

**HELP PAGES - DVR Service Provider Online Agreement Entry Instructions**  
**Revised: 09/2025**

**NOTE:** If you are a new service provider to DVR and have not been approved as a DWD Vendor, you will need to contact your local Workforce Development Area (WDA) office, complete the required forms and have DWD finance approve you to receive payments. You will not be able to complete the agreement without first completing this step. Once the FEIN has been entered and saved, it will not display the number but will show “on file” in the display. This is a security measure to protect information.

**DWD login or site operational questions? Contact the DWD IT Solutions Center:**

DWD IT Solutions Center - (608) 266-7252  
Hours of Service - Monday thru Friday, 6:00 am to 5:00 pm

**DVR Service Agreement questions? Contact the DVR Contract Specialist:**

DVR Contract Specialist - (608) 261-0050  
[dvrserviceproviders@dwd.wisconsin.gov](mailto:dvrserviceproviders@dwd.wisconsin.gov)

**DWD Service Provider Portal:** <https://dwd.wisconsin.gov/dvrserviceprovider>

**Registration-Service Provider Information:**

Please enter your Service Provider Name and check the box if you are a new provider.

**Service Provider Registration - Complete this registration ONLY if you are a Service Provider for DVR.**

**Company Information**

Service Provider Name:

Accessibility Note: Answering 'Are you a new Service Provider Organization?' Yes will cause additional questions to be displayed and answering No will cause the questions to be hidden.

Are you a new Service Provider Organization?  Yes  No

If you are a new service provider (someone who has not had a previous DVR Service Provider Agreement (Agreement) with DVR) additional questions will be asked:

- Enter the total number of agency staff (not just those working with DVR consumers under the service agreement.)
- Select all Managed Care Organizations (MCO) in which you are a contracted provider. Select “No” if you do not have an MCO contract.
- Select the county in which your primary place of business is.

Are you a new Service Provider Organization?  Yes  No

Total # of Staff:

Managed Care Organizations-Contract for Service:  Yes  No(Skip list if no)

Managed Care Organizations:

- Managed Care Organization
- WI County Develop Disability
- WI County Mental Health

Counties Served:

|                                   |                                     |                                    |                                    |                                      |
|-----------------------------------|-------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams    | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Kewaunee  | <input type="checkbox"/> Outagamie | <input type="checkbox"/> Shawano     |
| <input type="checkbox"/> Ashland  | <input type="checkbox"/> Dunn       | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Ozaukee   | <input type="checkbox"/> Sheboygan   |
| <input type="checkbox"/> Barron   | <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Pepin     | <input type="checkbox"/> Taylor      |
| <input type="checkbox"/> Bayfield | <input type="checkbox"/> Florence   | <input type="checkbox"/> Langlade  | <input type="checkbox"/> Pierce    | <input type="checkbox"/> Trempealeau |

**Registrant Information:**

The Registrant will serve as the initial point of contact for the Agreement. The information entered here will be verified by the DVR contract specialist. This information should remain current.

- Enter Address
- Enter City
- Enter Zip Code
- Enter the telephone
- Enter the business cell number (if available)
- Enter the email address; this address will be the main point of communication from DVR. Please keep this information current.
- Select the employment type, Full-time (40 hours) or Part-time (less than 40 hours)
- Use the down arrow to display the job title choices. If the title used does not appear, enter the title below in the space labeled Other Job Title.
- Enter the agency start date.
- Place any comments you wish to share with the Contract Specialist.

**Registrant Information**

First Name: irisdev

Middle Initial:

Last Name: irisdev

Address Line 1:

Address Line 2:

City:

State:  ▼

ZIP Code:  -  -

Telephone:  -  -  Ext.

Cell Phone:  -  -

E-mail Address: ryan.frommherz@dwd.wi.gov

Employment Type:  Full-Time  Part-Time

Job Title:  ▼

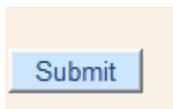
Other Job Title:

(NOTE: Only required if Job Title selected is Other.)

