

DDP1 – Registration / Movement Form

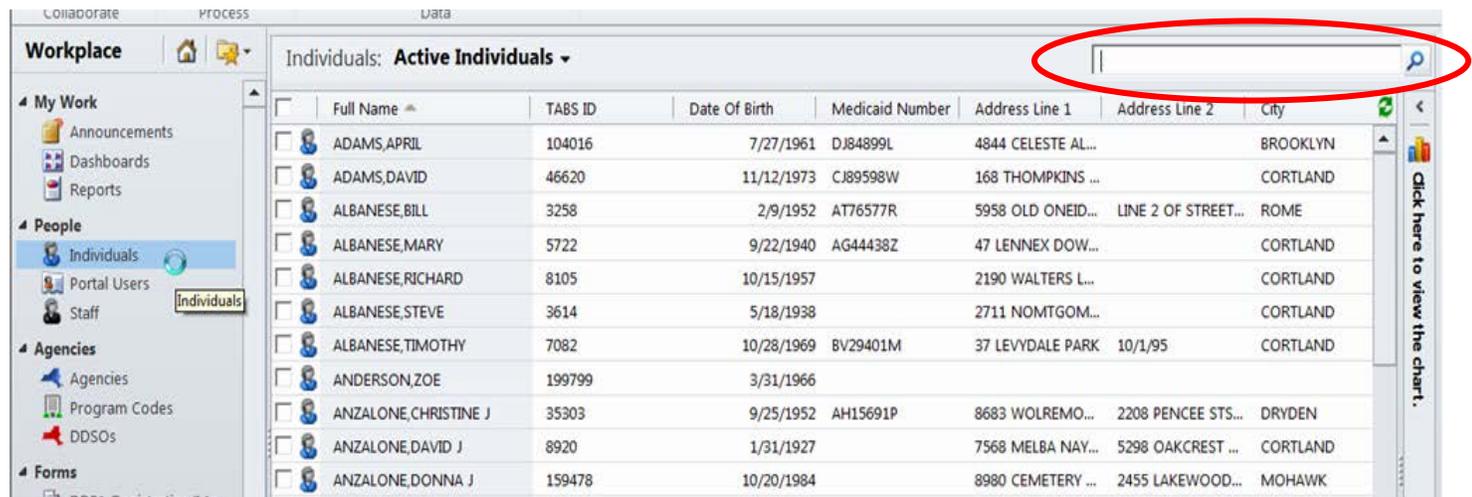
DDP1, Registration/Movement Form, is used, to add an Individual, already known to TABS, to a new program, remove from a program, complete a demographic change, document that an individual has moved out of state or show a transfer within the agency.

The DDP1 may also be used to register a new individual through CHOICES into the Tracking and Billing System (TABS) and a new Program, under very limited circumstances. See page 11 for instructions on New Individual to TABS. **NOTE: Only a few FSS programs will fit these criteria. If you have any questions regarding this, please call the local DDSO.**

Add to Program

Go to the *Individuals* section and find the individual you need to add to a program.

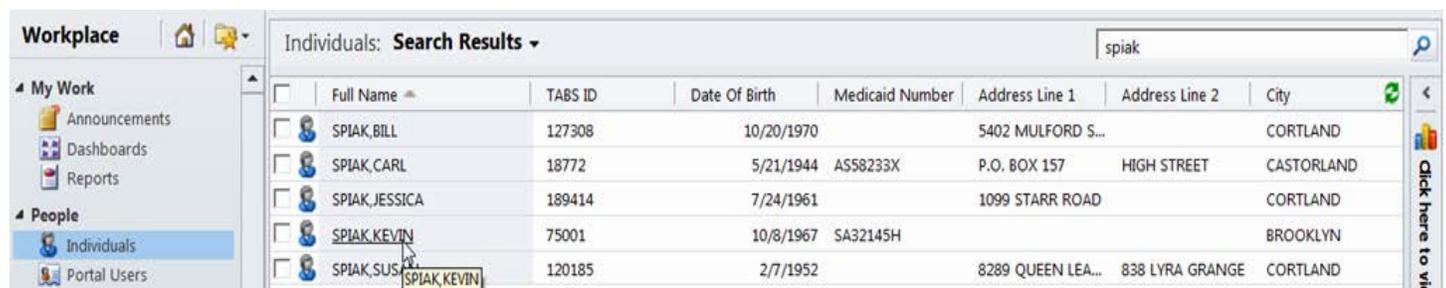
Search for the Individual by typing the last name in the search box and click the *Find* icon



The screenshot shows the 'Active Individuals' list in the software. A search box at the top right is highlighted with a red circle. The table below lists individuals with columns for Full Name, TABS ID, Date Of Birth, Medicaid Number, Address Line 1, Address Line 2, and City.

| | Full Name | TABS ID | Date Of Birth | Medicaid Number | Address Line 1 | Address Line 2 | City |
|--------------------------|-----------------------|---------|---------------|-----------------|--------------------|---------------------|----------|
| <input type="checkbox"/> | ADAMS, APRIL | 104016 | 7/27/1961 | DJ84899L | 4844 CELESTE AL... | | BROOKLYN |
| <input type="checkbox"/> | ADAMS, DAVID | 46620 | 11/12/1973 | CJ89598W | 168 THOMPkins ... | | CORTLAND |
| <input type="checkbox"/> | ALBANESE, BILL | 3258 | 2/9/1952 | AT76577R | 5958 OLD ONEID... | LINE 2 OF STREET... | ROME |
| <input type="checkbox"/> | ALBANESE, MARY | 5722 | 9/22/1940 | AG44438Z | 47 LENNEX DOW... | | CORTLAND |
| <input type="checkbox"/> | ALBANESE, RICHARD | 8105 | 10/15/1957 | | 2190 WALTERS L... | | CORTLAND |
| <input type="checkbox"/> | ALBANESE, STEVE | 3614 | 5/18/1938 | | 2711 NOMTGOM... | | CORTLAND |
| <input type="checkbox"/> | ALBANESE, TIMOTHY | 7082 | 10/28/1969 | BV29401M | 37 LEVYDALE PARK | 10/1/95 | CORTLAND |
| <input type="checkbox"/> | ANDERSON, ZOE | 199799 | 3/31/1966 | | | | |
| <input type="checkbox"/> | ANZALONE, CHRISTINE J | 35303 | 9/25/1952 | AH15691P | 8683 WOLREMO... | 2208 PENCEE STS... | DRYDEN |
| <input type="checkbox"/> | ANZALONE, DAVID J | 8920 | 1/31/1927 | | 7568 MELBA NAY... | 5298 OAKCREST ... | CORTLAND |
| <input type="checkbox"/> | ANZALONE, DONNA J | 159478 | 10/20/1984 | | 8980 CEMETERY ... | 2455 LAKEWOOD... | MOHAWK |

Click on the name, to open the individual's record.



The screenshot shows the 'Search Results' list in the software. The search box at the top right contains the text 'spiak'. The table below lists individuals with columns for Full Name, TABS ID, Date Of Birth, Medicaid Number, Address Line 1, Address Line 2, and City.

| | Full Name | TABS ID | Date Of Birth | Medicaid Number | Address Line 1 | Address Line 2 | City |
|--------------------------|----------------|---------|---------------|-----------------|-------------------|-----------------|------------|
| <input type="checkbox"/> | SPIAK, BILL | 127308 | 10/20/1970 | | 5402 MULFORD S... | | CORTLAND |
| <input type="checkbox"/> | SPIAK, CARL | 18772 | 5/21/1944 | AS58233X | P.O. BOX 157 | HIGH STREET | CASTORLAND |
| <input type="checkbox"/> | SPIAK, JESSICA | 189414 | 7/24/1961 | | 1099 STARR ROAD | | CORTLAND |
| <input type="checkbox"/> | SPIAK, KEVIN | 75001 | 10/8/1967 | SA32145H | | | BROOKLYN |
| <input type="checkbox"/> | SPIAK, SUSAN | 120185 | 2/7/1952 | | 8289 QUEEN LEA... | 838 LYRA GRANGE | CORTLAND |

NOTE: Allow all records or forms to fully open before trying to maximize or clicking within to begin work.

The **individual's record** has all the forms necessary.

Click on the *form section (DDP1 in this example)* to get a new form or view any saved, submitted or Inactive form.

The screenshot shows a Microsoft Dynamics CRM interface for an individual named SPIAK, KEVIN. The browser title is "Individual: SPIAK, KEVIN - Microsoft Dynamics CRM - Windows Internet Explorer provided by New York State OPWDD". The page header includes "OPWDD - CHOICES" and "TestJM031 TestJM031 choicestest1". The left navigation pane shows "Information" (General, Additional Information, Notes) and "Related" (Common). Under "Common", "DDP1 - Registration/Mov..." is circled in red. The main content area shows the "General" section with "Individual Information" fields:

| Individual Information | | | |
|------------------------|-------------|-------------------|--------------|
| Last Name * | SPIAK | First Name * | KEVIN |
| Middle Initial | | Full Name | SPIAK, KEVIN |
| Date Of Birth * | 10/8/1967 | Sex | Male |
| Ethnicity | Hispanic | Cell Phone Number | |
| Phone Number | | Medicaid Number | SA32145H |
| Email | | | |
| Social Security Number | 000-07-5001 | | |
| Medicare Number | | | |

In this example, we are completing a New DDP1 for an Add to Program:

Click the, *Add New DDP1 – Registration/Movement Form*, button

The screenshot shows the 'OPWDD - CHOICES' software interface. The top ribbon contains various toolbars: 'File', 'Individual', 'List Tools', and 'Records'. The 'List Tools' ribbon is active, and the 'Add New DDP1 - Registration/Movement Form' button is highlighted with a red box. Below the ribbon, the 'Information' pane on the left shows a tree view with 'General', 'Additional Information', and 'Notes'. The main area displays 'Individual SPIAK, KEVIN' and a table of 'DDP1 - Registration/Movement Form: DDP1 Associated View'. The table has columns for Name, Created By, Agency Name, Add TABS Program, Remove TABS Program, Approved Effective Date, and Form Status. The table contains four rows of data for Kevin Spiak.

| Name | Created By | Agency Name | Add TABS Program | Remove TABS Program | Approved Effective Date | Form Status |
|-----------------------|-------------------|-------------------|-------------------|---------------------|-------------------------|-------------|
| DDP1 for SPIAK, KEVIN | TestJM031 TestJM0 | J. M. MURRAY CENT | J M MURRAY CENT | | | Saved |
| DDP1 for SPIAK, KEVIN | TestJM031 TestJM0 | J. M. MURRAY CENT | 4057 WEST ROAD - | | | Submitted |
| DDP1 for SPIAK, KEVIN | TestJM031 TestJM0 | J. M. MURRAY CENT | BROOKLYN S.W.A.T | | 7/2/2012 | Returned |
| DDP1 for SPIAK, KEVIN | TestJM031 TestJM0 | J. M. MURRAY CENT | CARL FENICHEL PRE | | 7/5/2012 | Approved |

