



FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400
Fax: 1-850-245-0875 Email: schoolchoice@fldoe.org
School Choice Information Hotline: 1-800-447-1636



SUPPORTED EMPLOYMENT SERVICE PROVIDER REQUEST TO PARTICIPATE Workforce Education Scholarship Pilot Program

Instructions: 1. Complete the first 2 sections of this form and fax or mail to this office.
2. Fax or mail copies of any required supporting documents to this office.

Supported Employment Services Provider (Employer)

Name of Employer _____ Federal Employer Identification Number _____

Street Address _____ City _____ State _____ Zip _____ County _____

Supervisor Name _____ Supervisor Phone # _____ Supervisor E-mail _____

Is the Employer a nonprofit corporation under s. 501(c)(3) of the Internal Revenue Code? Yes No
(IRS documentation letter **must** be provided)

Does the Employer serve Hardee County, DeSoto County, Manatee County, or Sarasota County? Yes No

Does the Employer provide supported employment services in a work setting to students with disabilities? Yes No

- If yes, list locations:

Street Address	City	State	Zip	County
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Does the Employer contract with a private school in Florida? Yes No

- If yes, School information must be provided below...

Contracted Private School *(Provide information for all contracted schools. Copies of contracts must be provided.)*

School Name _____ Federal Employer Identification Number _____

Street Address _____ City _____ State _____ Zip _____ County _____

Owner Name _____ Owner E-mail _____

Director Name _____ Director E-mail _____

School Phone # _____ School E-mail _____

Is the school registered as a Private School with the Florida Department of Education? Yes No

*****Include information for additional contracted schools on a separate page, if necessary.**

Request Submitted By _____ **Date** _____

FOR OFFICE USE ONLY

Eligibility

Approved Entered by _____ Date _____ Confirmation # _____

Denied Reason _____