



Indiana Family and Social Services Administration
Division of Disability and Rehabilitative Services

Vocational Rehabilitation Services
Community Rehabilitation Program
Provider Application Packet
2017

Application to Become a Community Rehabilitation Provider for
Vocational Rehabilitation Services

Applications and supporting documentation may be emailed to VRProvider@fssa.in.gov.
Please review our Employment Service manual at: www.in.gov/fssa/files/VRS-Manual

Part 1: Applicant Information

Date of Application: _____

Organization Name (as legally registered with the IRS): _____

Doing Business As (if applicable): _____

Tax ID/EIN: _____

Main Office Address (PO Box not allowed): _____

City: _____ State: _____ ZIP code: _____

Telephone number: _____ Fax number: _____

Service Site #1 Address: _____

Service Site #2 Address (if applicable): _____

Service Site #3 Address (if applicable): _____

**For additional sites, attach a listing of additional service locations.*

Company website: _____

Type of Entity: _____

- Corporation (for profit)
- Corporation (non-profit)
- Partnership
- Sole proprietor/individual

Contact Person Name & Title: _____

Telephone number: _____

Email address: _____

Name of CEO (if different from above): _____

Telephone number: _____

Email address: _____

Part 2: Community Rehabilitation Program Services

Please mark all services the applicant proposes to offer:

Discovery

- Vocational Testing
- Situational Assessment
- Job Shadows
- Work Experience
- Other Discovery Activities

Employment Services

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

Services for Determining Eligibility

- Trial Work experience (TWE)

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.

-
-
- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Hendricks | <input type="checkbox"/> Pike |
| <input type="checkbox"/> Allen | <input type="checkbox"/> Henry | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Bartholomew | <input type="checkbox"/> Howard | <input type="checkbox"/> Posey |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Huntington | <input type="checkbox"/> Pulaski |
| <input type="checkbox"/> Blackford | <input type="checkbox"/> Jackson | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Jasper | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Jay | <input type="checkbox"/> Ripley |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Rush |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Jennings | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Johnson | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Knox | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Kosciusko | <input type="checkbox"/> Spencer |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> La Porte | <input type="checkbox"/> Starke |
| <input type="checkbox"/> Daviess | <input type="checkbox"/> Lagrange | <input type="checkbox"/> Steuben |
| <input type="checkbox"/> Dearborn | <input type="checkbox"/> Lake | <input type="checkbox"/> Sullivan |
| <input type="checkbox"/> Decatur | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> De Kalb | <input type="checkbox"/> Madison | <input type="checkbox"/> Tippecanoe |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Marion | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Dubois | <input type="checkbox"/> Marshall | <input type="checkbox"/> Union |
| <input type="checkbox"/> Elkhart | <input type="checkbox"/> Martin | <input type="checkbox"/> Vanderburgh |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Miami | <input type="checkbox"/> Vermillion |
| <input type="checkbox"/> Floyd | <input type="checkbox"/> Monroe | <input type="checkbox"/> Vigo |
| <input type="checkbox"/> Fountain | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Morgan | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Newton | <input type="checkbox"/> Warrick |
| <input type="checkbox"/> Gibson | <input type="checkbox"/> Noble | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Greene | <input type="checkbox"/> Orange | <input type="checkbox"/> Wells |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Owen | <input type="checkbox"/> White |
| <input type="checkbox"/> Hancock | <input type="checkbox"/> Parke | <input type="checkbox"/> Whitley |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Perry | |

Part 4: Required Application Documents

Please submit the following documentation with the completed application form to
VRProvider@fssa.in.gov

- Copy of certificate of incorporation/authority from Indiana Secretary of State.
- Proof of liability insurance for coverage of all office locations.
- A summary of the organization's background and relevant experience as an employment provider.
- A summary of the population the organization specializes in serving (examples may include individuals who are deaf, blind, developmentally disabled, post-secondary, transition-age students, traumatic brain injury, mental illness, etc.).
- A summary of any specialized services offered by the organization (i.e. assistive technology) and staff qualifications for each service area.
- A current organizational chart of the agency which lists all agency positions, including vacancies.
- Job descriptions for each position on the organizational chart, as well as the number of each position type.
- A description of all of the organization's certifications and licensures.
- Proof of accreditation with one of the following accreditation entities, [IC 12-12-1-4(b)]:
 - (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor
 - (2) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor
 - (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor
 - (4) The National Commission on Quality Assurance, or its successor
 - (5) An independent national accreditation organization approved by the secretary
- A summary of any extended services an organization may provide to consumers with the most significant disabilities after a VR case closure that will be paid through a funding source other than VR (e.g., waiver services, MRO).
- A detailed description of how the organization ensures its employment staff have (or gain) the knowledge and expertise needed to adequately provide quality employment services to VR consumers.
- A detailed description of the organization's internal monitoring procedures to support the planning and provision of high-quality employment services.

Part 5: 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