

OPTS EARNINGS/ACCES-VR ENROLLMENT FORM Instructions**

To be completed by the OPTS Provider and submitted to the local DDSO, or NYCRO for services provided in New York City –

- A. With the OPTS NON-IRA ENROLLMENT FORM for adds to OPTS Service Type Prevocational Services, Blended DP, Blended PS, Blended DPS, Blended DS, or
- B. If a “Test” response previously provided on an OPTS EARNINGS/ACCES-VR ENROLLMENT FORM is to be updated.

Items 1-8 to be completed by the OPTS Provider, Items 9-11 to be completed by DDSO/NYCRO:

1. **OPTS #** - Type or print the assigned OPTS number, issued when the OPTS proposal was submitted to OMRDD.
2. **OPTS Contract #** - Type or print the last four digits of the seven digit OPTS Agreement.
3. **Corporation** – Type or print the LEGAL name of the non-profit provider named in the OPTS Agreement.
4. **TABS Corp. Code** – Type or print the OMRDD five digit code assigned to the above named Corporation.
5. **OPTS Service Type** – Type or print the authorized OPTS service*. Only one OPTS service may be identified per OPTS EARNINGS/ACCES-VR ENROLLMENT FORM.
6. **OPTS Service Type Code** – Type or print the two digit OPTS Service Type Code assigned to the OPTS Service Type*.
7. **Program Code** – Type or print the OMRDD eight digit Program Code assigned to the program.
8. **By individual OPTS Enrollment Start/End and OSC Price Amount Indicator** – Type or print:
 - a. TABS ID # assigned to the consumer.
 - b. Full name of the consumer.
 - c. If the OPTS Service Type is Prevocational Services, Blended DP, Blended PS, or Blended DPS, and a DDP-1 is being submitted to add the individual to the Program Code established for the OPTS Service, a response must be provided to the “Earning Test” question with an effective date. OR if the response previously provided is being changed, provide the new response to the “Earning Test” question with an effective date (see Note 3 on OPTS EARNINGS/ACCES-VR ENROLLMENT FORM for limitations).
 - d. If the OPTS Service Type is Blended PS, Blended DPS, or Blended DS, and a DDP-1 is being submitted to add the individual to the Program Code established for the OPTS Service, a response must be provided to the “ACCES-VR Test” question with an effective date. OR if the response previously provided is being changed, provide the new response to the “ACCES-VR Test” questions with an effective date (see Note 3 on OPTS EARNINGS/ACCES-VR ENROLLMENT FORM for limitations).
- If additional forms are needed to identify the individuals in the identified Program Code, continue on additional pages, entering the page number information at the top of the form.
9. **DDSO/NYCRO OPTS Liaison/Reviewer Signature** – Signature of DDSO/NYCRO OPTS Liaison or Reviewer approving the OPTS enrollment action(s).
10. **DDSO/NYCRO OPTS Liaison/Reviewer Name (printed)** - Type or print the name of the DDSO/NYCRO OPTS Liaison or Reviewer who is approving the OPTS enrollment action(s).

11. **Date** – Type or print the date the DDSO/NYCRO OPTS Liaison/Reviewer approves the OPTS enrollment action(s).

* See Attachment B (Price Sheet) of OPTS Agreement/Renewal.

** ACCES-VR was formerly VESID, changed effective February 2011