

ETP INTERN APPLICATION TRANSMITTAL FORM

From Care Manager/SEMP Agency/Broker

To: _____, ETP Supervisor **Date:** _____

From: _____ **Title:** _____

Agency: _____

Email: _____ **Phone:** _____

Subject: _____ is applying for acceptance into the ETP Program.

(Applicant Name):

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)
Form 8- Pages 1-12
- 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: