ETP INTERN APPLICATION TRANSMITTAL FORM
From Care Manager/SEMP Agency/Broker

To: ____________________________________________, ETP Supervisor
From: ____________________________________________
Agency: ________________________________
Email: ___________________________ Phone: ________________________

Date: ____________________
Title: ________________________________

Subject: ____________________________

(Applicant Name): ________________________ is applying for acceptance into the ETP Program.

Attached are the required documents for the application (check all attached):

☑ Applicant Information Sheet (completed by Care Manager, SEMP Agency or Broker)
☑ NYS Application Part 1 (signed by Applicant on Page 5 and Page 6)
☑ Employment History and Personal Interest Survey (complete with Applicant)
☑ Consent for Release of Information (signed by Applicant and/or legal guardian)
☑ Psychological Assessment (most recent)
☑ Life Plan/ISP (if applicable include attachments such as: Behavior Support Plan, Monitoring Plan, IPOP)
☑ Intern Benefits Statement (signed by Applicant and Care Manager / Guardian / Advocate)
☑ Two Recommendations (one needs to be from Vocational Staff)
☑ OPWDD Photo Release (Authorization/Consent for Use or Disclosure of Info for Publication Purposes signed or declined by Applicant and/or legal guardian)

Include the following ONLY if applicable:

☑ Psychiatric or other Medical Evaluations (if the information is pertinent to employment)
☑ Pathway to Employment Discovery Report Summary (if service completed)
☑ Pathway to Employment- Sec.7: Community-Based Volunteer/Work Situational Assessments
☐ ALL Assessment Worksheets Required
☑ Self-Directed Plan w/ Budget- (Budget can be amended for SEMP when ETP is approved)

If SEMP is funded under a “Both” or “Other than Residential” Plan

ETP is unable to process applications that do not have all required documents.

Return to ETP Supervisor: