

**DVR Service Provider Personnel Information-Data Sheet**

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last name \_\_\_\_\_

Effective Agency Start Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

Effective Agency End Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

Location(s) Include All \_\_\_\_\_

Date of Birth DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_ *(Once on file will no longer be displayed)*

Business Telephone: \_\_\_-\_\_\_-\_\_\_\_\_ Business Cell phone: \_\_\_-\_\_\_-\_\_\_\_\_

Email address \_\_\_\_\_

Employment Type \_\_\_ Full-time (40 hours) or \_\_\_ Part-time (less than 40 hours)

Job Title: Choose One: \_\_\_ Administration-Billing  
\_\_\_ Administration-Management  
\_\_\_ Administration-Supervisor  
\_\_\_ Benefits Analyst  
\_\_\_ Job Coach  
\_\_\_ Job Developer  
\_\_\_ Vocational Evaluator  
Other-List \_\_\_\_\_

Educational Background-Choose One: \_\_\_ High School  
\_\_\_ Post-Secondary Ed-No degree  
\_\_\_ Associates Degree  
\_\_\_ Bachelors Degree  
\_\_\_ Masters Degree or higher

Professional Affiliations-Include membership in professional organizations or business/community groups. Text Limit: 1000 characters

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialized training/Certification-Include any training or credentials relevant to work with DVR. Text Limit: 1000 characters

---

---

---

Service(s) directly provided to DVR Consumers:

(Note: Select only services the agency is approved to provide)

- Benefits Analysis
- Internship/Temporary Work
- Job Coaching
- Job Preparation, Development and Placement
- Supported Employment
- Vocational Evaluation

Required Trainings:

1.) DVR Statewide Service Provider Training Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

2.) DVR IT Security Awareness (Both required for ALL staff listed)

Basic Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

Advanced Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

3.) Criminal Background Check Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

4.) Ethics Course Date DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_

Fiscal Responsibility: Yes/No

Credential for Vocational Evaluation: Yes/No

**Note: If Yes, a printed copy of state license must be sent to DVR Contract Specialist via email, fax or us mail, prior to June 1 for the contract period to begin July 1.**

**This sheet was created for use by service providers to collect information to be entered into an online service agreement with DVR.**

**DO NOT SEND THIS FORM TO DVR. IT WILL NOT BE RETAINED OR RETURNED.**