

Division of Vocational Rehabilitation

Fee-for-Service Provider Application

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DOE/DVR) contracted service provider. All DOE/DVR services are provided through contractual agreements with registered, approved, certified state of Florida vendors, who are then authorized to become DVR service providers. Additionally, all service providers are subject to the requirements of section 413.208, Florida Statutes (F.S.).

You are required to provide proof of applicable requirements and qualifications as per the Employment Services Provider Manual. To be eligible for registration, potential service providers must be authorized by the DOE/DVR Bureau of Vendor and Contracted Services, Vendor Registration Unit. Additionally, all potential service providers must first register in *MyFloridaMarketPlace* (MFMP) at <https://vendor.myfloridamarketplace.com/>, and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor website, [State of Florida Vendor Portal Page](#) (myfloridacfo.com). Registration is not complete until you receive official notification from DOE/DVR. Please read all the instructions included in the Fee-for-Service Provider Application package carefully and complete each item as required. Incomplete applications will result in process delays and possible rejection. If you have any questions regarding this application package or process, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401, or email at VRVendors@vr.fldoe.org.

The DOE/DVR has the right to reject an application. In addition, the DOE/DVR does not guarantee referrals.

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

Division of Vocational Rehabilitation
Bureau of Vendor and Contracted Services
Vendor Registration Unit
325 W. Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
Fax Number: 850-245-3394 Email: VRVendors@vr.fldoe.org

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.

Form DVR-FFSPA-2025
Effective May 2025
Rule 6A-25.021, F.A.C.

Applicant Information

MYFLORIDAMARKETPLACE (MFMP) NUMBER (FEDERAL TAX ID):			
SERVICE 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:	
CONTACT EMAIL ADDRESS:			
<p>*Same name reflected in MFMP, on your IRS 501(c)(3) documents, and your registration with the Department of State, Division of Corporations.</p> <p>**The authorized agent must have the authority to sign binding documents on behalf of the service provider.</p> <p>***The contact person listed here will be the primary contact person for service-related communications.</p>			

Organization Type

<input type="checkbox"/> Public School* <input type="checkbox"/> Charter School* <input type="checkbox"/> Public College/University* <input type="checkbox"/> Career/Technical School*	<input type="checkbox"/> 501(c)(3)** <input type="checkbox"/> Private College/University*** <input type="checkbox"/> Private School***
<p>*Not required to submit 501(c)(3), general liability insurance, or background screening of board members, directors, administrators and financial officers.</p> <p>** All not-for-profit organizations must provide a copy of your 501(c)(3) designation letter from the Internal Revenue Services (IRS).</p> <p>*** All private schools must provide a copy of their current license by the Florida Commission for Independent Education (CIE) or proof of National Accreditation. Private schools need to submit a certificate of Liability Insurance with a minimum of \$1,000,000.00. The Department of Education, Division of Vocational Rehabilitation (DOE/DVR) must be listed as an additional insured and certificate holder.</p>	

Services to be Provided

Please check each service to be offered.

<p>Services to be provided to adults</p> <p>Services that do not require additional certification</p> <input type="checkbox"/> Employment Services <ul style="list-style-type: none"> <input type="radio"/> Pre-Placement Training <input type="radio"/> Employment Related Services <input type="checkbox"/> On-the-Job Training	<p>Services to be provided to youth (ages 14-21)</p> <p>Services that do not require additional certification</p> <input type="checkbox"/> Pre-Employment Transition Services (Pre- ETS) <ul style="list-style-type: none"> <input type="radio"/> Work Readiness Training <input type="radio"/> Work-Based Learning Experience (WBLE) <input type="radio"/> Counseling on Enrollment Opportunities (Postsecondary Educational Counseling)
<p>Services to be provided to adults</p> <p>Services that require additional certification</p> <input type="checkbox"/> Supported Employment Services <i>*requires additional external certification</i> <ul style="list-style-type: none"> <input type="radio"/> Trial Work 	<p>Services to be provided to youth (ages 14-21)</p> <p>Services that require additional certification</p> <input type="checkbox"/> Self-Advocacy Training <i>*requires additional internal certification</i> <input type="checkbox"/> Project SEARCH <i>*requires a license with Cincinnati Children's Hospital (external process)</i>

DOE/DVR AREAS & COUNTIES WHERE PROPOSED SERVICES WILL BE PROVIDED

Area 1	<input type="checkbox"/> Escambia <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Okaloosa <input type="checkbox"/> Walton <input type="checkbox"/> Holmes <input type="checkbox"/> Lafayette	<input type="checkbox"/> Jackson <input type="checkbox"/> Washington <input type="checkbox"/> Calhoun <input type="checkbox"/> Liberty <input type="checkbox"/> Bay	<input type="checkbox"/> Gulf <input type="checkbox"/> Franklin <input type="checkbox"/> Gadsden <input type="checkbox"/> Leon <input type="checkbox"/> Wakulla	<input type="checkbox"/> Jefferson <input type="checkbox"/> Madison <input type="checkbox"/> Hamilton <input type="checkbox"/> Taylor <input type="checkbox"/> Suwanee
Area 2	<input type="checkbox"/> Columbia <input type="checkbox"/> Union <input type="checkbox"/> Gilchrist <input type="checkbox"/> Dixie <input type="checkbox"/> Clay	<input type="checkbox"/> St. Johns <input type="checkbox"/> Nassau <input type="checkbox"/> Baker <input type="checkbox"/> Putnam <input type="checkbox"/> Duval	<input type="checkbox"/> Alachua <input type="checkbox"/> Bradford <input type="checkbox"/> Levy <input type="checkbox"/> Marion <input type="checkbox"/> Citrus	<input type="checkbox"/> Flagler <input type="checkbox"/> Volusia
Area 3	<input type="checkbox"/> Lake <input type="checkbox"/> Sumter <input type="checkbox"/> Seminole <input type="checkbox"/> Orange <input type="checkbox"/> Osceola	<input type="checkbox"/> Brevard <input type="checkbox"/> Polk <input type="checkbox"/> Hardee <input type="checkbox"/> DeSoto <input type="checkbox"/> Highlands	<input type="checkbox"/> Indian River <input type="checkbox"/> St. Lucie <input type="checkbox"/> Martin <input type="checkbox"/> Okeechobee	
Area 4	<input type="checkbox"/> Pinellas <input type="checkbox"/> Hillsborough	<input type="checkbox"/> Hernando <input type="checkbox"/> Pasco		
Area 5	<input type="checkbox"/> Charlotte <input type="checkbox"/> Lee <input type="checkbox"/> Collier <input type="checkbox"/> Hendry	<input type="checkbox"/> Glades <input type="checkbox"/> Manatee <input type="checkbox"/> Sarasota		
Area 6	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Monroe		
Area 7	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Broward		

Service Provider Office Locations

(Attach additional pages as necessary)

	Location 1	Location 2	Location 3
Street Address:			
City/State/Zip:			
Phone Number:			
<p>Is each location fully accessible to persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>			

Only 501(c)(3) Organizations must complete this section

Names of other Business(es) owned by the authorized agent in the last five (5) years:

	<u>Business 1</u>	<u>Business 2</u>	<u>Business 3</u>
Business Name:			
Owner Name:			
Street Address:			
City/State/Zip:			
Phone Number:			

Business Interest

Please provide a list of businesses, if any, in which any Principal of the applicant has an ownership interest. For purposes of this application, a Principal is defined as an owner, general partner, director, president, chief executive officer, chief operating officer, chief financial officer, or other member of the applicant's board of directors (attach additional pages, as necessary).

	<u>Business 1</u>	<u>Business 2</u>	<u>Business 3</u>
Business Name:			
Owner Name:			
Street Address:			
City/State/Zip:			
Phone Number:			
Business Type: (i.e., retail, custodial, etc.)			

Have you previously held a contract for employment services with VR? Yes No

If yes, please provide approximate dates:		to	
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Do you, or have you provided services for the Agency for Persons with Disabilities? Yes No

If yes, please provide approximate dates:		to	
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Description of Services

If you are a new business with no former clients provide the following:

1. A minimum of two (2) letters of professional references on letterhead with contact information; and
2. Using the space below, a brief description of your proposed approach to delivering services.

Employer Relationships

Please provide a list of employers with whom you have successfully placed customers within the past two (2) years.

Note: You are not limited to placing VR customers with these employees. You are encouraged to foster relationships with new potential employers.

	Business Name	Address
1.		
2.		
3.		
4.		
5.		

If you are a new business with no former employer relationships, please attach a brief description of your proposed approach for recruiting potential employers and/or any efforts you've already made to establish such relationships.

Accreditations

Are you currently accredited by (if one of the below is selected, please submit proof of accreditation with this application):

- The Commission on Accreditation of Rehabilitation Facilities (CARF) in the area Community Employment Services: Employment Supports or Community Employment Services: Job Development? Yes No
- OR**
- The Joint Commission on Accreditation of Health Care Organizations (JCAHO) in the area of Behavioral Health? Yes No

Vocational Rehabilitation Electronic Systems

DVR may utilize electronic systems for service management and billing. These electronic systems are web-based applications. Use of DVR electronic service management and billing systems is a condition of registration to be an Employment Services and/or a Pre-Employment Transition Services (Pre-ETS) provider. Once registered to provide services, you will be provided with login and access information, technical assistance, etc.

The signature below indicates assurance that you, as a service provider, will use DVR electronic service management and billing systems for all applicable aspects of providing employment services to VR customers and have internal systems in place to meet the confidentiality requirements as stated above.

Please provide contact information for the employee who will serve as your primary electronic Administrator:

CONTACT NAME:

CONTACT PHONE NUMBER:

CONTACT EMAIL ADDRESS:

Attestation of Transportation Provider Requirements

Do you intend to provide transportation to VR customers? Yes No

If yes, an Attestation of Transportation Provider Requirements (below) must be completed, notarized, and submitted with the application package.

