TEXAS WORKFORCE SOLUTIONS

Texas Workforce Commission
Vocational Rehabilitation Services

Community Rehabilitation Program (CRP) Providers

Basic Information

Company name:			
Address:	City:	State:	ZIP code:
Director:			
Tax identification number:	Telephone number:		
Fax number:	Email address:		

Physical Locations

List all physical locations where services will be offered.

Location or Address	Telephone Number	Director or Contact Person	Counties Served by This Location
1.			
2.			
3.			
4.			
5.			

Services

Select each service you propose to offer. In the Location column, enter the location numbers from the list above to indicate the locations where those services will be available.

Service	Location	Service	Location
☐ Job coaching		☐ Job coaching for the deaf	
☐ Job placement		☐ Personal social adjustment training	
☐ Personal social adjustment training for the deaf		☐ Post-acute brain injury services	
☐ Room, board, and supervised living		☐ Supported employment	
☐ Supported self-employment		☐ Vocational adjustment training	
☐ Vocational adjustment training for the deaf		☐ Vocational assessment	
☐ Vocational evaluation		☐ Work adjustment training	

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).
List other organizations or agencies from which you accept referrals.
If your facility offers, provides, or plans treatment for people with chemical dependency (drug or alcohol), you are required to have a substance abuse treatment facility license from the Texas Department of State Health Services (DSHS). DARS DRS requires a Residential Substance Abuse Treatment Facility license from facilities offering room, board, and supervised living for this population. Do you have such a license? ☐ Yes (attach a copy of your current license) ☐ No If no, what steps have you taken to secure licensure?
What other current and valid license, accreditation, or certification does your organization have? (Attach a copy of your current licenses.) If you plan to provide room, board, and supervised living, attach the appropriate license, if other than the DSHS license.

What type of organization do you have? (select one)			
☐ Corporation	Charter number:		
	☐ For-profit	☐ Not-for-profit	
☐ Partnership			
☐ Sole proprietorship			
☐ Government entity	☐ City	☐ County	☐ State
	☐ Other (specify):		

Required Attachments

- DSHS license, if applicable
- Other current and valid licenses, accreditation letters, or certifications, if applicable
- Your corporate charter, if applicable
- Certification of good standing for franchise taxes, if applicable
- Documentation of nonprofit status, if applicable
- A roster of your board of directors, if applicable, including names and addresses
- A copy of your **organization chart**, if applicable
- **Staff Information Sheets (DARS3455**, attached) for each person who will be providing direct services to DARS DRS consumers
- A copy of **current liability insurance** for each location where DARS DRS consumers will be served (face sheet only that depicts the limits of your coverage for fire and liability insurance)
- A copy of the current **fire inspection certificate** awarded by the city, county, or state fire marshal to each location where DARS DRS consumers will be served

- A copy of the building **inspection or occupancy** certificate, if required by city regulation, for each location where DARS DRS consumers will be served
- A copy of the U.S. Department of Labor **wage exemption certificate (WH-228)** if you will be paying subminimum wages to DARS DRS consumers

Conflict of Interest Certification

Real or apparent conflicts of interest may occur when a DARS DRS employee, officer, or immediate family member has a financial or other interest in the business relationship involving a provider and that interest might reasonably be expected to influence the outcome of an official action. If it is found that such conflict of interest occurs and is not disclosed and remedied, the provider or potential provider may be barred from receiving future grants or contracts, and existing grants or contracts may be canceled. If a real or apparent conflict of interest exists, attach a separate sheet describing the situation.

I certify, by signature below, that no real or apparent conflict of interest exists between the applicant organization and DARS DRS.

Signature:

X

Acknowledgement and Signature

I hereby acknowledge that I have been provided with the Internet location (http://www.dars.state.tx.us) of the **DARS DRS Standards for Providers**. I have read and agree to abide by them, and I am making application, on behalf of the provider named above, to become an approved Community Rehabilitation Program with the DARS Division for Rehabilitation Services.

Signature:

X

Printed name:	Date:

For DARS Use Only

Date received by CRPS:	Corrective action due:	CAP received:	Date of on-site visit:

Assigned area manager:	Assigned liaison counselor:

Contract effective date: