



# VOCATIONAL REHABILITATION SERVICES PROVIDER CHOICE DIRECTORY DEMOGRAPHIC INFORMATION FORM



Please complete this form for each of your locations/offices where you will be serving our VR consumers:

Vendor Details			
FEID Number:			
Vendor Name:			
VR Area:			
Address:			
City	County	State	Zip Code
Contact Person:			
Primary Phone Number:			Fax Number:
Email Address:			
Website Address:			
Days/Hours of Operation			
<input type="checkbox"/> Monday	From:	To:	
<input type="checkbox"/> Tuesday	From:	To:	
<input type="checkbox"/> Wednesday	From:	To:	
<input type="checkbox"/> Thursday	From:	To:	
<input type="checkbox"/> Friday	From:	To:	
<input type="checkbox"/> Saturday	From:	To:	
<input type="checkbox"/> Sunday	From:	To:	
After hours by appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Time Zone:			



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Bus routes and directions:

## Provider Will Serve People With These Disabilities

Please check all that apply:

- Blindness
- Other Visual Impairments
- Deafness, Primary Communication Visual
- Deafness, Primary Communication Auditory
- Hearing Loss, Primary Communication Visual
- Hearing Loss, Primary Communication Auditory
- Other Hearing impairments (Tinnitus, Meniere's Disease, Hyperacusis, etc.)
- Deaf-Blindness
- Communicative Impairments (Expressive/Receptive)
- Mobility Orthopedic/Neurological Impairments Lower
- Manipulation/Dexterity Orthopedic/Neurological Impairments Upper
- Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments Upper & Lower
- Other Orthopedic Impairments
- Respiratory Impairment
- General Physical Debilitation (e.g. Fatigue, Weakness, Pain, etc.)
- Other Physical Impairments (Not listed above)
- Cognitive Impairments (e.g. Impairments Involving Learning, Thinking, Processing Information, & Concentration)
- Psychosocial Impairments (e.g. Interpersonal and Behavior Impairments, Difficulty Coping)
- Other Mental Impairments



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## Languages Spoken

Please check all that apply:

- English     Spanish     Creole     Portuguese     German     French  
 American Sign Language

## Services Provided

- Employment Services     Supported Employment     On The Job Training

## Pre-Placement Training

- We provide Pre-Placement Training  
 We provide ONLY Pre-Placement Training  
 We do not provide Pre-Placement Training

## Provider Specializations

Please check all that apply:

- Autism Spectrum  
 Blind  
 Brain Injury  
 Cerebral Palsy  
 Deaf and Hard of Hearing  
 Individuals with a Criminal Record  
 U.S. Veterans



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## Referral Acceptance Criteria

Do you have acceptance criteria?  Yes  No      If yes, select all that apply:

- Must be eligible to work in the U.S. and have documentation to complete an I-9
- Referral must be accompanied by documentation of disability
- If referral is a minor, parental support, involvement, and consent is required
- No violent background (will be reviewed on individual basis)
- Must have an intellectual disability
- Referrals requesting Employment Services or Supported Employment that have no previous work history must receive On-The-Job Training prior to receiving ES or SE
- We accept all disability types

## Rules & Requirements

Please check all that apply:

- Maintain communication (including prompt return of phone calls, email and text messages.)
- Must be willing and able to submit to and pass drug and background screening
- Active participation (follow-through with appointments, including those with staff and business contacts)
- Must be willing to meet with counselor a minimum of once per month
- Must dress appropriately
- Must be motivated to work
- Must have reliable transportation

## Where Customers Are Served

- Office building       Mobile office       Other public location



# VOCATIONAL REHABILITATION SERVICES PROVIDER CHOICE DIRECTORY DEMOGRAPHIC INFORMATION FORM



## DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED

Vendor Name: \_\_\_\_\_ FEID#: \_\_\_\_\_

\*Check all that apply:

<input type="checkbox"/> Area One	<input type="checkbox"/> Area Two	<input type="checkbox"/> Area Three	<input type="checkbox"/> Area Four	<input type="checkbox"/> Area Five	<input type="checkbox"/> Area Six
<input type="checkbox"/> Escambia	<input type="checkbox"/> Columbia	<input type="checkbox"/> Lake	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Miami-Dade
<input type="checkbox"/> Santa Rosa	<input type="checkbox"/> Union	<input type="checkbox"/> Sumter	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Lee	<input type="checkbox"/> Monroe
<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Seminole	<input type="checkbox"/> Hernando	<input type="checkbox"/> Collier	
<input type="checkbox"/> Walton	<input type="checkbox"/> Dixie	<input type="checkbox"/> Orange	<input type="checkbox"/> Pasco	<input type="checkbox"/> Hendry	
<input type="checkbox"/> Holmes	<input type="checkbox"/> Clay	<input type="checkbox"/> Osceola		<input type="checkbox"/> Glades	
<input type="checkbox"/> Jackson	<input type="checkbox"/> St. Johns	<input type="checkbox"/> Brevard		<input type="checkbox"/> Manatee	
<input type="checkbox"/> Washington	<input type="checkbox"/> Nassau	<input type="checkbox"/> Polk		<input type="checkbox"/> Sarasota	
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Baker	<input type="checkbox"/> Hardee			
<input type="checkbox"/> Liberty	<input type="checkbox"/> Putnam	<input type="checkbox"/> DeSoto			<input type="checkbox"/> Area Seven
<input type="checkbox"/> Bay	<input type="checkbox"/> Duval	<input type="checkbox"/> Highlands			<input type="checkbox"/> Palm Beach
<input type="checkbox"/> Gulf	<input type="checkbox"/> Alachua	<input type="checkbox"/> Indian River			<input type="checkbox"/> Broward
<input type="checkbox"/> Franklin	<input type="checkbox"/> Bradford	<input type="checkbox"/> St. Lucie			
<input type="checkbox"/> Gadsden	<input type="checkbox"/> Levy	<input type="checkbox"/> Martin			
<input type="checkbox"/> Leon	<input type="checkbox"/> Marion	<input type="checkbox"/> Okeechobee			
<input type="checkbox"/> Wakulla	<input type="checkbox"/> Citrus				
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Flagler				
<input type="checkbox"/> Madison	<input type="checkbox"/> Volusia				
<input type="checkbox"/> Hamilton					
<input type="checkbox"/> Taylor					
<input type="checkbox"/> Suwannee					
<input type="checkbox"/> Lafayette					