



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK  
ADULT CAREER AND CONTINUING EDUCATION SERVICES-VOCATIONAL REHABILITATION

**Core Rehabilitation Services Application / Basic Information**

**Applicant Information**

Legal Name of Provider Organization or Individual:

Address: City: State: ZIP Code:

Director/Owner:

Tax Identification Number: Charity Registration Number: NYS Vendor ID # (10-digit SFS ID):

Telephone Number: Fax Number: E-mail Address:

Organization Type (please check each box that applies):

- Profit  Not-for-Profit  BOCES
- Corporation  Partnership  Sole Proprietorship
- Government Entity  Individual  Other – Specify

**List All Physical Locations Where Services Will be Offered**

Location or Address	Telephone Number	Director or Contact Person	Email Address	Counties Served By This Location
1.				
2.				
3.				
4.				

Is each location fully accessible to persons with disabilities?  Yes  No

If no, explain how you will make your services accessible to persons with various disabilities (for example, deafness, visual impairments, physical disabilities).

**Please Check Each Box Next to the ACCES-VR District Office(s)**

<input type="checkbox"/> Albany District Office	<input type="checkbox"/> Bronx District Office	<input type="checkbox"/> Brooklyn District Office
<input type="checkbox"/> Buffalo District Office	<input type="checkbox"/> Hauppauge District Office	<input type="checkbox"/> Garden City District Office
<input type="checkbox"/> Malone District Office	<input type="checkbox"/> Manhattan District Office	<input type="checkbox"/> Mid-Hudson District Office
<input type="checkbox"/> Queens District Office	<input type="checkbox"/> Rochester District Office	<input type="checkbox"/> Southern Tier District Office
<input type="checkbox"/> Syracuse District Office	<input type="checkbox"/> Utica District Office	<input type="checkbox"/> White Plains District Office

Please Check Each Box Next to the Target Population(s) That You Are Applying to Serve:

- Autism Spectrum Disorder
- Mental Illness (including substance use disorder)
- Intellectually Disabled (ID)
- Traumatic Brain Injury
- Physical Disabilities
- Learning Disabled/Developmentally Disabled (non-ID)
- Deaf
- Blind
- Other – please identify:

**Service Summary**

Please check each appropriate box to indicate the service(s) you are applying to provide. You must complete and submit the corresponding application for each individual service category (Attachments 1-A through 1-I).

**PRE-EMPLOYMENT TRANSITION SERVICES  
(Complete Attachment 1-A)**

- Post-Secondary Options Counseling (121X)
- Post-Secondary Options Counseling for Potentially Eligible (1008X)
- Job Exploration Counseling (122X)
- Job Exploration Counseling for Potentially Eligible (1005X)
- Instruction in Self-Advocacy (124X)
- Instruction in Self-Advocacy for Potentially Eligible (1006X)
- Workplace Readiness Training to Develop Social Skills and Independent Living (127X)
- Workplace Readiness Training to Develop Social Skills and Independent Living for Potentially Eligible (1007X)
- Work-Based Learning Experience Development (557X)
- Work-Based Learning Experience Development for Potentially Eligible (1009X)
- Work-Based Learning Experience Wage Reimbursement (963X)
- Work-Based Learning Experience Wage Reimbursement for Potentially Eligible (1001X)
- Work-Based Learning Experience Mentor (964X)
- Work-Based Learning Experience Mentor for Potentially Eligible (1002X)

**ENTRY SERVICES  
(Complete Attachment 1-B)**

- Entry Service I: Service to Groups (1000X)
- Entry Service II: Service to Individuals (118X)

**ASSESSMENT SERVICES  
(Complete Attachment 1-C)**

- Career Exploration Assessment (120X)
- Diagnostic Vocational Evaluation (DVE) / Community Based Situational Assessment (CBA) (110X)
- Community Based Workplace Assessment (CBWA) (112X)
- Standardized Testing / Specialized Evaluations (100X)
- Functional Capacities Evaluation (052X)

**EMPLOYMENT PREPARATION SERVICES  
(Complete Attachment 1-D)**

- Benefits Advisement (175X)
- Self-Advocacy for Employment (123X)
- Work Readiness 1 – Soft Skills Training (125X)
- Work Readiness 2 – Skill Development (625X)
- Work Readiness 3 – Skill Development and Work Experience (630X)

**JOB PLACEMENT SERVICES  
(Complete Attachment 1-E)**

- Work Experience Development (559X)
- Community Work Experience Wage Reimbursement (958X)
- Coaching Supports for Employment (959X)
- Deaf and Blind Coaching Supports for Employment (563X)
- Employment Customization (510X)
- Direct Placement Intake (921X)
- Job Seeking and Development Services (929X)
- Job Seeking and Development Deaf and Blind Services (935X)
- Job Placement (931X)
- Job Placement Deaf and Blind Services (936X)
- Job Retention Services (932X)
- Job Retention Deaf and Blind Services (937X)
- Quality Wage Incentive for Vendor (933X)

**SUPPORTED EMPLOYMENT SERVICES  
(Complete Attachment 1-F)**

- Supported Employment Intake (571X)
- Supported Employment Pre-Employment Assessment/Job Development Services (572X)
- Supported Employment Intensive Services Job Placement for Adults (573X)
- Supported Employment Intensive Services Job Placement for Youth under age 25 (1573X)
- Supported Employment Stabilization for Adults (574X)
- Supported Employment Stabilization for Youth under age 25 (1574X)
- Supported Employment Job Retention for Adults (575X)
- Supported Employment Job Retention for Youth under age 25 (1575X)
- Supported Employment Job Retention Hours Per Week (576X)
- Supported Employment Quality Wage Incentive for Vendor (577X)
- Supported Employment Extended Services for Adults (578X)
- Supported Employment Extended Services for Youth under age 25 (582X)

**ASSISTIVE TECHNOLOGY/REHABILITATION TECHNOLOGY SERVICES  
(Complete Attachment 1-G)**

- Assistive Technology /Rehabilitation Technology Evaluation (165X)
- Assistive Technology /Rehabilitation Technology Training (167X)

**DRIVER REHABILITATION SERVICES  
(Complete Attachment 1-H)**

- Adaptive Driver Evaluation – Low Tech for Car or Van (133X)
- Adaptive Driver Evaluation – High Tech for Car or Van (134X)
- Adaptive Driver Training – Low Tech for Car or Van (880X)
- Adaptive Driver Training – High Tech for Car or Van (881X)

**ADJUNCT SERVICES  
(Complete Attachment 1-I)**

- Vendor Travel for Provision of CRS services (142X)
- Coaching Supports for Post-Secondary Education, Internship or Other Activities in Pursuit of Employment Goals (790X)
- Coaching and Communication Supports for Post-Secondary Education and Employment (792X)
- Mobility Services (Case Service Code Plus Suffix "M")
- Transportation I (Case Service Code Plus Suffix "V")
- Transportation II (Case Service Code Plus Suffix "T")

**IF YOU HAVE CHECKED ANY BOX IN THE SERVICE SUMMARY ABOVE, YOU MUST COMPLETE ATTACHMENT 2 – CAPACITY SUMMARY.**

**Staffing Qualifications**

**Supporting documentation of the following must be submitted with your application.** Organizations with 0 – 5 employees have the option to check not-applicable (N/A).

Did you include supporting documentation for the staff person overseeing the operation of this CRS contract who meets one of the following criteria:  Yes  No  N/A

- A. Master’s degree in Rehabilitation Counseling and two years of progressively increasing administrative responsibility in a rehabilitation setting
- B. Bachelor’s degree and two years of progressively increasing administrative responsibility in a rehabilitation setting
- C. a combination of education and experience which you believe is substantially equivalent to the standards of this subdivision (submit a detailed explanation with your application if choosing C)

**Record Keeping**

To be considered for an award, an applicant must have a 100 percent YES response to all questions in this Record Keeping section (except question 6 if the applicant is not applying to provide Supported Employment Services).

A comprehensive case record must be maintained for each person served, with policies and procedures in place to protect records from unauthorized release.

***The following supporting documentation must be available for review by ACCES-VR when requested:***

**Confidentiality**

Do you have:

- 1. A written confidentiality procedure  Yes  No
- 2. Physical safeguards for confidential records  Yes  No
  - a. Are records stamped or marked **CONFIDENTIAL**?  Yes  No
  - b. Are records securely stored?  Yes  No
  - c. Do you ensure that all devices (e.g., laptops, flash drives or any other electronic storage device) that store SED information/data will be encrypted?  Yes  No

**Customer Information**

Does the case record include:

- 1. Customer identification data  Yes  No
- 2. Emergency contact  Yes  No
- 3. Release and consent forms  Yes  No
- 4. Names of legal representatives  Yes  No

- 5. Diagnosed disabilities, physician and current medication  
*(For assessment and training providers)*  Yes  No
- 6. Individual Service Plans (for Supported Employment only)  Yes  No  N/A
- 7. Case notes and Follow-up Reports  Yes  No
- 8. Service Outcome Summary  Yes  No

**Customer and Employer Satisfaction**

Do you have or will you have within 6 months of contract execution:

- 1. A mechanism in place to assess customer satisfaction on a yearly basis  Yes  No
- 2. A mechanism in place to assess employer satisfaction on a yearly basis  Yes  No

**The following items must also be available for review by ACCES-VR when requested.**

- Copies of current and valid **licenses, accreditation letters, or certifications**, if applicable
- Documentation of **nonprofit status**, if applicable
- A copy of your **organization chart**, if applicable
- A copy of **current liability insurance** for each location where services will be provided
- A copy of the **current fire inspection certificate** awarded by the city, county, or state fire marshal

**Other**

List other organizations or agencies from which you/your organization accept referrals:

List current and valid license(s), accreditation(s), or certification(s) that you/your organization possess:

**ACKNOWLEDGEMENT and UNDERSTANDING**

**As a provider, you accept that the corresponding rates include “all related costs” and that any additional supplemental costs are contained within the established rates, with the exception of travel costs as described in Adjunct Services for Vendor Travel for Provision of CRS Services (142X).**

**It is further understood that the approval to provide services does not obligate ACCES-VR to utilize them. In addition, the number of units that you are applying to provide does not obligate ACCES-VR to purchase the services in those quantities.**

I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, Appendix A-1G, and the master grant contract, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

**Signature of Responsible Official/Chief Administrative Officer:**

\_\_\_\_\_

**E-mail address of Responsible Official/Chief Administrative Officer:**

Click or tap here to enter text.

**Print Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.