

**Community Rehabilitation Program (CRP) Vendor Application (for New CRPs)**

Complete the following information when applying to the Department of Rehabilitation (DOR) for the provision of services in accordance with Service Specifications as indicated in the Community Rehabilitation Program Guide to Certification & Vendorization under the DOR Uniform Fee Structure.

Return a completed application to the following email address:

[CRDCertificationDesk@dor.ca.gov](mailto:CRDCertificationDesk@dor.ca.gov) If the required documents are not included, your application will be returned.

The CRP Vendor Application process is subject to the [California Code of Regulations \(CCR\) Standards for Facilities and Providers of Rehabilitative and Developmental Services. \(CCR, Title 9, Division 3, Chapter 8 Article 1, 9 CCR § 7290.](#)

Refer to the Community Rehabilitation Program Guide to Certification & Vendorization for additional requirements in the provision of services. For current listing of CRD Specialist contacts please send an email request to [CRDCertificationDesk@dor.ca.gov](mailto:CRDCertificationDesk@dor.ca.gov)

**ORGANIZATIONAL INFORMATION:**

CRP Agency Name:

CRP Agency Website Address:

CRP Main Office Street Address:

CRP Main Office Phone:

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:

DOR VR Connections Portal Access Email Address:

Business Structure / Ownership:

- |  |  |
|--|--|
| <input type="checkbox"/> Private, Non-Profit (501c3) | <input type="checkbox"/> Private, For Profit:    |
| <input type="checkbox"/> Public                      | <input type="checkbox"/> Other (please specify): |

**OFFICE CONTACT INFORMATION**

Please include the name and street address of all business locations / satellite sites that will be providing Fee for Service DOR Services and indicate each office contact name, title, direct email address and phone number:

**DOR DISTRICT(S) TO BE SERVED (CHECK ALL THAT APPLY)**

Blind Field Services

Specify location:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Greater East Bay      | <input type="checkbox"/> Greater Los Angeles | <input type="checkbox"/> Inland Empire      |
| <input type="checkbox"/> Los Angeles South Bay | <input type="checkbox"/> Northern Sierra     | <input type="checkbox"/> Orange/San Gabriel |
| <input type="checkbox"/> Redwood Empire        | <input type="checkbox"/> San Diego           | <input type="checkbox"/> San Francisco      |
| <input type="checkbox"/> San Jose              | <input type="checkbox"/> San Joaquin Valley  | <input type="checkbox"/> Santa Barbara      |
| <input type="checkbox"/> Van Nuys/Foothills    |  |   |

**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
- Situational Assessment
- Comprehensive Vocational Evaluation
- Vocational Assessment

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

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

**3) Core Category: Training Services**

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

**4) Core Category: Business-Based Services**

- Business-Based Services

**5) Core Category: Job Related Services**

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

- 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
- 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 Certification and Vendorization:**

- DR 401 CRP Certification and Vendorization Application
- Most recent Commission on Accreditation of Rehabilitation Facilities (CARF) survey report or other accrediting body report (if applicable)
- STD 204 – Payee Data Record
- STD 205 (Only needed if payments/1099s need to be sent to multiple mailing addresses other than agency mailing address on STD 204):
- Articles of Incorporation and By-Laws
- List of Board of Directors
- Current CRP Organizational Chart

**For Service Approvals (Complete for each service)**

- DR 401A CRP Service Design Proposal (one for each service required)
- 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

**CRD SPECIALIST FOR YOUR AGENCY**

Identify your primary Community Resource Development Specialist:

**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: