

Service Provider Application

Department of Human Services/Division of Rehabilitation Services

This application is required for non-accredited agencies or individuals requesting approval to provide Job Placement, Job Coaching, Situational Assessments Independent Living and/or Follow Along Services for the Department of Human Services/Division of Rehabilitation Services.

Applicant's Name: _____

Address: _____

Telephone: _____ Social Security #: _____

1. Type of Service Provision Applying for: (Check appropriate boxes)

JOB PLACEMENT SIT. ASSESSMENT JOB COACHING FOLLOW ALONG
 INDEPENDENT LIVING

2. Describe geographic area to be served:

3. Identify the number of persons served and outcomes achieved for your most recently completed fiscal year in the following categories:

Fiscal Year _____

Service	Total Served	# Placed into employment for 60 days	Average Hourly Wage
Job Placement			
Situational Assessment			
Job Coaching			
Follow Along			
Independent Living			

4. Attach your resume or credentials to determine your qualifications. Minimum qualifications consist of:

Job Coaching and Follow-Along:

- ◆ Graduation from high school (or having a GED) and 2 years experience in providing job coaching or follow along services for people with disabilities. If the individual does not meet the above experience requirements, a four day Employment Training Program approved by the Division of Rehabilitation Services will substitute for the 2 years experience.

Job Placement & Situational Assessment:

- ◆ Graduation from an accredited college in the area of human service or business and 3 years of experience in providing job development, vocational rehabilitation counseling or vocational assessments for people with disabilities. Each additional year of experience can substitute for a year of education. Completion of a four day Employment Training Program approved by the Division of Rehabilitation Services can substitute two years of education.

Note: The work experience counted towards meeting the qualifications must have been as a State Vocational Rehabilitation Counselor or under the supervision of an accredited agency or a service provider approved by the Department of Human Services to provide vocational services for people with disabilities.

5. On a separate sheet, describe how potential customers will be referred for your services.

6. On a separate sheet, describe any limitations in your proposed services or individuals to be served.

7. The applicant agrees to:

- a) authorize and pay for a criminal record history for all persons providing services.
- b) comply with all applicable Federal, State and local laws and regulations. (List of applicable Federal and State regulations available upon request)
- c) if approved, enter into a two year provider agreement with the Department of Human Services\Division of Rehabilitation Services.

I declare and affirm that the information included in this application and attachments is true and correct to the best of my knowledge and ability. I also recognize this is only an application and a signed provider agreement with the Division of Rehabilitation of Services verifies approval.

Signature - Service Provider Applicant

Date

**Submit completed applications to: % Assistant Director
Division of Rehabilitation Services
C/O 500 East Capitol
Pierre, SD 57501**

Even if an applicant meets the minimum qualifications, the Division of Rehabilitation Services retains the right to approve the applicant as a vendor and enter into a contractual agreement to provide services.