A new DDP1 for Kevin displays and the, *Purpose*, of the form defaults to “Add”

The screenshot shows the 'OPWDD - CHOICES' software interface for a new DDP1 form. The top ribbon contains 'File', 'DDP1 - Registration/Movement Form', and 'Form Actions'. The 'Form Actions' ribbon is active. The 'Information' pane on the left shows a tree view with 'General' and 'Notes'. The main area displays 'New' and a form titled 'DDP1 - Registration/Movement Form'. The 'Purpose Of DDP1' section has a dropdown menu set to 'Add', which is circled in red. The 'Individual Information' section contains fields for Individual (SPIAK, KEVIN), Last Name (SPIAK), Middle Initial, Sex (Male), Social Security Number (000-07-5001), Ethnicity/Race (Hispanic), Individual's Residence Type, County Of Residence (KINGS), Address Line 1, City (BROOKLYN), Zip (112), TABS ID (75001), First Name (KEVIN), Date Of Birth (10/8/1967), Medicaid Number (SA32145H), Specify Other Residence Type, Address Care Of, Address Line 2, State (NEW YORK), and Date of Registration (12/8/1987). The 'Agency / Program Information' section contains fields for Agency Name (J. M. MURRAY CENTER, INC.), Add TABS Program, DDSO, and Remove TABS Program. The status is 'Active'.

Scroll down the form to the *Agency / Program Information Section* and complete the 2 required fields: *Add TABS Program Code*, click on the *Find* icon to look up the program codes for your agency.

Users cannot type any program codes in CHOICES; all must be selected via the Find icon.

Fill in the correct Add Date in the “*Remove/Add Date*” field. Type a date or click the calendar to use.

Agency / Program Information

| | | | |
|---------------------------|--|--------------------------|----------------------|
| Agency Name | <input type="text" value="J. M. MURRAY CENTER, INC."/> | DDSO | <input type="text"/> |
| Add TABS Program Code * | <input type="text"/> | Remove TABS Program Code | <input type="text"/> |
| Remove/Add Date * | <input type="text"/> | Date of Death | <input type="text"/> |
| Current TABS Program Code | <input type="text"/> | | |

An example of using the, *Find*, icon for a TABS Program code: click the icon:

Add TABS Program Code *

The following Look Up Record displays with the entire list of the Agency's Program Codes. There may be pages of program codes; check the Page section, at the bottom right of this box, if the forward arrow is **blue**, not grayed out, there are multiple pages of codes.

NOTE: Users can sort by clicking on the *Program Name*, heading button, to group and alphabetize programs if you cannot find your code. (Any of the column heading buttons can be used to sort)

Look Up Record
 Enter your search criteria and click Search to find matching records. Filter your results and view different columns of data by using the View options. Then, select the record you want and click OK.

Look for: Show Only My Records

View:

Search: 

| | Program Code ▲ | Program Name | Program Class | Program Type |
|--------------------------|------------------------------|-----------------------------|------------------------|-------------------|
| <input type="checkbox"/> | 4057 WEST ROAD -- 631603... | 4057 WEST ROAD | DAY TREATMENT | DAY TREATMENT |
| <input type="checkbox"/> | 4057 WEST ROAD, P.O. 589 ... | 4057 WEST ROAD, P.O. 589 | SHELTERED EMPLOYMEN | DAY TRAINING (WAC |
| <input type="checkbox"/> | ADVOCACY SERVICES PROG... | ADVOCACY SERVICES PROG... | DAY SERVICE INITIATIVE | PREVOCATIONAL |
| <input type="checkbox"/> | BROOKLYN S.W.A.T. -- 6113... | BROOKLYN S.W.A.T. | DAY SERVICE INITIATIVE | SUPPORTED WORK |
| <input type="checkbox"/> | CARL FENICHEL PRE VOCATL... | CARL FENICHEL PRE VOCATL... | DAY SERVICE INITIATIVE | PREVOCATIONAL |
| <input type="checkbox"/> | CREATIVE BUSINESS RESOU... | CREATIVE BUSINESS RESOU... | DAY SERVICE INITIATIVE | SUPPORTED WORK (|
| <input type="checkbox"/> | DSI-SUPPORTED WORK -- 6... | DSI-SUPPORTED WORK | DAY SERVICE INITIATIVE | SUPPORTED WORK |
| <input type="checkbox"/> | J M MURRAY CENTER INC H... | J M MURRAY CENTER INC H... | UNCERTIFIED | OTHER NON-RESIDE |
| <input type="checkbox"/> | J M MURRAY CENTER INC H... | J M MURRAY CENTER INC H... | HCBS WAIVER SERVICES | WAIVER PLAN OF CA |
| <input type="checkbox"/> | MAUREEN'S PREVOC PRG I... | MAUREEN'S PREVOC PRG I... | DAY SERVICE INITIATIVE | PREVOCATIONAL |
| <input type="checkbox"/> | SUPPORTED WORK -- 63160... | SUPPORTED WORK | DAY SERVICE INITIATIVE | SUPPORTED WORK |
| <input type="checkbox"/> | TESTING CR79 -- 12345678 | TESTING CR79 | MEDICAL CARE (LONG TI | NURSING HOME (HF |

1 - 13 of 13 (0 selected) ◀ Page 1 ▶

Properties New

OK Cancel Remove Value

The agency section is now filled in with all required fields. (Required fields have Red asterisks *)

Agency / Program Information

Agency Name  DDSO 

Add TABS Program Code *  Remove TABS Program Code 

Remove/Add Date *  Date of Death 

Current TABS Program Code 

The DDP1 for an Add to Program is completed, but any supporting documents will need to be uploaded to this form.

