



Marva Johnson, *Chair*
John R. Padget, *Vice Chair*
Members
Gary Chartrand
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Rebecca Fishman Lipsey
Michael Olenick
Andy Tuck

Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DVR) employment network provider (EN). In order to be eligible for registration, potential providers must be authorized by the Social Security Administration (SSA) to provide, or coordinate the provision of, employment and rehabilitation services to SSA beneficiaries under the Ticket-to-Work Program. Additionally, all potential providers must first register in MyFloridaMarketPlace (MFMP) and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor Website.

Please read all the instructions included in the application package carefully and complete each item as requested. Incomplete applications will result in process delays and possible denial. If you have any questions regarding the application package or process, please contact the Vendor Registration Unit at 866-580-7483 or 850-245-3401 or via email at VRVendors@vr.fldoe.org.

Please mail or fax completed applications and all required documentation to:

Division of Vocational Rehabilitation
Vendor Registration Unit
4070 Esplanade Way
Tallahassee, FL 32399-7016
Fax Number: 850-245-3394

NOTE: Pursuant to section 413.208, Florida Statutes, the Provider's Administrator, Financial Officer, and any person employed by, or otherwise engaged on behalf of, the Provider who will have direct, face-to-face contact with Vocational Rehabilitation customers, is required to undergo a Level II background screening via the AHCA Care Provider Background Screening Clearinghouse (the Clearinghouse).

Upon preliminary approval of your application, you will be sent instructions on how to obtain the screening through the Clearinghouse. Your registration will remain in a "pending" status until your screening(s) are approved.

Thank you for your commitment to helping people with disabilities find and maintain employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation
Vendor Registration Unit

Enclosures

ALEISA C. MCKINLAY

Director, Division of Vocational Rehabilitation



**DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
EMPLOYMENT NETWORK APPLICATION**



Applicant Information

MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER:			
PROVIDER NAME*:			
AUTHORIZED AGENT NAME & TITLE**:			
MAILING ADDRESS:			
	City	State	Zip Code + Four Digits
REMITTANCE ADDRESS:			
	City	State	Zip Code + Four Digits
PRIMARY TELEPHONE NUMBER:		FAX NUMBER:	
CONTACT NAME:		CONTACT PHONE NUMBER:	
EMAIL ADDRESS:			

**Please list office locations where customers will be served.
(Attach additional pages as necessary.)**

	<u>Location 1</u>	<u>Location 2</u>	<u>Location 3</u>
Street Address:			
City/State/Zip:			
Phone Number:			

Is each location fully accessible to persons with disabilities? Yes No

If you do not have an office, please attach a description of where you will meet VR customers to provide services and how you will ensure these locations are accessible to persons with disabilities.

Verifications

Are you registered in MyFloridaMarketPlace? Yes No

Are you registered with the Florida Department of State, Division of Corporations? Yes No

Are you an Employment Network approved by the Social Security Administration (SSA)? Yes No

Do you have a W-9 on file with the Florida Department of Financial Services? Yes No

Have you previously held a contract with VR? Yes No
(If yes, please provide approximate dates: to)

*This should be the same name reflected in MFMP and on your registration with the Department of State, Division of Corporations.

**The authorized agent must have the authority to sign binding documents on behalf of the Provider.



Services to be Provided

Upon final approval of this application, the registered Employment Network (EN) becomes eligible to receive referrals from VR for post-employment job-related services. At case closure, VR may refer a customer to the EN for job-related services that will aid the customer in achieving Substantial Gainful Activity (SGA) levels of employment.

Job-related services are provided to enable the customer to preserve or advance their employment at a competitive earnings level, as established under their Post-Employment Individualized Plan for Employment (IPE) and associated employment outcome. Services are provided in support of achieving the customer's weekly work hours and earnings goal for the purpose of helping the customer become self-supporting. Services may include:

1. Limited job development services that will refine the job to better meet the needs of the Employer;
2. Limited job coaching to aid the individual in stabilizing on the job;
3. Limited job training or retraining to further stabilize the individual in their job;
4. Follow up services such as regular contact with the employers, the individuals, the parents, family members, guardians, advocates, or authorized representatives of the individuals, and other suitable professionals and informed advisors, in order to reinforce and stabilize the job placement;
5. Services that will assist the individual in adapting to the work environment and facilitate identification and access to natural supports at the work site;
6. Referral and other services that will assist an individual to secure needed services from other agencies and identify and access community resources needed in support of employment (e.g., transportation to and from work, affordable housing, public assistance/services, etc.);
7. Services that will aid the individual in developing/enhancing job skills needed to successfully perform their current job or a job that will advance their level of employment and earnings; and
8. Job search and placement assistance to reemploy an individual.

Confidentiality

Access to a VR customer's confidential information must be safeguarded at all times. Such information shall not be used or disclosed for any purpose not in conformity with State and Federal laws and regulations without written consent of the customer or their parent, guardian, or other authorized representative.

