agencies, providers or programs	1	166	166	1 for Yes; 0 for No
2	Contact with friends, family or others to better assist consumer	1	167	167	1 for Yes; 0 for No
3	Off site visits conducted	1	168	168	1 for Yes; 0 for No
4	Option Counseling provided to consumer/caregiver	1	169	169	1 for Yes; 0 for No
5	Personalized Packets Distributed/Mailed	1	170	170	1 for Yes; 0 for No
6	Screening for Medicaid and other public LTC programs	1	171	171	1 for Yes; 0 for No
7	Short term case management/care coordination	1	172	172	1 for Yes; 0 for No
8	Telephone follow up delivered	1	173	173	1 for Yes; 0 for No
9	Translation services provided	1	174	174	1 for Yes; 0 for No
10	Application Assistance				
10.1	Submitted LIS application	1	175	175	1 for Yes; 0 for No
10.2	Submitted MSP application	1	176	176	1 for Yes; 0 for No
10.3	Assisted with Medicaid application	1	177	177	1 for Yes; 0 for No
10.4	Assisted with SNAP (Food stamp) application	1	178	178	1 for Yes; 0 for No
10.5	Assisted with HEAP application	1	179	179	1 for Yes; 0 for No
10.6	Assisted with application for other publicly funded services/programs	1	180	180	1 for Yes; 0 for No
11	Assisted with discharge from a hospital	1	181	181	1 for Yes; 0 for No

12 Assisted with discharge from a nursing home or sub-acute facility	1	182	182 1 for Yes; 0 for No
13 Referral to Aging Services Network	1	183	183 1 for Yes; 0 for No
14 Referral to CDSME	1	184	184 1 for Yes; 0 for No
15 Referral to Disability Organization/Service	1	185	185 1 for Yes; 0 for No
16 Referral to Early Intervention Services	1	186	186 1 for Yes; 0 for No
17 Referral to Independent Living Center	1	187	187 1 for Yes; 0 for No
18 Referral to OPWDD	1	188	188 1 for Yes; 0 for No

Total: 188

\*Record Number/KEY must be numeric, padded left with 0's. Where unknown, always use 999999999.

Note the following record number.keys are reserved for NYSOFA use:

'9999999985  
'9999999986  
'9999999987  
'9999999988  
'9999999989  
'9999999990  
'9999999991  
'9999999992  
'9999999993  
'9999999994  
'9999999995  
'9999999996  
'9999999997  
'9999999998

Client's Record Number/KEY must be unique & remain the same each submission.