

CRP APPLICATION FOR SERVICE ADDITION / EXPANSION

DR 402 (Rev 08/23)

Community Rehabilitation Program (CRP) Application for Service Addition / Expansion for Existing Approved CRPs

This form is for Community Rehabilitation Programs (CRPs) with prior approval from the Department of Rehabilitation (DOR) to provide fee-for-service DOR services. It allows CRPs to request approval to provide additional services or expand services to satellite locations.

DOR DISTRICT AND RESOURCE SPECIALIST INFORMATION

Primary DOR District Name:

Primary DOR CRD Specialist Name:

Primary DOR CRD Specialist Email:

CRP AGENCY INFORMATION

CRP Agency Name:

CRP Main Office Street Address:

CRP Main Office Phone:

CRP Agency Website Address:

CRP Main Email Address:

Head of Agency Name and Title:

Head of Agency Direct Phone and Email Address:

CRP Contact Person Name and Title:

CRP Contact Person Direct Phone and Email Address:

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DOR VR Connections Portal Access Email Address:

OFFICE LOCATIONS THAT WILL PROVIDE THE ADDITIONAL SERVICE(S)

Please provide identifying information for each business location / office that will be providing the additional / expanded service(s): office name and street address, contact name, contact direct phone and email)

SERVICE INFORMATION

Select service(s) your agency is requesting approval to provide from the six Department of Rehabilitation Fee for Service Core Categories below.

Check all that apply.

1) Core Category: Assessment and Evaluation Services

- Adult Work Experience
- Comprehensive Vocational Evaluation
- Situational Assessment
- Vocational Assessment

2) Core Category: DOR Student Services (PRE-ETS)

- Job Exploration Counseling
- Individual Group
- Paid Student Work Experience
- Postsecondary Counseling
- Individual Group
- Workplace Readiness Training
- Individual Group
- Self-Advocacy Training
- Individual Group

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3) Core Category: Training Services

- Independent Skills Training: Individual Group
- Occupational Skills Training (OST) - Identify Occupation:
- Personal, Vocational, Social Adjustment (PVSA)
- Work Adjustment (WA)

4) Core Category: Business-Based Services

- Business-Based Services

5) Core Category: Job Related Services

- Customized Employment (CE) DOR Full Funded RC/DOR Funded
- Employment Services:
 - Employment Services Intake
 - Employment Services Employment Preparation
 - Employment Services Job Development/Placement
 - Employment Services Retention
- Short Term Supports
- Supported Employment Consumers:
 - Employment Services Intake
 - Employment Services Employment Preparation
 - Employment Services Job Development/Placement
 - Supported Employment Retention
- Supported Employment Job Coaching

6) Core Category: Specialized Services

- Communication Skills Assessment
- Communication/Language Skills Training: Braille LEAD
- Immersion Services: Residential Non-Residential
- American Sign Language Interpreting
- Tactile Interpreting

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Orientation & Mobility Evaluation: Individual Group

Orientation & Mobility Training: Individual Group

Rehabilitation Technology Services

Rehabilitation Engineering/Technology Assessment/Evaluation

Assistive Technology Assessments

Assistive Technology Training Individual Group

ATTACHMENT CHECKLIST (PROVIDE THE FOLLOWING IN APPLICATION PACKAGE)

For Service Approvals (Complete for each service)

DR 402A CRP Service Design Proposal for Existing Approved CRPs (one for each service required)

Current CRP Organizational Chart

Job descriptions for direct service staff who will be providing direct client services.

Sample agency referral form

Sample report format for the service(s) you wish to provide.

Sample Individual Service Plan (ISP) Report. An ISP Report is required to be completed for each authorized service.

CERTIFICATION

By entering my name and title below, I certify that the information provided is true and accurate to the best of my knowledge and I have authority from my organization’s governing body to develop and submit this information. I acknowledge all required documents to begin the initial steps of the required DOR certification process are attached.

CRP Contact Name and Title:

CRP Contact Phone and Email:

Date Signed: