

Supported Employment (SEMP) Application Transmittal

This form is completed to request that an individual be enrolled in OPWDD-funded supported employment services with your agency. This transmittal form must be accompanied with a completed:

- DDP1 (add to program)
- DDP4 (if individual has unmet needs)
- SEMP SERVICE PLAN (if available)
- OPWDD DOCUMENTATION

Section 1. Individual to Receive Services Information

Name:	TABS ID [if known]:	Date of Birth
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Section 2. SEMP Agency Information

Agency Name:	TABS Program Code:
Agency Staff Person:	Phone #:

Section 3. Enrollment Information

Please Note: for HCBS enrolled individuals the person's choice to receive SEMP must be documented.

Requested start date of Enrollment in OPWDD-funded Supported Employment services:	
Has the person participated in ACCES-VR funded intensive supported employment?	<input type="checkbox"/> Yes- If yes, Agency must maintain documentation (service note or ACCES-VR Form 416) indicating that the person transitioned from ACCES-VR services. <input type="checkbox"/> No -- If No, Agency must maintain documentation [service note or letter from ACCES-VR] indicating that ACCES-VR is unable to provide services to the individual.
Is the person HCBS enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HCBS application pending

Section 4. To be completed by DDSO.

Above request is approved for TABS processing:

- The effective date of enrollment into the TABS SEMP program is: _____
- Record the consumer's eligibility for OPWDD-funded services into TABS (CE63).
- DDSO data entry staff should complete the individual's registration in TABS.

Signature of DDSO SEMP Coordinator: _____

Date approved for data processing: _____