The *Supporting Document* section is grayed-out, please click the **Save** button to activate the Supporting Documents section of the DDP1. (See the Step by Step, **Supporting Documents**, if necessary for full instructions on Uploading.)

OPWDD - CHOICES TestJM031 TestJM031
choicestest1

File DDP1 - Registration/Movement Form Form Actions

Save Save & Close Save & Close

Sharing Copy a Link E-mail a Link Run Workflow Start Dialog Run Report Help On This Page

Information

- General
- Notes

Related

- Common
 - Activities
 - Closed Activities
 - Supporting Documents**
- Processes
 - Workflows

DDP1 - Registration/Movement Form
DDP1 for SPIAK, KEVIN

Purpose * Add Demographic Data Change No Yes

Individual Information

Individual SPIAK, KEVIN TABS ID + 75001

Last Name * SPIAK First Name * KEVIN

Middle Initial Date Of Birth * 10/8/1967

Sex * Male Medicaid Number + SA32145H

Social Security Number + 000-07-5001

Ethnicity/Race Hispanic

Individual's Residence Type Specify Other Residence Type

County Of Residence * KINGS Address Care Of

Address Line 1 Address Line 2 +

City BROOKLYN State NEW YORK

Zip 112 Date of Registration 12/8/1987

Agency / Program Information

Agency Name J. M. MURRAY CENTER, INC. DDSO BROOKLYN DDSO

Add TABS Program Code * DSI-SUPPORTED WORK -- 61300961 Remove TABS Program Code

Remove/Add Date * 8/1/2012 Date of Death

Status **Active**

The lower half of the DDP1, starting with the Disabilities section is grayed out, for an *Add to Program*. Except for the Purpose of, *Demographic Change*, the lower half of DDP1 will always be grayed-out.

DDP1 - Registration/Movement Form
DDP1 for SPIAK, KEVIN

Disabilities (Check All That Apply)

| | | | |
|------------------------------------|---|------------------------------|---|
| Developmental Delay | <input checked="" type="radio"/> No <input type="radio"/> Yes | Mental Retardation | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Autism | <input checked="" type="radio"/> No <input type="radio"/> Yes | Cerebral Palsy | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Epilepsy/Seizure Disorder | <input checked="" type="radio"/> No <input type="radio"/> Yes | Learning Disability | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Other Neurological Impairment | <input checked="" type="radio"/> No <input type="radio"/> Yes | Psychiatric Disability | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Chronic Physical/Medical Condition | <input checked="" type="radio"/> No <input type="radio"/> Yes | Sensory Impairment | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Undetermined | <input checked="" type="radio"/> No <input type="radio"/> Yes | Traumatic Brain Injury (TBI) | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Prader-Willi Syndrome (PWS) | <input checked="" type="radio"/> No <input type="radio"/> Yes | Fetal Alcohol Syndrome | <input checked="" type="radio"/> No <input type="radio"/> Yes |

DDP1 - Purpose of, *Demographic Change*, allows Disabilities and following sections to be edited.

DDP1 - Registration/Movement Form
DDP1 for SPIAK, KEVIN

Disabilities (Check All That Apply)

| | | | |
|------------------------------------|---|----------------------------------|---|
| Developmental Delay | <input checked="" type="radio"/> No <input type="radio"/> Yes | Mental Retardation | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Autism | <input checked="" type="radio"/> No <input type="radio"/> Yes | Cerebral Palsy | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Epilepsy/Seizure Disorder | <input checked="" type="radio"/> No <input type="radio"/> Yes | Learning Disability | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Other Neurological Impairment | <input checked="" type="radio"/> No <input type="radio"/> Yes | Psychiatric Disability | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Chronic Physical/Medical Condition | <input checked="" type="radio"/> No <input type="radio"/> Yes | Sensory Impairment | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Undetermined | <input checked="" type="radio"/> No <input type="radio"/> Yes | Traumatic Brain Injury (TBI) | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Prader-Willi Syndrome (PWS) | <input checked="" type="radio"/> No <input type="radio"/> Yes | Fetal Alcohol Syndrome | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Narcolepsy | <input checked="" type="radio"/> No <input type="radio"/> Yes | Neurofibromatosis | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Spina Bifida | <input checked="" type="radio"/> No <input type="radio"/> Yes | Tourette Syndrome | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Toxic Substance Exposure | <input checked="" type="radio"/> No <input type="radio"/> Yes | Child Under 5 Unable To Diagnose | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Other | <input checked="" type="radio"/> No <input type="radio"/> Yes | Other (Specify) | <input type="text"/> |

Primary Disability

Primary Developmental Disability:

Other (Specify):

Preferred Spoken Languages

In the **Disabilities** area of the DDP1, most of the fields are in “radio button” format. To change a radio button from **No** to **Yes**, simply click in the white circle next to **Yes**. A solid black circle will then appear, indicating that **Yes** is selected.

To finish the DDP1, upload supporting documents at the *Supporting Documents* section of the DDP1. Click **New** and upload the necessary document(s).

NOTE: DDSOs will return any form that does not have the supporting documents uploaded directly to the form.

DDP1 - Registration/Movement Form
DDP1 for SPIAK, KEVIN

View: Supporting Documents For This Form

New Unlink From This Form More Actions

| Name | File Type | Document Class | Type | Subtype | Size (in KB) |
|------|-----------|----------------|------|---------|--------------|
|------|-----------|----------------|------|---------|--------------|

Once all supporting documents are uploaded, **Submit** the form.

Click, **Form Actions**

If necessary to **Save & Close** the form, you may do so. But even to **Save** a form, all required fields must be completed. But all saved forms are still fully editable. You can return to the form and change even a required field.

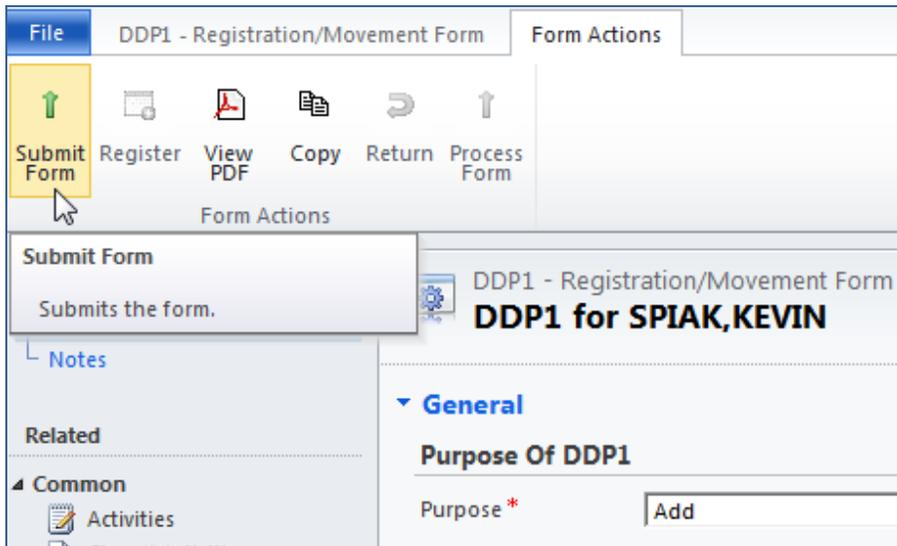
Under the **Form Actions** tab, are function buttons.

Submit Form, will submit the form to the DDSO.

View PDF, will display a PDF version of the form at the time of **last "Save"**. Thus if you changed information and wish to view the latest information, click "Save" before you view the PDF.

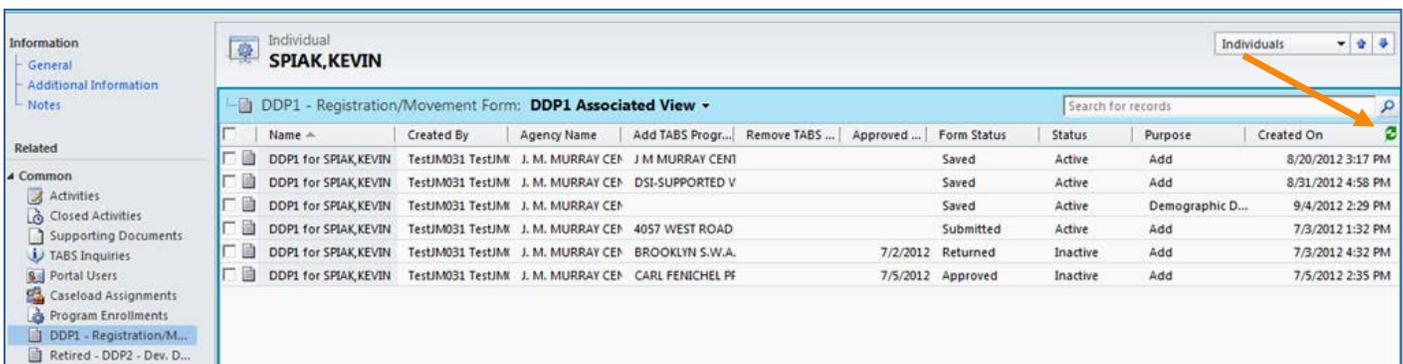
Copy, will copy the form. **NOTE:** It *will not* copy any supporting documents forward to the copy. (See, **Supporting Documents**, Step by Step on how to "Link to the form".) And because a new DDP1 was created by copying another form, the new DDP1 must be *saved* before "**Submit**" will be available.

Saving a form, any form, will add more functionality, and activate buttons.

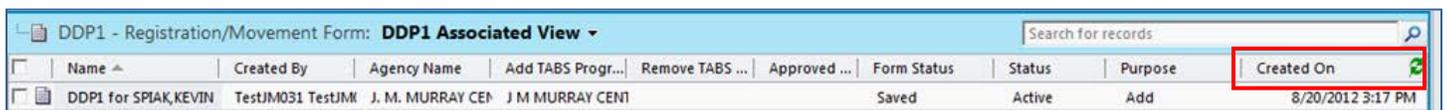


Once a function of Submit or Save & Close is done, the form automatically closes and files on the list of forms within the section. We have been doing a DDP1, so that is the section displayed.

NOTE: You may have to refresh  the list to see the latest DDP1 that you have completed.



Each form, whether Saved, Submitted, Approved or whatever the Form Status is, is listed in the form's section. Each column, in the section, has a heading button which will allow you to sort by clicking on that button.



Beyond Add to Program

The "Beyond Add to Program" process, shown below, applies to the following **DDP1 Purposes**: **Demographic Data Change, Moved out of State, Remove, Died, and Transfer Within Agency.**

The instructions here assume that the individual is registered to TABS, and is being served by the agency. To begin, find the **Individual's** record as previously shown for Add, open and go to the DDP1 section.

