

### Community Rehabilitation Program

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, March 1, 2009 under the DOR Uniform Fee Structure. Return a completed application with all required documents to: Department of Rehabilitation, Community Resources Development, PO Box 944222, Sacramento CA 94244-2220, or to the DOR Community Resources Development Specialist (CRD Specialist) serving your area.

Refer to the Community Rehabilitation Program Guide to Certification & Vendorization, March 1, 2009 for additional requirements in the provision of services. The Guide and current listing of CRD Specialist contacts may be found on the DOR website at <http://www.dor.ca.gov/> or through an email request sent to [crdssinfo@dor.ca.gov](mailto:crdssinfo@dor.ca.gov).

### ORGANIZATIONAL INFORMATION

Agency Name:

Address:

Ownership:

Private, Non-Profit (501c3)     Private, For Profit     Public     Other

Head of Agency:

Website Address:

Contact Person:

Title:

Phone Number:

Fax Number:

Contact Email Address:

### DOR DISTRICT(S) TO BE SERVED (Check all that apply)

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

### ATTACHMENT CHECKLIST (Provide the following information)

#### For All Applicants

- Application and organizational information sheet
- Most recent CARF survey report or other accrediting body report, if applicable

#### For New Vendor Applicants

- STD.204 - Payee Data Record - see <http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>
- Articles of Incorporation and By-Laws
- List of Board of Directors and Officers
- Organizational Chart

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

- Job descriptions for direct service staff
- Sample referral form
- Curriculum or assessment formats, if requested
- Sample report format
- Sample Individual Service Plan

**SERVICE INFORMATION (DOR Case Service Codes are in parentheses)**

Select service(s) for approval from the four (4) DOR Core categories below:

Assessment Services

- Comprehensive Vocational Evaluation (14)
- Situational Assessment (14)
- Vocational Assessment (14)

Training Services

- Personal, Vocational, Social Adjustment (PVSA) (38)
- Work Adjustment (35)
- Occupational Skills Training (40)  
Identify Occupation: \_\_\_\_\_
- Work Services (30)

Job Related Services

- Employment Services (69)  
Intake, Employment Preparation, Job Development and Placement, Retention
- Job Coaching, Individual (71)
- Job Coaching, Group (72)
- Supported Employment Placement (42-44)

Support Services

- Communication & Language Skills Assessment (16)
- Communication & Language Skills Training (38)
- Independent Living Skills Training (70)
- Independent Living Skills Training - Orientation & Mobility (84)
- Rehabilitation Technology Evaluation - Level 1 (17)
- Rehabilitation Technology - Level 2 (87)
- Rehabilitation Technology - Level 3 (90)
- Interpreter / Communication Services (62)
- Immersion Services, Residential - Level 1 (70)
- Immersion Services, Non-Residential - Level 2 (70)

**CRD SPECIALIST FOR YOUR FACILITY**

Identify your CRD 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.

Signature: 	Title:	Date:
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