Effective Start Date:  

Comments:

Once finished, click on the Submit button, your information will be reviewed by the DVR Contract Specialist and an email granting access will be sent to you.



You will need to use your DWD login and password to access the rest of the site once permission has been given. Keep this information safe and secure.

### Service Provider Main Page:

Each Tab is a different aspect of the DVR online service agreement. You can navigate to all tabs from the main page. It is suggested you complete the forms from left to right as information entered will transfer from one tab to the next.

### Details Tab:

#### Abbreviation Code:

You will be required to enter an Abbreviation Code within the Details Tab. The Abbreviation Code is used when submitting Statewide Service Reports to DVR and requires the following:

- Can be up to 10 characters
- At the discretion of the service provider main contact
- Must be unique. An error message will appear if code is already in use and a service provider will be required to select another code

## Welcome to the DVR Statewide Service Provider System

You are logged in.

You have accessed the online service agreement process for Statewide Service Providers. The first step in this process is a face to face meeting with your local Workforce Development Area Director for a local vetting interview. The interview and online completion may happen simultaneously.

The online process includes completion of information about your business and the services you intend to offer as well as required legal documents. Once all of the required forms are completed, your agreement will be submitted to the DVR Contract Specialist and DVR Administration for approval. You will receive an email notice of final approval and will be able to print your agreement.

NOTE: This process is NOT required unless you plan to provide at least one DVR Statewide Service.

For information about provision of other services to DVR consumers contact the local DVR office. [DVR Website](#)

### Service Provider Information

Please complete the information below. Information provided will be shared with DVR Consumers and DVR staff. Keep this information updated as it will be your primary mode of communication. Select from all staff listed who will be the main point of contact for this DVR agreement. The main point of contact must also complete the personnel tab and designate home WDA location.

Tax ID/SSN #:

On File [Update FEIN](#)

The individual listed will serve as the primary point of contact for the Agreement. Information about the main point of contact should remain current.

Staff/subcontractor information will be “Display Only” displayed once the Personnel and Subcontractor (as needed) tabs are completed.

|   |                                |
|---|--------------------------------|
| Total # of Staff:   | <input type="text" value="1"/> |
| Total # of Staff Working on Statewide Service Agreements: | 1                              |
| FT/Job Title(s):  |                                |
| PT/Job Title(s):  |                                |
| Subcontractors:   | 0                              |

Enter Website

Enter Other Services or Local Services provided

Enter Total # of Staff

**Mission Statement** (e.g. agency's purpose, goals, values, etc.),

**Service Provider Professional Affiliations** (e.g. Chamber of Commerce, Business Alliance Organization, Wisconsin Rehabilitation Association, Wisconsin APSE, etc.),

**Areas of Expertise** (e.g. Populations served, services offered, Industry/Employment type, etc.)

**About the Agency** (e.g. a brief history, other community services provided that

may be of interest to DVR consumers, years in business, location(s), hours of operation, contact info, website, etc.)

**Professional Credentials** (e.g. Agency staff educational attainment, certifications and/or licenses)

**Special Project or Pilot** (e.g. Project Search, Walgreens REDI, Student/Youth Programs and/or other community-based projects of interest).

Enter Diverse Populations Served/Staff Training

If providing DVR Consumer Transportation check the box.

The narrative statements are intended to be viewed by DVR Staff and Consumers to give them additional information to select your agency for a specific service or service(s). There is a limit of 1000 characters for each section.

Mission Statement:

Text Limit: 1000 | Text Entered: 0

Provider Professional Affiliations:

Save Button to save all entries made. It will also show who saved information with time stamp. You can cancel changes by selecting the Cancel Changes button.

Last Updated By: Doctor Who

Last Updated Date: 11/12/2012 12:56:42 PM

Save Cancel Changes

**Agreement Tab:**

**Click on Add New Service Agreement**

Complete the tabs from left to right as information entered will transfer from one tab to the next.

**Agreement tab** check the WDA(s) you will be serving. **Services provided** check the services you will be providing.

Save

### Draft Locations Tab:

Use this tab to list at least one Service Location. Service Locations must be public, confidential, and accessible. Examples include an office, public library, local job center, etc. This is intended to give DVR consumers an idea of where you will meet with them and where you have professional connections in the community listed.

To edit the location record you may click on the underlined **Location Name**.

| <u>Location Name</u>                             | <u>Address</u>  | <u>City Name</u> | <u>Active</u> |
|--|-----------------|------------------|---------------|
| <a href="#">Satellite Office</a>                 | 123 Main Street | Big Bend         | Y             |
| <a href="#">Audrey's Coffee Shop-Main Office</a> | Somewhere Ln    | Fitchburg        | Y             |

- Enter the unique name of the location.
- Enter the street address on the address line 1.
- Enter any other information i.e. suite, post office box etc. on address line 2.
- Enter the city.

Service Provider

**Service Provider Location Information**

Active:

Location Name:

Address Line 1:

Address Line 2:

City:

- Enter the state
- Enter the zip code plus four (if known)
- Enter the main telephone number for this location
- Check the counties and quadrants of each county you will be serving

Save Button to save all entries made. The record will also show who saved the information with time stamp.

**Inactivating a location:**

If you choose to inactivate a location, uncheck the active box at the top of the entry. The location will continue to be listed but will be inactive.

**Draft Personnel List/Tab:**

Use this tab to enter ALL agency personnel that will have direct contact with DVR Consumers, administration, processing of reports, and/or fiscal duties. When processing the initial agreement, new service providers should only enter the Main Contact and enter any additional personnel after agreement approval. Agency personnel should be entered in the online account prior to working with DVR consumers or consumer related information. Enter an effective end date for agency personnel no longer employed by the agency or working with DVR consumers as soon as the end date is known. **\*\* NOTE: on the initial submission, the Main Contact cannot mark the role of Staff (there is not yet an approved agreement).**

- To add a new personnel record, click on the **Add New Personnel** button.
- To edit a personnel record, you may click on the underlined personnel **Name**.



- Enter the first name, last name and middle initial (if known) of the person.
- Enter the date the personnel started working with the service provider agency.
- Select ALL locations where this individual will be working with DVR consumers by using the down arrow to highlight each location. Once highlighted click on **Add location** to include the location(s) in the record.

## Service Provider Personnel Information

### Personnel Information

|                              |  |
|------------------------------|--|
| First Name:                  | <input type="text"/>   |
| Middle Initial:              | <input type="text"/>   |
| Last Name:                   | <input type="text"/>   |
| Effective Agency Start Date: | <input type="text"/>    |
| Effective Agency End Date:   | <input type="text"/>    |
| Locations:                   | No Locations   |
| <a href="#">Add Location</a> | <input type="text" value="Somewhere Lane Location, fitchburg, 1234 Somewhere Lane"/>  |

- Enter date of birth for this individual. This number will be viewed after saving as “On File” for security reasons. It may be used as tool for individual verification and audit of criminal background check information.
- Enter the business telephone number
- Enter the business cell number (if available)
- Enter the individual email address
- Select the employment type, Full-time (40 hours) or Part-time (less than 40 hours)
- Use the down arrow to display the job title choices. If the title used does not appear, enter the title below in the space labeled Other Job Title.
- Enter the educational background by clicking on the down arrow to display the choices.

|  |  |
|--|--|
| Date of Birth:   | <input type="text"/>    |
| Telephone:   | <input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>               |
| Cell Phone:  | <input type="text"/> - <input type="text"/> - <input type="text"/>   |
| E-mail Address:  | <input type="text"/>   |
| Employment Type:   | <input type="radio"/> Full-Time <input type="radio"/> Part-Time  |
| Job Title:   | <input type="text"/>    |
| Other Job Title:   | <input type="text"/>   |
| <small>(NOTE: Only required if Job Title selected is Other.)</small> |  |
| Educational Background:  | <input type="text"/>  |

- Enter any related professional affiliations that the individual maintains. These can include professional organizations, community or civic groups related the working with DVR consumers. There is a 1000-character limit.
- Enter any related training, certifications or educational credentials that the individual maintains. These can include educational attainment, state or national licenses, short term training specific to disability type or employment training that may be relevant to the work done with DVR consumers. There is a 1000-character limit.

