

# Community Rehabilitation Provider Application

State of Alaska / Division of Vocational Rehabilitation



*Our mission is to assist individuals with disabilities to obtain and maintain employment*

Community Rehabilitation Providers (CRPs) are independent contractors. The Division of Vocational Rehabilitation (DVR) contracts with CRPs to provide services to individuals who experience disabilities. CRPs can be independent or agencies.

**Please review the following at:** <http://www.labor.state.ak.us/dvr/crps-resources.htm>

CRP Orientation PowerPoint

CRP Application Process PowerPoint

CRP Service Definitions, Requirements & Rates

DVR Standards for CRPs

CRP Code of Ethics

## **Steps to apply:**

1. Section A – Business Information
2. Section B – Staff Information
3. Section C – Supporting Documentation Checklist
4. Section D – DVR Manager Support
5. Submit to CRP Specialist
6. CRP Specialist will contact you for a telephonic interview
7. CRP Specialist will have the DVR Manager in your area contact you for an interview and sign off on Section D – DVR Manager Support.

## **Probationary status:**

All new CRPs will be in probationary status until all required training is completed and the work performance as a CRP is acceptable. Renewing CRPs may be in probationary status if there has been a period of inactivity. Probationary status may also be applied if DVR has CRP performance concerns.

## **Agreement and Approval Letter**

DVR will send an agreement to approved CRPs to sign, authorizing the delivery of specific services at specific rates. The CRP Agreement does not guarantee that DVR will purchase CRP services or refer a specific number of DVR consumers to the CRP. The CRP must sign the agreement and return it to the CRP Specialist. A copy of your signed agreement will be sent to you with an Approval Letter.

## Section A: Business Information

This application defines the conditions and guidelines under which the Community Rehabilitation Provider (CRP) will provide vocational rehabilitation services authorized by the Division of Vocational Rehabilitation (DVR) for individuals with disabilities and the rates approved for those services. Please refer to the CRP Service Definitions, Requirements & Rates link on the preceding page.

Business Name (as legally registered with the IRS):

DBA Name (if applicable):

Address:

City, State and Zip Code:

Contact Person:

Title:

Telephone #:

Fax #

Email Address:

Tax ID # (SSN for independent CRPs, EIN # for agency CRPs):

Business Entity Type (Sole proprietor, LLC, etc.):

### Areas to be served (check all that apply):

**Statewide**

- Aleutians East Borough
- Anchorage Municipality
- Bristol Bay Borough
- Dillingham Census Area
- Haines Borough
- Juneau City & Borough
- Ketchikan Gateway Borough
- Kusilvak Census Area
- Matanuska-Susitna Borough
- North Slope Borough
- Petersburg Census Area
- Sitka City & Borough
- Southeast Fairbanks Census Area
- Yakutat City & Borough
- Yukon-Koyukuk Census Area

**Willing to travel?**

- Aleutians West Census Area
- Bethel Census Area
- Denali Borough
- Fairbanks North Star Borough
- Hoonah-Angoon Census Area
- Kenai Peninsula Borough
- Kodiak Island Borough
- Lake & Peninsula Borough
- Nome Census Area
- Northwest Arctic Borough
- Prince of Wales-Hyder Census Area
- Skagway Municipality
- Valdez-Cordova Census Area
- Wrangell City & Borough

**Briefly answer the following questions:**

1. How many years have you been providing services to people with disabilities?
2. How many years have you been providing vocational services to people with disabilities?
3. How many years have you been an approved CRP with DVR?
4. What population do you specialize in serving, if applicable? (e.g., individuals who are blind, deaf, developmentally disabled, etc.)
5. Do you provide any specialized services? (e.g., assistive technology, benefits counseling, job placement, etc.)
6. Describe your experience engaging with and developing jobs with employers.
7. Briefly summarize your organization's main interest and related goals in providing services to people with disabilities.

**Check each service you intend to provide. Select only those services you and/or your staff are qualified to provide. \* = Specialized service requiring advanced training and/or certification. PreETS = Pre-Employment Transition Services.**

<input type="checkbox"/> On-the-Job Evaluation	<input type="checkbox"/> Business Development *
<input type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Assistive Technology Services *
<input type="checkbox"/> Situational Assessment	<input type="checkbox"/> Financial & Work Incentive Advisement *
<input type="checkbox"/> Job Search Assistance	<input type="checkbox"/> Benefits Analysis & Counseling *
<input type="checkbox"/> Job Readiness Training	<input type="checkbox"/> PreETS Job Exploration Counseling
<input type="checkbox"/> Job Placement Assistance	<input type="checkbox"/> PreETS Self-Advocacy Instruction/Peer Mentoring
<input type="checkbox"/> Customized Employment	<input type="checkbox"/> PreETS Workplace Readiness Training
<input type="checkbox"/> On-the-Job Supports	<input type="checkbox"/> PreETS Transition/Postsecondary Ed Counseling
<input type="checkbox"/> Discovery *	<input type="checkbox"/> PreETS Work-based Learning Experiences
<input type="checkbox"/> Vocational Evaluation *	

## Section B: Staff Information

Provide the following information for each staff member, including if you are an individual/sole proprietor applicant, who will be providing services to DVR consumers. Please make additional copies of these staff pages (pages 4 & 5) for each employee.

