OPTS NON-IRA ENROLLMENT FORM

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

Corporation: _____

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

For OPTS non-IRA programs, identify the individual(s) to be enrolled with each individual's OPTS start date (or disenrolled with OPTS end date), listing only one Program Code per form.

OPTS Service Type: _____

OPTS Service Type Code: ___ ___ **Program Code:** ___ ___ ___ ___ ___ ___ ___ ___

For OPTS programs where more than 1 OSC Price Amount Indicator has been established, provide the appropriate information, by individual.

Number of OSC Price Amount Indicators established: ___ ___

	TABS ID	**CONSUMER NAME**	**OPTS Enrollment Start Date**	**OPTS Enrollment End Date**	**OSC Price Amount Indicator per Individual:**
1.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
2.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
3.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
4.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
5.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
6.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
7.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
8.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
9.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
10.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
11.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___
12.	_____	_____	_ _/_ _/_ _	_ _/_ _/_ _	# ___ ___

DDSO/NYCRO OPTS Liaison/Reviewer Signature: _____

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

Date: ___ ___ / ___ ___ / ___ ___

ALSO, complete OPTS Earnings/ACCES-VR Form if the OPTS Service Type is OPTS Prevocational Services, Blended DP, Blended PS, or Blended DPS. (ACCES-VR, formerly VESID, effective 2/2011)