Professional Affiliations:

Specialized training, certification or credential(s):

Text Limit: 1000 | Text Entered: 0

- Select the individual service categories that this individual will provide.
- Personnel that are providing administrative or supervisory functions should NOT select.

- Customized Employment
- Eligibility Pilot
- Internship/Temporary Work
- IPS Supported Employment
- Job and Task Analysis and Systematic Instruction
- Job Preparation, Development and Placement
- Student Work Based Learning Services
- Supported Employment
- Vocational Evaluation
- Work Incentive Benefits Services

Training and criminal background check dates are required for ALL personnel identified in the Agreement. Information about available training is posted on the DVR Service Provider website. All dates must be entered, or a system error will occur when trying to submit your agreement. Do not send completion certificates to DVR, they will not be retained or returned.

- Use this format when entering the training dates MM/DD/YYYY.
- DVR Statewide Service Provider Training is required for all personnel. New Service Provider Personnel only need to complete the technical specification training videos for services they provide to DVR consumers. For example, personnel only providing job development services will only

be expected to complete the one job development training video. Once required trainings are completed, date of completion can be entered within the DVR Statewide Service Provider Training Date section of the Personnel Profile in the online service provider account:

Personnel that do not work directly with DVR consumers or complete DVR statewide reports are not required to complete any of the technical specifications training e.g. staff **ONLY** overseeing invoicing/billing (other training requirements still apply i.e. (IT) Security Awareness and Ethics. However, the system will still require a date within the DVR Statewide Service Provider Training Date section of the Personnel Profile. Please enter the same date that is used for the DVR IT Security Awareness training.

- Enter the date of the DVR (Information Technology) I.T. Security Awareness Training using the format: MM/DD/YYYY.
- Enter the most recent date of a criminal background check using the format: MM/DD/YYYY. Information conducting a background check is provided on the DVR service provider website. A criminal background check is required each agreement term. DVR will conduct audits of criminal background checks and verification may be requested. If a criminal background check reveals any findings related to DVR work, (see website for a listing) the service provider should contact the WDA Director or DVR Contract Specialist.
- Enter the most recent date of an Ethics Course using the format: MM/DD/YYYY. Information about Ethics training is provided on the DVR service provider website. An Ethics course will need to be completed every five (5) calendar years.

### DVR Statewide Service Provider Training

DVR Statewide Service Provider Training Date:  

### DVR IT Security Awareness

DVR IT Security Date:  

### Criminal Background Check

CBC Date:  

### Ethics Course

Ethics Course Date:  

- Check the fiscal responsibility box if this agency staff has a responsibility to complete invoices or payments from DVR.
- Check the Credential for Vocational Evaluation box if this agency staff will provide vocational evaluation services that include psychometric testing.

**NOTE:** A copy of the Vocational Certification must be sent to the DVR Contract Specialist for vocational evaluation services to be approved as a service. Personnel who plan to supervise others performing psychometric testing must provide a copy of their certification to DVR and designate specific staff that will perform psychometric testing.

- Information about the person and date of the previous entry will be displayed.
- Select Save when you wish to save any changes.
- Select close if you do not wish to save changes to the page. If changes have been made you will be asked if you wish to save instead of close via an error message.

Fiscal Responsibility:   
 Credential for Vocational Evaluation:   
 Last Updated By:  
 Last Updated Date:

**Service Agreements (Agreement tab):**

This tab will allow each service provider to complete their agreement, access reference documents which comprise the agreement, sign required documents and complete required documentation for subcontractors.

