REQUEST FOR NEW SEP GROUPS
DS 1962 (Revised 1/2005) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

PROVIDER (REGIONAL CENTER VENDOR) CONTACT INFORMATION

PROVIDER NAME	PROVIDER BUSINESS NAME (DBA)	RC Provider #
PROVIDER ADDRESS	CITY	ZIP	DOR Facility #

WORKSITE INFORMATION

WORKSITE NAME	WORKSITE ADDRESS	CITY	ZIP

TYPE OF WORK

Work Affected by (check all that apply):
☐ Inclement Weather ☐ Available Transportation ☐ Production
☐ School Schedule ☐ Holiday Schedule ☐ Other, Describe

Other Description

WAGES PAID BY (check one): ☐ Vendor ☐ Employer

METHOD ESTABLISHING CONSUMER WAGES (check one): ☐ Productivity ☐ Minmum Wage or Greater

START DATE	# of Consumers	

BENEFITS PROVIDED (check all that apply): ☐ Vacation ☐ Medical ☐ Dental ☐ Sick Leave ☐ Other, Describe

Other Description

	Weekly Work Schedule		Meal Break		Work Day	
	Start Time	End Time	Start Time	End Time	Duration	
Monday					**0.00**	
Tuesday					**0.00**	
Wednesday					**0.00**	
Thursday					**0.00**	
Friday					**0.00**	
Saturday					**0.00**	
Sunday					**0.00**	
				Total Hours Per Week	0.00	

Staggered Hours Required by Employer/Worksite ☐ YES ☐ NO

If yes, justification

OTHER GROUPS WORKING SAME SITE AT THE SAME TIME ☐ YES ☐ NO

If yes, justification

Description of Consumer's Transportation Arrangements

Prepared by		Phone	

To Be Completed by DDS

Reason for Denial

Group Approved	☐ YES ☐ NO	Start Date		Group ID #	
Signature				Date	
Rerional Center Contact Notified			Date RC Notified	