As a condition of registration to be an Employment Services Provider for the Department of Education, Division of Vocational Rehabilitation, that will transport VR Customers for any reason,

_____ hereby attests that:

1. All staff who transport VR Customers have a valid and current State issued driver's license.
2. All staff who transport VR Customers in their personal vehicles have a valid and current vehicle registration; and either
3. All staff who transport VR Customers have valid and current automobile insurance with minimum coverage of (\$50,000/\$100,000), **OR**
4. The service provider's agency insurance coverage includes Automobile Liability which covers any auto.

The service provider hereby agrees to maintain proof of adherence requirements #1 and #2 and that such proof will be provided to DVR upon request.

If option #3 is chosen, the service provider further attests that staff insurance policies reflecting the required minimum coverage are also maintained and will be provided to DVR upon request.

If option #4 is chosen, the service provider attests that proof coverage has been provided as part of the service provider's Employment Services Provider Application package.

CONFIDENTIALITY

Pursuant to section 413.341, Florida Statutes (F.S.), all oral and written records, information, letters, and reports received, made, or maintained by the division relative to any applicant or eligible individual are privileged, confidential, and exempt from the provisions of s. 119.07(1). Any person who discloses or releases such records, information, or communications in violation of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Access to a VR customer's confidential information must be always safeguarded. 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. DVR must be notified within 24 hours of unlawful disclosure of information and additional information may be requested to ensure systems are in place to ensure this requirement can be met by the service provider.

PLEASE READ AND SIGN BELOW

I certify that the agency listed above, and all employees, will adhere to requirements in Florida law and each of the assurances contained in this set of General Assurances, Terms, and Conditions for Participation in Federal and State Programs as applicable to the project(s) for which this agency is responsible.

I hereby acknowledge I am authorized to make an application on behalf of the service provider to become an approved DVR Vendor. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application and in section, 413.208, F. S. I acknowledge that the service provider is subject at all times to a due diligence inquiry as to its fitness to undertake service responsibilities, and that the service provider’s registration may be suspended pending such an inquiry. If approved, we agree to accept and render services to customers of the DVR on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief. I further certify services will be delivered without any subcontracting of funds and will not be delivered within a for-credit class that satisfies a high school graduation requirement.

In accordance with 2 CFR § 200.77 and 34 CFR § 361.63, all federally funded authorizations and obligations must be received and processed within the federal fiscal grant period of performance.

Printed Name of Authorized Agent:

Date:

Signature:

Acknowledgement

I hereby acknowledge I am authorized to make the above attestations on behalf of the service provider.

Signature Date

Printed Name & Title STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of
_____, 20____ by

_____ (Name of Person Making Statement)

_____ (Signature of Notary Public)
(Print, Type, or Stamp)

(Commissioned Name of Notary Public)
Personally known _____ or Produced Identification _____. Type of Identification produced
_____.

NOTE: Upon 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 your screening is approved. The Administrator, Financial Office, Director, and any person employed by the service provider who has direct, face-to-face contact with Vocational Rehabilitation customers is required to undergo a Level 2 background screening per ss. 435.04 and 413.208, F.S.

Ready to Submit

- Has applicant completed the MyFloridaMarketPlace (MFMP) registration?
- Has the applicant completed the required Electronic W9 registration?
- Does your company have a 501c3 designation with the Internal Revenue Service?
- Does your company have a Certificate of General Liability Insurance reflecting a minimum of \$1,000,000 coverage per Occurrence?
- Has the applicant submitted all required degrees, transcripts, certificates and resumes required?

Email, fax, or mail this application and all required documents to:

Division of Vocational Rehabilitation
Bureau of Vendor and Contracted Services
Vendor Registration Unit
325 W. Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
Fax Number: 850-245-3394
Email: VRVendors@vr.fldoe.org

If you have any questions that pertain to this application, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401.

ADMINISTRATOR AND BOARD MEMBER REGISTRATION FORM

Per s. 413.208, F.S., the following individuals, and all individuals that will be providing direct services to vulnerable persons, are required to undergo a background screening.

TITLE/ROLE	NAME	EMAIL	PHONE	<i>DVR USE ONLY: DATES OF APPROVAL</i>
ADMINISTRATOR				
FINANCIAL OFFICER				
DIRECTOR				
BOARD MEMBER				

Use an additional sheet of paper if needed to add all active members/directors.

ADMINISTRATOR Chief Executive Officer - The highest level individual responsible for the day-to-day operations of the providing agency

FINANCIAL OFFICER Chief Financial Officer - The highest level individual responsible for the financial operations of the providing agency (if applicable and different from Administrator)

DIRECTOR Members serving on the Board of Directors (if applicable)

If amendments are made to the above-named roles after registration. A new form must be completed with updated or new personnel; all new personnel must be background screened. Send to vrbackgroundchecks@vr.fldoe.org or fax to 850-245-3394.