Workplace Individuals: Search Results

| | Full Name | TABS ID | Date Of Birth | Medicaid Number | Address Line 1 | Address Line 2 | City |
|--------------------------|----------------|---------|---------------|-----------------|-------------------|-----------------|------------|
| <input type="checkbox"/> | SPIAK, BILL | 127308 | 10/20/1970 | | 5402 MULFORD S... | | CORTLAND |
| <input type="checkbox"/> | SPIAK, CARL | 18772 | 5/21/1944 | AS58233X | P.O. BOX 157 | HIGH STREET | CASTORLAND |
| <input type="checkbox"/> | SPIAK, JESSICA | 189414 | 7/24/1961 | | 1099 STARR ROAD | | CORTLAND |
| <input type="checkbox"/> | SPIAK, KEVIN | 75001 | 10/8/1967 | SA32145H | | | BROOKLYN |
| <input type="checkbox"/> | SPIAK, SUSAN | 120185 | 2/7/1952 | | 8289 QUEEN LEA... | 838 LYRA GRANGE | CORTLAND |

When the new DDP1 opens, change the *Purpose* to whatever you need: click on the down arrow to open the drop down menu, point the cursor to highlight and then click to select. Each selection will have its own required fields, marked with a red asterisk *.

DDP1 - Registration/Movement Form DDP1 - Registration...

New

General

Purpose Of DDP1

Purpose * Demographic Data Change Demographic Data Change No Yes

Individual Information

Individual Demographic Data Change

Last Name * KEVIN

Middle Initial

Sex * Male

Social Security Number 000-07-5001

Ethnicity/Race Hispanic

Individual's Residence Type *

County Of Residence * KINGS

Address Line 1

City BROOKLYN

Zip 112

TABS ID + 75001

First Name * KEVIN

Date Of Birth * 10/8/1967

Medicaid Number + SA32145H

Specify Other Residence Type

Address Care Of

Address Line 2 +

State NEW YORK

Date of Registration 12/8/1987

Agency / Program Information

Agency Name J. M. MURRAY CENTER, INC.

Add TABS Program

DDSO * BROOKLYN DDSO

Remove TABS Program

For a Demographic Change, please select which DDSO to send the information. Even if one automatically fills in, you can click on the *Find* icon to do a Look up of all the DDSOs your agency serves.

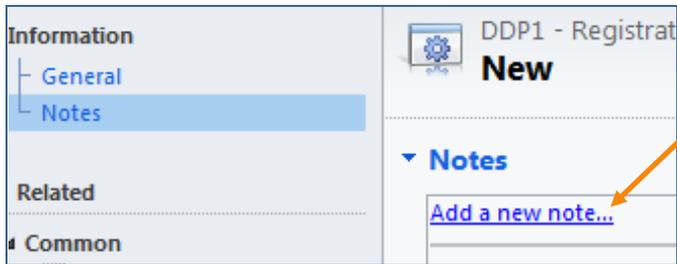
The screenshot shows the 'New' form for 'DDP1 - Registration/Movement Form'. The 'Purpose Of DDP1' is set to 'Demographic Data Change'. The 'Individual Information' section includes fields for Individual (SPIAK, KEVIN), Last Name (SPIAK), First Name (KEVIN), Date of Birth (10/8/1967), Sex (Male), Social Security Number (000-07-5001), Medicaid Number (SA32145H), Ethnicity/Race (Hispanic), County of Residence (KINGS), City (BROOKLYN), State (NEW YORK), and Date of Registration (12/8/1987). The 'Agency / Program Information' section shows Agency Name (J. M. MURRAY CENTER, INC.) and DDSO (BROOKLYN DDSO), which is circled in red. The 'Disabilities (Check All That Apply)' section has radio buttons for Developmental Delay, Autism, Epilepsy/Seizure Disorder, Mental Retardation, Cerebral Palsy, Learning Disability, and Psychiatric Disability, all currently set to 'No'.

NOTE: With all Demographic changes, please use the **Notes** section of the DDP1 to state what it is you are changing. The DDP1 will not have any fields marked as different or changed, so the DDSO will not know what specifically you are changing.

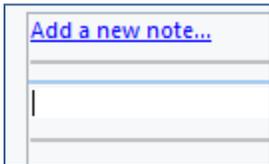
Click on the word, **Notes**.

This screenshot shows the 'Information' sidebar on the left of the DDP1 form. The 'Notes' option is highlighted with a blue bar and an orange arrow. The main form area shows the 'Purpose Of DDP1' as 'Demographic Data Change' and the 'Individual' as 'SPIAK, KEVIN'.

The Notes section of the form opens, click on the instructions, **Add a new note...**

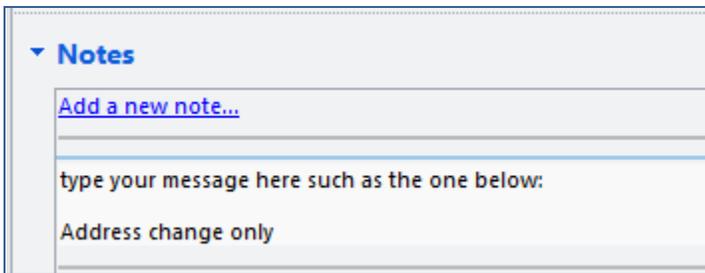


The cursor will automatically display within a writing section.

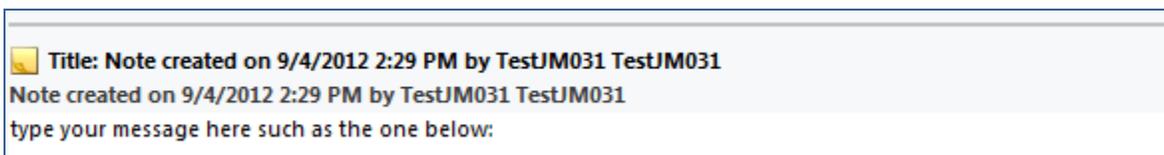


Type your message. There is no Spell Check in CHOICES! Even without clicking Save, all messages are automatically saved once the cursor leaves the typing field - it is no longer editable.

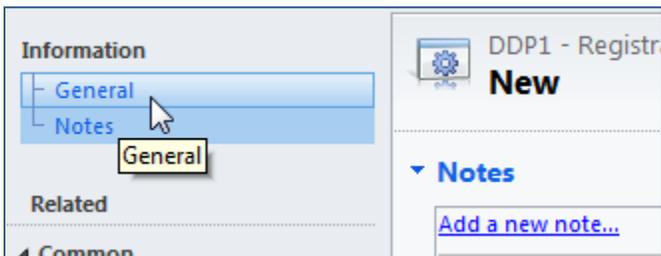
If you need to add more information, just click "Add a new note..." again and continue



Also, the message will automatically be dated and the user's name filled in as soon as you Save or Submit the form.



To return to the main page of the form, on the left column, click on **General**.



Again, once the form is completed, with supporting documents if necessary, **Submit the form.**

DDP1 Purpose:

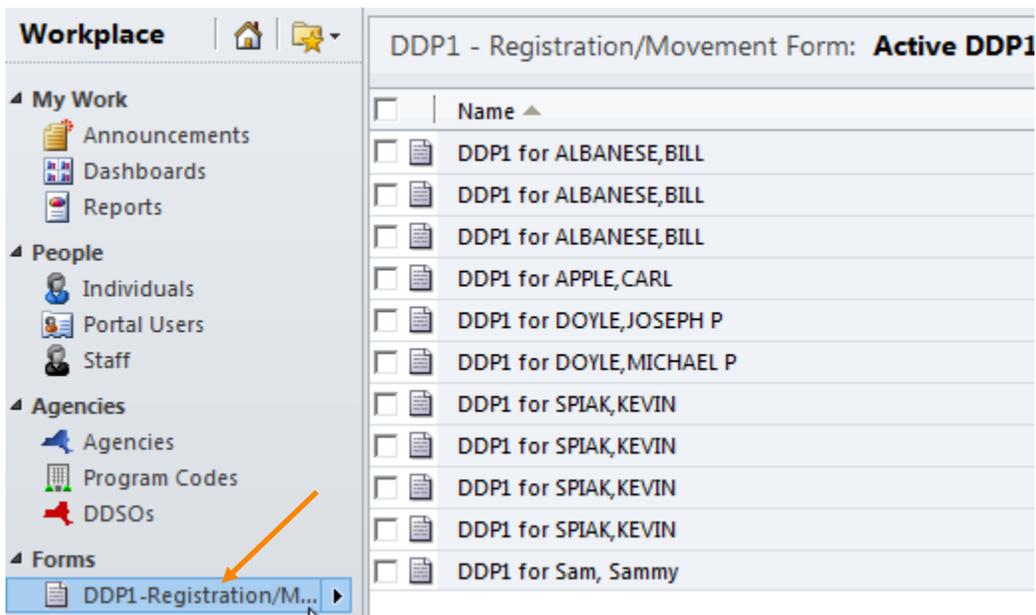
ADD AN INDIVIDUAL, NOT KNOWN TO TABS, TO A PROGRAM:

The **Add** process, shown below, registers a new individual and adds a program for the same individual. Again this process should only be used for FSS programs clearly denoted as not needing eligibility prior to the Add.

NOTE: The **Register** process, only registers, a new individual. This should not be used except if directed by the local DDSO to do so. Eligibility processes and /or paperwork must still be filed as directed by the DDSO.

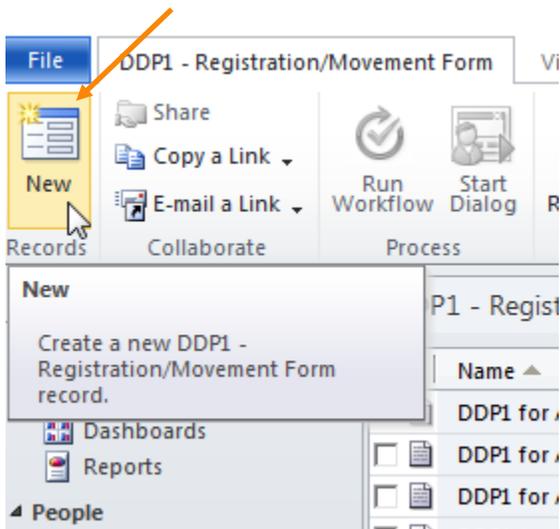
Go to **Forms**, in the navigation column on the left side of the screen.

Click on **DDP1-Registration/Movement Form** under this column heading.



The **content pane** will now list active DDP1's.

“**New**” appears as the first button on the ribbon displaying above the Workplace Column. Click **New**.



The following is the screen that will display. It is a **Lookup**. Please be sure you have all correct information, verify the spelling of the Individual's name, Social Security number and Medicaid number from good documents. (For more detailed instructions on conducting a Lookup please see the **Individual Lookup Step by Step** guide.)

- Type in the Individual's name
- And at least one of the identifying numbers, either the Social Security or Medicaid number

The screenshot shows the 'OPWDD - CHOICES' application window. The title bar includes 'DDP1 - Registration/Movement Form' and 'Form Actions'. The main content area is titled 'New' and contains a 'General' section with the following fields:

- Look up by TABS ID:** TABs ID *
- Look up by other criteria:**
 - Last Name
 - First Name
 - Social Security Number *
 - Medicaid CIN *
 - County
 - Sex
 - Date Of Birth

Buttons for 'Lookup' and 'New Individual' are located at the bottom right of the form.

Once the Lookup box has enough information, the **Lookup** button in the lower right will activate.

This screenshot shows the same form as above, but with the following data entered:

- Look up by TABS ID:** TABs ID
- Look up by other criteria:**
 - Last Name: Smith
 - First Name: Patricia
 - Social Security Number: 666-88-9999
 - Medicaid CIN
 - County
 - Sex
 - Date Of Birth

An orange arrow points to the 'Lookup' button, which is now highlighted, indicating it is active.

Click Lookup.

NOTE: 2 results are possible, both are shown below.

1. If the Individual, is truly an unknown name and matching number to TABS, the following message displays,

Your query did not return any results.

Click on the “**New Individual**” button in the lower right.

The screenshot shows the 'New' form for 'DDP1 - Registration/Movement Form'. A yellow message box at the top states 'Your query did not return any results.' Below this, there are two sections for searching: 'Lookup by TABS ID' with a text input field, and 'Lookup by other criteria' with fields for Last Name (Smith), First Name (Patricia), Social Security Number (666-88-9999), Medicaid CIN, County, Sex, and Date Of Birth. At the bottom right, there are two buttons: 'Lookup' and 'New Individual'. An orange arrow points to the 'New Individual' button.

A new DDP1 will display with the name and number you input to the Lookup box.

Complete the DDP1 for the *new* Individual.

The screenshot shows the 'New' form for 'DDP1 - Registration/Movement Form' with the 'General' section expanded. The 'Purpose Of DDP1' is set to 'Add'. The 'Individual Information' section includes fields for Last Name (Smith), First Name (Patricia), Social Security Number (66-88-9999), and Date of Birth. The 'Agency / Program Information' section includes Agency Name (J. M. MURRAY CENTER, INC.), Add TABS Program Code, and Date of Registration. The form is titled 'OPWDD - CHOICES' and includes a 'File' menu and 'Form Actions' toolbar.

NOTE: If the Individual is not yet being served by your agency, the Individual's record will not be available to the agency until, the Add to Program has been approved. But this form will be on the list of Active DDP1s for your agency.

Submission Information and Processing Information

These sections may appear or function differently depending on your role in CHOICES.

The Submission Information section is automatically populated with the name and phone number of the user signed into CHOICES. Date Completed is also automatically populated, but can be edited.

The screenshot shows the 'DDP1 - Registration/Movement Form' for 'Patricia Smith' in the 'OPWDD - CHOICES' system. The form is divided into several sections:

- Medical History:** Includes checkboxes for 'Non-corecopy', 'Spina Bifida', 'Toxic Substance Exposure', 'Other', 'Neurofibromatosis', 'Tourette Syndrome', and 'Child Under 5 Unable To Diagnose'.
- Primary Disability:** A dropdown menu is set to 'Autism', with an 'Other (Specify)' field.
- Preferred Spoken Languages:** 'English' is checked, with options for 'Spanish', 'None', and 'Specify Other'.
- Preferred Nonverbal Languages:** 'Sign' and 'Other' are unchecked, with options for 'None' and 'Other Symbolic'.
- Preferred Understood Languages:** 'English' is checked, with options for 'Spanish', 'None', and 'Specify Other'.
- Submission Information (highlighted in red):**
 - Agency/DDSO Contact: TestJM031 TestJM031
 - Phone Number: 555-555-5555
 - Date Completed: 9/5/2012
- Processing Information:**
 - Application Decision: (dropdown)
 - Approved Add TABS Program Code: DSI-SUPPORTED WORK -- 61300961
 - Approved Remove TABS Program Code: (dropdown)
 - Approved By: (dropdown)
 - Approved Effective Date: (dropdown)
- Notes:** A section for adding notes, currently empty.
- Status:** Active

All forms submitted in CHOICES, are password protected. This means in order for any form to be submitted to the DDSO, or have an electronic signature applied and submitted, the user will need to fill in their password.

Go to **Form Actions**, click **Submit**.

The **Form Submission** box appears.

Enter your password.

Click **Submit**

The form will “blink” which is normal and then close. A copy is filed on the Individual’s record, or the DDP1 list if the Individual is not yet known to your agency. And the form has also been submitted to the DDSO for processing.

The screenshot displays a web application interface. On the left, a sidebar titled "General" contains a form for "DDP1 for Smith, Patricia". The form fields include:

- Purpose Of DDP1: Add
- Individual Information:
 - Individual: [Empty]
 - Last Name *: Smith
 - Middle Initial: X
 - Sex *: Female
 - Social Security Number +: 666-88-999
 - Ethnicity/Race: White
 - Individual's Residence Type *: With Mem
 - County Of Residence *: QUEEN
 - Address Line 1 +: 123 Main St
 - City +: Anywhere
 - Zip +: [Empty]
- Agency / Program Information:
 - Agency Name: J. M. N
 - Add TABS Program Code *: DSI-SL
 - Remove/Add Date *: 9/5/2012

Overlaid on the right is a "Form Submission -- Webpage Dialog" window. It has a title bar with a close button (X). The dialog content is:

Form Submission

Please enter your password to submit this form.

Individual Name: **Patricia Smith**

Agency/DDSO Contact: **TestJM031 TestJM031**

Enter Password: [Input Field]

Buttons: Submit, Reset, Close

Congratulations! Your DDP1-Registration/Movement Form has been successfully submitted.