

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.

ORGANIZATIONAL INFORMATION

Agency Name:		Federal Tax ID Number:	
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)

Blind Field Services: Location: _____	Greater East Bay
Greater Los Angeles	Los Angeles South Bay
Northern Sierra	Redwood Empire
San Francisco	San Joaquin Valley
San Jose	Van Nuys/Foothill
Inland Empire	
Orange/San Gabriel	
San Diego	
Santa Barbara	

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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