

#01059 Community Rehabilitation Program New Vendor 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 approved CRP vendors who wish to add Project SEARCH®, please complete the entire application including the Project SEARCH® addendum
- Work Adjustment Services

Target Population(s):

Describe your organization's experiences with the target population(s):

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

Contact Person: _____

Address: _____

Contact Person Phone: _____

Contact Person Email: _____

EIPD Unit Office: _____

Counties Served: _____

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

1. Organizational Information

A. Please describe your agency's mission, vision and explain your organization's core values.

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.

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 and fund extended services (long term vocational supports) to comply with the EIPD/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 definition and experience of each of the following terms:

A. Supported Employment Services, to include job development, intensive training, fading, and stabilization.

B. Work Adjustment Services, to include job development and training.

C. Community Based Assessment

D. Customized Employment

E. Job Carving

F. Assistive Technology/Rehab Engineering

G. Natural Supports

5. Your organization's policies on the following areas:

A. Conflict of Interest

B. Criminal Background Checks

C. Consumer Complaints

D. Consumer Satisfaction

E. Consumer Grievance

F. ADA Policy

G. Staff Training

H. Informed Choice

I. Accessibility Standard/Physical Accessibility

J. Health and Safety Standard

K. Affirmative Action Policy

L. Fiscal Management Policy

M. Program Evaluation Standard

6. Provide job descriptions for direct service staff including minimum qualifications.
7. Please provide sample copies of the following (if applicable):
 - A. Intake profile
 - B. Supplemental Evaluation Report
 - C. Community-Based Assessment Report
 - D. CRP Service plans specific to assessment, job development, and training
 - E. Task Analysis
 - F. Monthly summary of service provision
 - G. Long-term vocational support service documentation
8. Describe and illustrate one actual case for each service for which you are applying from referral to successful outcome on the job that best represents the array and quality of services your organization provides. Also, explain how you coordinate or provide on-going support if applying for Supported Employment. *NOTE: Please omit any confidential or identifying information.*
9. Supporting documentation:
 - A. A copy of your accreditation certificate, outcome report, and quality improvement plan. If not accredited, attach evidence of training regarding accreditation within one year of vendor application, with accreditation rendered within three years.
 - B. Any other current and valid licenses, accreditation letters or certifications, if applicable.
 - C. Your corporate charter, if applicable.
 - D. Documentation of nonprofit status, if applicable.
 - E. A roster of your board of directors, if applicable, including names and addresses.
 - F. A copy of your organization chart if applicable.
 - G. A copy of your current liability insurance for each location where EIPD clients will be served (face sheet only that depicts the limits of your coverage for fire/liability insurance and workers comp).
 - H. A copy of the current fire inspection certificate awarded by the city, county or state fire marshal to reach location where EIPD clients will be served.
 - I. A copy of the building inspection or occupancy certificate, if required by city regulation, for each location where EIPD clients will be served.

Conflict of Interest Certification

Real or apparent conflicts of interest may occur when a EIPD 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 EIPD; 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 EIPD.

Signature: _____

Acknowledgement & Signature

I hereby acknowledge that I have been provided with the EIPD 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 EIPD.

Printed Name: _____

Signature: _____ Date: _____

For EIPD Use Only

Date Received by EIPD: _____

Responsible Unit Manager(s): _____

Assigned CRP Specialist: _____

Vendor Review Date: _____

CRP Vendor Application Addendum for Project SEARCH® Services

Complete this addendum 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.

Education Agency: _____

EIPD Unit Office: _____

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

Host Business (must be confirmed): _____

	<u>Name</u>	<u>Function</u>
Any Other Partners?	_____	_____
	_____	_____
	_____	_____

To assure model fidelity, Project SEARCH® must be conducted under a license issued by Cincinnati Children’s Hospital Medical Center. Please list the Project SEARCH® license holder:

Acknowledgement & Signature

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

Printed Name: _____

Signature: _____ Date: _____

For EIPD Use Only

Date Received by EIPD:

Vendor Review Date:

Program Specialist for I/DD:

Regional CRP Specialist: