

**Service Agreement
Department of Workforce Development
Division of Vocational Rehabilitation**

Provider Name & Address: _____

Provider Contact Person: _____

Please Print

Contact Person E-Mail Address: _____

Contact Person Telephone Number: _____

Rehabilitation Service Program: Benefits Analysis

Check all that apply

Job Development and Employment Supports Planning

On-Site Job Coaching (Other Than Supported Employment)

Supported Employment and Employment Supports Planning

Vocational Evaluation

Agreement Period:

Begin: _____

End: June 30, 2010

1. This Agreement is entered into by and between the State of Wisconsin, Department of Workforce Development, Division of Vocational Rehabilitation (DVR), and the above-named Provider upon the completed signature of the DVR's authorized representative.
2. Whereby the Division of Vocational Rehabilitation agrees to direct the purchase and the Provider agrees to furnish to authorized DVR consumers the specified rehabilitation services in compliance with the service program technical specifications (Attachment #7) and the current DVR statewide fee schedule during the Agreement period indicated above.
3. The Provider agrees that services will commence within two weeks of receipt of DVR purchase order (authorization).
4. Provider certifies that by signing this Agreement, assigned staff are qualified to provide these services as required in the technical specifications.
5. Are there sub-contracted agencies under this Agreement? **Yes**___ **No**___
If **yes**, the Provider must complete Attachment #3 (reference Attachment #1, Item #9 of this Agreement).
6. The DVR must be assured that agencies completing Agreements with DVR meet performance outcomes and providing equitable and quality services to all DVR consumers. This assurance also applies to any agencies you have a sub-contract with. DVR will review performance and outcomes and require appropriate action as needed.
7. In signing this Agreement, the Provider also certifies that it has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition. The Provider agrees to provide the services, meet the program requirements and accepts the terms and conditions set forth in this Agreement, and that all Attachments (Numbers 1, 2, 3, 4, 5, 6, 7, 8, 9) are deemed to be a part of this Agreement.
8. Now, therefore, in consideration of the mutual undertakings and agreements hereinafter set forth and the provisions of Section 46.036 and Chapter 47 of the Wisconsin Statutes the DVR and Provider agree with this Agreement as follows.

Signature – Provider Authorized Representative

Date

Signature – Deputy Administrator
Division of Vocational Rehabilitation

Date