OPTS IRA ENROLLMENT FORM

OPTS #: _____ **OPTS Contract #:** C 0 6 ___ ___ ___ ___

Corporation: _____

TABS Corp. Code: __ __ __ __ __ (not Agency Code)

For individuals who are to receive services in an IRA funded through OPTS, please provide the appropriate information, by individual, listing only one Program Code per form:

OPTS Service Type(s): _____

Program Code: ___ ___ ___ ___ ___ ___ ___ ___ **OPTS Service Type Code(s):** ___ ___ and ___ ___ (see below)

Site Address: _____

				Enter an "X" for the OPTS Service Type to be authorized per Individual:			
				01	**02**	**03**	**04**
TABS ID	**CONSUMER NAME**	**OPTS Enrollment Start Date**	**End Date**	***OPTS Supervised IRA***	***OPTS Supportive IRA***	***OPTS Comprehensive Supervised IRA***	***OPTS Comprehensive Supportive IRA***
1. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
2. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
3. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
4. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
5. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
6. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
7. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
8. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
9. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
10. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
11. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
12. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
13. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____
14. _____	_____	_ _/_ _/_ _	_ _/_ _/_ _	____	____	____	____

DDSO/NYCRO OPTS Liaison/Reviewer Signature: _____

DDSO/NYCRO OPTS Liaison/Reviewer Name (printed): _____

Date: ___ ___ / ___ ___ / ___ ___

NOTE: Once the initial OPTS Roster is established, upon implementation of the OPTS proposal, a new form must be completed for: (a) any subsequent individual who is to be added to the IRA under OPTS, (b) when the OPTS service authorized for an individual is to be changed, or (c) when an individual ends enrollment in the authorized OPTS service.