

Education and Workforce Development Cabinet
Kentucky Office of Vocational Rehabilitation
Vendor Application Form

Thank you for your interest in applying to be a vendor with the Kentucky Office of Vocational Rehabilitation (OVR). OVR commits to assist Kentuckians with disabilities to achieve suitable employment and independence.

OVR accepts and reviews Vendor Applications on a rolling basis and does not guarantee approval or any amount of referrals.

OVR will only consider applications that follow the criteria outlined in the Vendor Manual. If approved, applicants must follow the standards established by federal and state laws, national certification boards, applicable licensure boards, and OVR. To begin the process, complete and submit the information below.

Section A: Business Information

Legal Business Name: Doing Business As (if applicable):

Business Office Address:

Address Where Services Provided:

Business Website URL (if applicable):

Kentucky counties Vendor will serve (list all counties in alphabetical order):

Is this business registered with the Kentucky Secretary of State?

Business Contact Information

Contact Person (full name and title):

Telephone Number:

Fax Number:

Email Address:

Tax Information

Taxpayer/Employer Identification Number (FEIN):

Tax Status (select one of the following):

If other, please specify:

Service Type (check all that apply)

Assistive Technology	Audiology	Child Care
CRP Services	Chiropractic Services	Dental Services
Dietician Services	Driver Rehab Program	Hospitals (in & out patient)
Interpreting Services	Job Coaching	Life Skills Coaching
Medical Services	Mental Health Counseling	Occupational Therapy
Optometry	Orientation & Mobility	Orthotics & Prosthetics
Pharmacy	Physical Therapy	Post-Secondary Education
Property Modifications	Retail/Wholesale	Speech Language Education
Support Service Provider	Transportation	Tutoring Services
Vehicle Modifications	Other Services (not listed)	Pre-Employment Transition Services

If you selected Medical Services, please specify:

If you selected Other Services (not listed), please specify:

Service Providers and Credentials:

Please list the name(s) and credential(s) of any employee who will provide services on behalf of this business. Attach additional sheets if necessary. Vendors are required to submit proof of credentials upon application and renewal.

Name:

Degree:

Certificate/Licensure:

Certificate/Licensure Number:

Expiration Date:

Name:

Degree:

Certificate/Licensure:

Certificate/Licensure Number:

Expiration Date:

Name:

Degree:

Certificate/Licensure:

Certificate/Licensure Number:

Expiration Date:

If you are applying as a Community Rehabilitation Program (CRP), please complete Section B. If you are applying as a Support Service Provider, skip to Section C. If you are applying for neither, skip to Section D.

Section B: Community Rehabilitation Programs

Type of service/outcome applying for (check the appropriate service and indicate the number served last year):

Community Rehabilitation Program Services	Number Served Last Year
Adjustment Services	
Employment & Retention	
Job Coaching	
Life Skills Coaching	
Pre-Employment Transition Services (Pre-ETS)	
Supported Employment Services	
Traditional Supported Employment	
Individual Placement & Support	
Customized Supported Employment	
Transportation Services	
Vocational Services	
Comprehensive Vocational Assessment	
Other:	

Business Information

Please indicate the population you wish to serve (select all that apply):

- | | |
|--------------------------------------|----------------------------------|
| Michelle P. | Supported Community Living (SCL) |
| Individual Placement & Support (IPS) | All Others |

Hours of Operation:

Describe your organization's admissions criteria for receiving services:

Business Accreditations:

Other Services/Comments:

If you are not applying for Supported Employment services, skip to Section D.

Supported Employment Services

If applying to provide Supported Employment (SE) services, answer the following questions in narrative format. Please be as detailed as possible in your answers. Attach additional pages (such as descriptions of funding) as necessary.

Describe your organization's mission and why you desire to provide SE services:

How many individuals do you currently serve who work in the community? Please describe how you provide support for these individuals, both on and off the job site:

Describe in general terms the population(s) you plan to serve. If you restrict services to a particular disability population because of funding or for other reasons, please explain:

Describe how you plan to address and assure integration at the job site, a key feature of SE:

How will you ensure consumer satisfaction with your services and supports?

How will you customize and fund extended, ongoing support services? Be specific about the funding sources you plan to use:

Skip to Section D.

Section C: Support Service Providers

*Complete this section only if you are applying as a Support Service Provider. Otherwise, skip to Section D.

Video Phone/Text Telephone Number:

Types of services you will provide (check all that apply):

Deaf-Blind Interpreter

Certified Deaf Interpreter

Deaf Interpreter

Communication and skills:

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

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.). Attach additional sheets if necessary:

How many years of experience do you have with Tactile Sign Language?

Check all services you can provide to Deaf-Blind persons:

American Sign
Language

Braille

Cued Speech

Finger Spelling

FM Loop

Haptic Signals

Manually Coded
English

Oral Interpreting

Pidgen Signed
English

Print on Palm

Pro Tactile

Tactile Signing Use

Voice Interpreting

Working with developmentally disabled deaf-blind people

Working with hard of hearing

Other:

If you are experienced in Tactile Signing Use, please specify one of the following:

Continue to Section D.

Section D: Applicant's Acknowledgement

By signing, I acknowledge that I have read and understood the Vendor Manual. If this application is accepted, I agree to comply with all requirements outlined in the Vendor Manual.

I have attached all required documentation as described in the Vendor Manual and this application. I understand that failure to submit the necessary documentation or providing false or misleading information will result in the denial of this application.

I verify that I am authorized to sign this document on behalf of the business named within.

Signature

Date

Printed Name

Title