



## Community Rehabilitation Program Renewal Application

### Applicant Information

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Type:     Profit         Non-Profit

Director Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

### Community Rehabilitation Program Services

Please mark each service you propose to offer and note the location(s) where it will be available

- Supported Employment Services
- Project SEARCH® Services    \* For existing approved CRP vendors who wish to add Project SEARCH®, please skip to page 4 & complete addendum
- Work Adjustment Services

Target Population(s):

\_\_\_\_\_

\_\_\_\_\_

Is DVRS currently funding these services?                     YES                     NO

Are you currently in good standing?                             YES                     NO

Is each location fully accessible to persons with disabilities?     YES                     NO

Address: \_\_\_\_\_

VR Unit Office: \_\_\_\_\_

Counties Served: \_\_\_\_\_

\_\_\_\_\_

### For the following documentation, please provide an index, label and attach:

1. Organizational Information & Supporting Documentation
  - A. A copy of your criminal background check policy.
  - B. A copy of your accreditation certificate, outcome report, and quality improvement plan. If not accredited attach your plan for accreditation.
  - C. Any other current and valid licenses, accreditation letters or certifications if applicable.
  - D. Your corporate charter if applicable.
  - E. Certification of good standing for franchise taxes if applicable.
  - F. Documentation of non-profit status if applicable.
  - G. A roster of your Board of Directors if applicable, including names and addresses.
  - H. A copy of your organizational chart if applicable.

- I. A copy of your current liability insurance for each location where DVRS clients will be served (face sheet only that depicts the limits of your coverage for fire/liability insurance and workers' compensation)
  - J. A copy of the current fire inspection certificate awarded by the city, county or state fire marshal to reach location where DVRS clients will be served.
  - K. A copy of the building inspection or occupancy certificate, if required by city regulation, for each location where DVRS clients will be served.
  - L. A copy of the wage exemption certificate (WH-228) if you will be paying sub-minimum wages to DVRS clients. This is issued by the US Department of Labor.
  - M. Job descriptions for direct service staff including minimum qualifications.
2. Competitive Integrated Employment—Required for all services
- A. Provide your policy statement on Competitive Integrated Employment including all elements required by WIOA. To satisfy the definition of competitive integrated employment, the Workforce Innovations Opportunity Act requires that the employment must satisfy the following 3 major components: competitive earnings (Section 7(5)(A) of the Act and §361.5(c)(9)(i) of the final regulations), integrated location (§361.5©(9)(ii) and §361.5©(32)(ii)), opportunities for advancement (§361.5©(9)(iii) as defined by the Workforce Innovations Opportunity Act. Please see link below for additional information.  
<https://www2.ed.gov/about/offices/list/osers/rsa/wioa/competitive-integrated-employment-faq.html>
  - B. How do you determine if a job site is integrated?
3. Extended Services—Required for Supported Employment
- A. Please describe how you will customize extended services (long-term vocational supports) to comply with the NCDVR/ Rehabilitation Services Administration (RSA) Federal Regulations. Include documentation examples of the provision of extended services.
  - B. Identify long-term vocational supports funding agency.
4. Your organization's policies on the following areas if they have substantially changed in the previous 3 years:
- A. Conflict of Interest
  - B. Consumer Complaints
  - C. Consumer Satisfaction
  - D. Consumer Grievance
  - E. ADA Policy
  - F. Staff Training
  - G. Informed Choice
  - H. Accessibility Standard/Physical Accessibility
  - I. Health and Safety Standard
  - J. Affirmative Action Policy
  - K. Fiscal Management Policy
  - L. Program Evaluation Standards

### Conflict of Interest Certification

Real or apparent conflicts of interest may occur when a DVRS employee, officer or immediate family member has a financial or other interest in the business relationship involving a provider and that interest might reasonably be expected to influence the outcome of an official action. If it is found that such conflict of interest occurs and is not disclosed and remedied, the provider or potential provider may be barred from performing authorized services with DVRS; and existing authorization and vendor approval may be cancelled. *If a real or apparent conflict of interest exists, attach a separate sheet describing the situation.*

I certify, by signature below, that no real or apparent conflict of interest exists between the applicant organization and DVRS.

Signature: \_\_\_\_\_

**Acknowledgement & Signature**

I hereby acknowledge that I have been provided with the DVRS Standards for Providers of Community Rehabilitation Programs, have read and agree to abide by them, and I am making application on behalf of the provider named afore to become an approved vendor with DVRS.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For DVRS Use Only**

Date Received by DVRS: \_\_\_\_\_

Responsible Unit Manager(s): \_\_\_\_\_

Assigned CRP Specialist: \_\_\_\_\_

Vendor Review Date: \_\_\_\_\_

**CRP Vendor Application Addendum for Project SEARCH® Services**

Complete this addendum and submit to the NCDVR Program Specialist for Business Engagement if you would like to conduct Project SEARCH® Services.

To demonstrate compliance with the Project SEARCH® model fidelity, list the members of your Project SEARCH® collaborative team.

Instructor/Education Agency: \_\_\_\_\_

Vocational Rehabilitation Unit Office: \_\_\_\_\_

Long-term Support Funding Agency (LME/MCO): \_\_\_\_\_

Host Business (must be confirmed): \_\_\_\_\_

Name

Function

Any Other Partners? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To assure model fidelity, Project SEARCH® must be conducted under a license issued by Cincinnati Children’s Hospital Medical Center. Please select one of the following options regarding licensing:

<input type="checkbox"/>	My organization pursued licensing independently and I am the Project SEARCH® license holder.
<input type="checkbox"/>	My organization is a member of a team whose license was funded by a grant awarded by the NC Council on Developmental Disabilities. The following team member agency is pursuing licensing.
<input type="checkbox"/>	My organization is a member of a team whose license was funded by some other entity. The following team member agency is in receipt of a license.

**Acknowledgement & Signature for Project SEARCH® Services**

I hereby acknowledge that my organization meets the eligibility requirements for Project SEARCH® services and wish to be considered as an NCDVR provider of Project SEARCH® training and placement services.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For DVRS Use Only**

Date Received by DVRS: \_\_\_\_\_ Vendor Review Date: \_\_\_\_\_

Program Specialist for Business Engagement: \_\_\_\_\_

Regional CRP Specialist: \_\_\_\_\_