



Indiana Family and Social Services Administration

Division of Disability and Rehabilitative Services

Vocational Rehabilitation Services

Community Rehabilitation Program

Provider Application Packet

For Added Services and/or Counties Served

2015-2016

Community Rehabilitation Provider for Vocational Rehabilitation
Services Application to Add Counties or Services

Applications and supporting documentation may be mailed to: **Division of Disability & Rehabilitative Services Attn: Vocational Rehabilitation 402 W. Washington Street, Room W-453 / MS 18, Indianapolis, IN 46204** or emailed to VRProvider@fssa.in.gov.

Part 1: Applicant Information

Date of Application:

Organization Name (as legally registered with the IRS):

Doing Business As (if applicable):

Main Office Address (PO Box not allowed):

City: State: ZIP code:

Telephone number: Fax number:

Contact Person Name & Title:

Telephone number:

Email address:

Part 2: Community Rehabilitation Program Services

Please mark all services the applicant proposes to offer:

Discovery

- Vocational Assessment
- Community Based Evaluation (CBE)
- Work Experience/Internships
- Job Shadows

Employment Services

- Job development/placement/retention
- Supported employment
- On the Job supports
- Job readiness training

Services for Determining Eligibility

- Trial Work experience (TWE)
- Extended Evaluation (EE)

Additional Services

- Benefits Information Network (BIN) (verify BIN certification)
- Ticket to Work (TTW)
- Other _____ (Please specify)

Part 3: Service Locations

Please check all counties the applicant is requesting to serve. If your organization does not cover the whole county, please specify the cities covered in the space below.

- Adams
- Allen
- Bartholomew
- Benton
- Blackford
- Boone
- Brown
- Carroll
- Cass
- Clark
- Clay
- Clinton
- Crawford
- Daviess
- Dearborn
- Decatur
- De Kalb
- Delaware
- Dubois
- Elkhart
- Fayette
- Floyd
- Fountain
- Franklin
- Fulton
- Gibson
- Grant
- Greene
- Hamilton
- Hancock
- Harrison
- Hendricks
- Henry

- Howard
- Huntington
- Jackson
- Jasper
- Jay
- Jefferson
- Jennings
- Johnson
- Knox
- Kosciusko
- La Porte
- Lagrange
- Lake
- Lawrence
- Madison
- Marion
- Marshall
- Martin
- Miami
- Monroe
- Montgomery
- Morgan
- Newton
- Noble
- Ohio
- Orange
- Owen
- Parke
- Perry
- Pike
- Porter
- Posey
- Pulaski
- Putnam
- Randolph
- Ripley
- Rush

- St. Joseph
- Scott
- Shelby
- Spencer
- Starke
- Steuben
- Sullivan
- Switzerland
- Tippecanoe
- Tipton
- Union
- Vanderburgh
- Vermillion
- Vigo
- Wabash
- Warren
- Warrick
- Washington
- Wayne
- Wells
- White
- Whitley

Part 4: Application Signature

By signing below, the undersigned, having the specific authority on behalf of the agency, certifies that the information contained in this application is correct and complete to the best of the representative's knowledge. In addition, the representative fully understands that the application and all supporting documentation may be subject to public inspection under the Indiana Access to Public Records Act (IC 5-14-3).

Signature of Agency Officer

Date

Title of Agency Officer