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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Texas Workforce Solutions logo** | | | | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Provider Application** | | | | | | | | | | | | | | | |
| **Provider Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical address (address where business is physically located): | | | | | | | | | | | | | | | | | | | | | | | | | City: | | |
| State: | | | | | ZIP+4: | | | | | | | | | | | County: | | | | | | | | | | | |
| Phone number:  (   ) | | | | | | | | | | Fax number: (   ) | | | | | | | | | | Email address: | | | | | | | |
| **Payment Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address or PO box (address to which checks are to be mailed): | | | | | | | | | | | | | | | | | | | | | | | | | City: | | |
| State: | | | | | | | | ZIP+4: | | | | | | | | | | | | County: | | | | | | | |
| Phone number: (   ) | | | | | | | | | | | | | | | | | Fax: (   ) | | | | | | | | | | |
| **Identification Numbers** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter X to select all applicable numbers, then enter the numbers. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Texas Taxpayer Number (11 digits, assigned by Comptroller for sales and franchise tax) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Employer Identification Number (EIN) (9 digits, issued by IRS) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Social Security number (9 digits) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Texas Identification Number (TIN) (14 digits, assigned by comptroller) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Business Classification** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter X to select one:    For profit    Not for profit | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sole Proprietor | | | Owner name: | | | | | | | | | | | | | | | | | | Owner SSN: | | | | | | |
| Partnership | | | First partner name: | | | | | | | | | | | | | | | | | | First partner SSN or EIN: | | | | | | |
| Second partner name: | | | | | | | | | | | | | | | | | | Second partner SSN or EIN: | | | | | | |
| Limited Partnership | | | | | | | | | | | | File Number: | | | | | | | | | | | | | | | |
| Texas Corporation | | | | | | | | | | | | Charter Number: | | | | | | | | | | | | | | | |
| Professional Association | | | | | | | | | | | | Charter Number: | | | | | | | | | | | | | | | |
| Professional Corporation | | | | | | | | | | | | Charter Number: | | | | | | | | | | | | | | | |
| Out-of-state Corporation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Institution | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Government | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Agency or University | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (for orders or problems related to orders) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | Title: | | | | | | | | | Phone number:  (   ) | | | | | | | | | | Fax number:  (   ) | | | | |
| **Principal Line of Business** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe your principal line of business. Include a brief description of the types of products and services your business provides. If possible, include a product line sheet with this information. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of years in present business: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business hours: Days: | | | | | | | | | | | Weekday hours: | | | | | | | | | | | Weekend hours: | | | | | |
| **HUB Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Texas Comptroller of Public Accounts certified your business as a Historically Underutilized Business (HUB)?    Yes    No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity (enter X to select):     AI – Native American     AD – Asian-Pacific American | | | | | | | | | | | | | | BL – Black American     HI – Hispanic American     WO – American Woman | | | | | | | | | | | | | |
| **ADA Requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your business meet the minimum Americans with Disabilities Act (ADA) accessibility requirements to accommodate TWC-VR customer?    Yes    No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your business accessible to public transit routes?    Yes    No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter X to select available accommodations: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Handicapped parking | | | | | | | Ramps | | | | | | | | | | | Wide doorways | | | | | | Accessible restrooms | | | |
| Do you have foreign or sign language interpreters available? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No |
| If yes, which languages? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefits** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comparable benefits that you accept (enter X for all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Federal Pell Grant | | | |  | | | Scholarship | | | | | | | | | | | | | | | | | | |
|  | | Federal SEOG | | | |  | | | Chronically Ill and Disabled Children (DSHS) | | | | | | | | | | | | | | | | | | |
|  | | JTPA (PIC) | | | |  | | | Indigent Health Care Services available through the county | | | | | | | | | | | | | | | | | | |
|  | | Medicaid | | | |  | | | Veterans Administration Hospital or Clinic | | | | | | | | | | | | | | | | | | |
|  | | Medicare | | | |  | | | Workers Compensation Medical Benefits | | | | | | | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your principal line of business requires that you be issued a certificate or license number, provide the name of the certifying boards or agencies and list the certificate or license number. A copy of the certificate or license may be required. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certifying or licensing agency: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate number: | | | | | | | | | | | | | | | | | | | License number: | | | | | | | | |
| Certifying or licensing agency: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate number: | | | | | | | | | | | | | | | | | | | License number: | | | | | | | | |
| **Insurance Coverage** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you provide vehicle modifications, supply proof of insurance for garage liability and garage keeper coverage. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of insurance company: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy number: | | | | | | | | | | | | | | | Expiration date: | | | | | | | | | | | | |