Payment

The EN will be paid a fee for a referred customer who achieves and maintains a SGA level of earnings for seven (7) out of eight (8) months. For referred customers who were already achieving SGA level of earnings at the time of the referral, the fee to the EN shall be \$1,000. For referred customers who were achieving less than SGA level of earnings at the time of the referral, the fee to the EN shall be \$2,000. Payment will be made contingent upon receipt of a monthly synopsis of the post-employment job related services provided, as well as one of the following:

1. A wage verification letter on the employer's letterhead which indicates a breakdown of monthly wages. The verification letter should also include a contact person and a telephone number; or,
2. A Payroll Report from the employer which documents the consumer's name, SS#, paycheck date, and breakdown of monthly payments, including a contact name and telephone number from the employer; or,
3. Copies of paycheck stubs covering the minimum required SGA period that includes the consumer's name and address, payroll period, date issued, and check amount; or,
4. A screen shot of a page of an electronic wage verification system showing the consumer's name, Social Security Number, wages, wage period and Employer's name, or
5. A combination of above that provides a complete wage and employment history for the requisite period.



**DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
EMPLOYMENT NETWORK APPLICATION**



Registration Revocation

Registration will be suspended or revoked immediately if the EN ceases to have approval from the Social Security Administration to participate in the Ticket-to-Work and Self-Sufficiency Program.

Acknowledgement and Signature

I hereby acknowledge I am authorized to make application on behalf of the Provider to become an approved provider of post-employment job related services as described above. If this application is approved, we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Signature

Date

Printed Name & Title

NOTE: Upon preliminary approval of this application, you will be sent instructions regarding registration in the Care Provider Background Screening Clearinghouse. Your registration will remain in "pending" status until all required screenings are complete. The Administrator, Financial Officer, Director, and any person employed by the Provider who will have direct, face-to-face contact with Vocational Rehabilitation customers is required to undergo a Level 2 background screening per § 413.208, Florida Statutes.

Is your application complete?

- All sections of the application have been completed, as required.
- The application has been signed and dated.
- Proof of Employment Network status with SSA is attached.
- A completed VR Area and Counties form is attached.
- A completed EN Employee Contact form is attached.
- A copy of your IRS 501(c)(3) Not-for-Profit verification is attached, if applicable.

FOR VR USE ONLY

Application is: Approved Denied

Reviewed by: _____

Date: _____

Verified by: _____

Date: _____

Comments:



**DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION**



DVR Areas & Counties to be Served

**Please check all areas and counties where you intent to provide services.*

<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"/> Palm Beach	<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"/> Broward	<input type="checkbox"/> Monroe
<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Seminole	<input type="checkbox"/> Hernando	<input type="checkbox"/> Charlotte	
<input type="checkbox"/> Walton	<input type="checkbox"/> Dixie	<input type="checkbox"/> Orange	<input type="checkbox"/> Pasco	<input type="checkbox"/> Lee	
<input type="checkbox"/> Holmes	<input type="checkbox"/> Clay	<input type="checkbox"/> Osceola	<input type="checkbox"/> Manatee	<input type="checkbox"/> Collier	
<input type="checkbox"/> Jackson	<input type="checkbox"/> St. Johns	<input type="checkbox"/> Brevard	<input type="checkbox"/> Sarasota	<input type="checkbox"/> Hendry	
<input type="checkbox"/> Washington	<input type="checkbox"/> Nassau	<input type="checkbox"/> Polk		<input type="checkbox"/> Glades	
<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"/> Bay	<input type="checkbox"/> Duval	<input type="checkbox"/> Highlands			
<input type="checkbox"/> Gulf	<input type="checkbox"/> Alachua	<input type="checkbox"/> Indian River			
<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					

SERVICES PROVIDED:	Employment Network		
PROVIDER NAME*:			
AUTHORIZED AGENT NAME & TITLE**:			
PRIMARY TELEPHONE NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:			

**VR REGISTRATION FORM for
ADMINISTRATORS & EMPLOYEES REQUIRING BACKGROUND SCREENINGS PER F.S. 413.208**

Please provide the name and contact information for the EN's Administrator, Financial Officer, and any employee who will have direct, face-to-face contact with VR Customers. This form must be submitted to VR's Vendor Registration Unit each time an employee is deleted or a new employee is added.

EN NAME:		MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER:	
TITLE	NAME	EMAIL	PHONE
			<i>DVR USE ONLY: DATES OF APPROVAL</i>
ADMINISTRATOR			
FINANCIAL OFFICER			
EMPLOYEE			
Authorized Agent Signature:		Name & Title:	
Date:		<u>SUBMIT FORM VIA EMAIL, FAX, OR MAIL TO:</u> Division of Vocational Rehabilitation, Attn: Vendor Registration 4070 Esplanade Way Tallahassee, FL 32399-7016 FAX: 850-245-3394 or email: vrvendors@vr.fldoe.org	

ADD ADDITIONAL PAGES AS NEEDED