

Kentucky Office of Vocational Rehabilitation

Support Service Provider Application

Instructions - Please Read:

A. Email completed application, Office of Vocational Rehabilitation approved training completion, and / or verification of hours to one of the following:

- Ron O'Hair
Community Rehabilitation Program Branch Manager
RonnieL.O'Hair@ky.gov
- Chad Hunt
Deaf-Blind Services Coordinator
Chad.Hunt@ky.gov

B. Once approved, vendors will then need to self-register in eMARS in addition to completing the Office of Vocational Rehabilitation Vendor Application. Upon completion, the vendor shall email their Office of Vocational Rehabilitation Application and vendor number obtained when registering in eMars (begins with KS or KY) to the Resource Management Analyst overseeing vendors:

1. [Register in eMARS](#)
 - If you need assistance, please contact Customer Resource Center by email at Finance.CRCGroup@ky.gov, by phone 502-564-9641, or toll free 877-973-HELP (4357)
2. Complete the Office of Vocational Rehabilitation [Vendor Application](#).
3. Email vendor number (begins KS or KY) and Office of Vocational Rehabilitation Application form to Kari Shipp at kari.shipp@ky.gov.

Kentucky Office of Vocational Rehabilitation

Support Service Provider Application

General Information (Please print):

First Name:

Last Name:

Address:

City:

State:

Zip Code:

County:

Phone Number:

TTY/VP:

E-Mail:

Text/SMS:

Information about you - Check all that apply:

Deaf Hard of Hearing Late Deafened Hearing Visually Impaired

Gender

Communication and Skills:

Are you a licensed interpreter by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing?

Check all areas that apply:

Deaf-Blind Interpreter Certified Deaf Interpreter Deaf Interpreter

What kind of interpreting experience do you have?

How would you describe your signing skills?

How many years have you been signing?

Have you had Support Service Provider training?

If yes, when was your **last** training?

What kind of Support Service Provider experiences have you had?

(I.e. guiding, food shopping, read mail, etc. Write on back of this page if needed)

My tactile sign language experience:

Check all areas that you have experience with and that you feel comfortable working with persons who are Deaf-Blind:

American Sign Language

Braille

Typing

Fingerspelling

Tactile Signing Use

Right Hand Left Hand Both

Manually Coded English

Pidgen Signed English

- Voice Interpreting
- Cued Speech
- Oral Interpreting
- Haptic Signals
- Print On Palm
- Pro-Tactile
- FM Loop
- Working with developmentally disabled deaf-blind people
- Working with Hard of Hearing i.e. deaf-blind who do not sign
- Other:

My Dominant Hand for Writing:

Thank you for your Support:

Send your application to the following email address:

Email:

Any Questions, contact the Vocational Rehabilitation Counselor.