Community Rehabilitation Provider business name:	
Staff name:	
Address:	Telephone #:
City, State, Zip Code:	AK Driver's License #:
Employment Start Date:	Job Title:

List all education, including workshops and pertinent training. A resume may be attached.

<input type="checkbox"/> High school diploma	<input type="checkbox"/> National Certificate in Employment Services
<input type="checkbox"/> GED	_____ Date/State
<input type="checkbox"/> Some college	
<input type="checkbox"/> AA Degree	<input type="checkbox"/> Certificate as an Employment Support Professional
<input type="checkbox"/> Bachelor's Degree	_____ Date/State
<input type="checkbox"/> Master's Degree	

List staff member's employment experience as it pertains to this application.

Employer: _____	Title: _____
Job duties: _____	Dates: _____
Employer: _____	Title: _____
Job duties: _____	Dates: _____
Employer: _____	Title: _____
Job duties: _____	Dates: _____

Staff member: \_\_\_\_\_  
 CRP Business Name: \_\_\_\_\_

**Check each service this staff member is qualified for and will be providing. \* = Specialized service requiring advanced training and/or certification. PreETS = Pre-Employment Transition Services.**

<input type="checkbox"/> On-the-Job Evaluation	<input type="checkbox"/> Business Development *
<input type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Assistive Technology Services *
<input type="checkbox"/> Situational Assessment	<input type="checkbox"/> Financial & Work Incentive Advisement *
<input type="checkbox"/> Job Search Assistance	<input type="checkbox"/> Benefits Analysis & Counseling *
<input type="checkbox"/> Job Readiness Training	<input type="checkbox"/> PreETS Job Exploration Counseling
<input type="checkbox"/> Job Placement Assistance	<input type="checkbox"/> PreETS Self-Advocacy Instruction/Peer Mentoring
<input type="checkbox"/> Customized Employment	<input type="checkbox"/> PreETS Workplace Readiness Training
<input type="checkbox"/> On-the-Job Supports	<input type="checkbox"/> PreETS Transition/Postsecondary Ed Counseling
<input type="checkbox"/> Discovery *	<input type="checkbox"/> PreETS Work-based Learning Experiences
<input type="checkbox"/> Vocational Evaluation *	

**Conflict of Interest:**

Real or apparent conflicts of interest may occur when a DVR employee 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 providing future services or the provision of services may be canceled. If a real or apparent conflict of interest exists, attach a separate sheet describing the situation.

**Certification:**

I have reviewed and agree to abide by the DVR Standards for Community Rehabilitation programs and the CRP Code of Ethics. I further certify that neither the Community Rehabilitation Provider nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any state or federal department or agency.

\_\_\_\_\_  
**CRP staff member signature**

\_\_\_\_\_  
**Date**

## Section C: Supporting Documentation

### Every CRP must submit the following:

- Alaska Business License
- W9 Form
- Background clearance for each person who will have unsupervised access to DVR clients
- Comprehensive (Commercial) General Liability Insurance (\$300,000 combined single limit)

### Agency CRPs must also include:

- Workers' Compensation Insurance (\$100,000/person, \$100,000/occurrence)

### Other documentation, as applicable:

- Professional Liability Insurance
- Comprehensive Automobile Liability Insurance (\$100,000/person, \$300,000/occurrence)
- Copy of 501(c) status if non-profit or faith-based corporation
- Roster of Board of Directors
- Other current and valid licenses, accreditation letters or certifications, as applicable
- Current fire inspection certificate
- Building inspection/occupancy certificate

## Section D: VR Managers Support

VR Manager's signature of support. If applying CRP cannot obtain this please send in the application packet without this section signed. The CRP Specialist will obtain the signature for you on your behalf.

CRP Applicant: \_\_\_\_\_

I hereby support this CRP to apply for or continue as an approved contractor with DVR.

\_\_\_\_\_  
VR Manager name and signature

\_\_\_\_\_  
Date

## Submit:

### Return entire packet with supporting documentation to:

CRP Specialist  
State of Alaska, Division of Vocational Rehabilitation  
PO Box 115516  
Juneau, AK 99811

Or email to:  
[dol.dvr.crp@alaska.gov](mailto:dol.dvr.crp@alaska.gov)  
(907) 465-6932