Agreements are typically approved from July 1 through June 30 (state fiscal year). If a provider wishes to enter into an agreement after July 1, the start date for agreements is negotiable and dependent on completion of a face-to-face interview with a WDA director, completion of the online documents, required training and DVR approvals.

There are various dates displayed to provide information about the approval process to each service provider. The interview date is completed by the local WDA Director and should reflect a date in which a face-to-face interview took place. The WDA Decision Date will show when the WDA completed its approval, the Contract Decision Date will show when your agreement was reviewed and approved by the Contract Specialist and the Management Date displays when DVR Management reviewed and approved your agreement.

- To review an existing agreement, click on the underlined and dated entry.

| <u>Begin Dt</u>   | <u>End Dt</u> | <u>Interview Dt</u> | <u>WDA Decision Dt</u> | <u>Contract Decision Dt</u> | <u>Mgmt Decision Dt</u> |
|-------------------|---------------|---------------------|------------------------|-----------------------------|-------------------------|
| <u>01/10/2013</u> | 01/09/2014    |                     |                        |                             |                         |

[View All](#)

The begin date and end date information is populated from another page and is “read only”.

### Electronic Signature Documents:

The documents provided are the formal signature documents for the Agreement with DVR. Clicking [-] will cause the section to collapse. Clicking [+] will cause the section to expand. Clicking a checkbox below will cause the associated section to collapse.

Once you have read each section, you may click on the box that reads “I have read and understand the above terms and conditions”, this will collect your electronic signature and will cause the associated section to collapse. Once you have reviewed and electronically signed sections, you can save your signature by clicking on the light blue “save” button.

Clicking [-] will cause the section to collapse.  
Clicking [+] will cause the section to expand.  
Clicking a checkbox below will cause the associated section to collapse.

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Department of Workforce Development- Division of Vocational Rehabilitation Service Agreement Signature Form

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.

Additional fields are required as part of the following electronic signature documents:

### Certification Regarding Drug-Free Workplace Requirements:

Select locations from the drop-down list (previously entered in the locations tab) where DVR work will be performed. If there are locations where DVR will be performed not listed in your agreement, please check the box that reads “There are workplaces on file that are not identified here.” This is a likely scenario for most providers who work in the community at large.

### Forms:

In addition to the electronic signature documents, there are reference documents that comprise the remainder of the Agreement. Those reference documents are listed here and are hyperlinked. You can simply click on the document, and it will open for you in another window for your reference. It is strongly suggested that you review and become familiar with the contents of these documents. Your agency should retain a printed copy for your records and reference.

Agreement Forms Sub Contractors

### Required Service Agreement Reference Documents

[Agreement for Services](#)

Technical Specifications:  
[Technical Specifications](#)

## Submit:

I have read and understand the above form.

[Click for further information.](#)

Checking this box is considered an electronic signature. By checking this box, I agree that I am the legal representative for the service provider indicated. I acknowledge and verify that I have read and understand all forms, certifications and reference documents that comprise a service agreement with the State of Wisconsin, Department of Workforce Development, Division of Vocational Rehabilitation.

### Note: Documents for submission to DVR Contract Specialist:

- Copy of Certificate of Insurance (only New Service Providers)
- Copy of Criminal Background Checks for personnel and/or subcontractors with an arrest or convicted of a crime that is substantially related to the work performed under the service agreement.
- Copy of Vocational Evaluation Certification (as necessary)

When completed fax, mail or email (**PREFERRED**) Agreement forms to:

DVR Contract Specialist  
Division of Vocational Rehabilitation  
PO Box 7852  
Madison, WI 53703-7852  
[dvrproviders@dwd.wisconsin.gov](mailto:dvrproviders@dwd.wisconsin.gov)  
FAX to 608-266-1133

### Printing of the Service Agreement:

You may print the electronic signature documents by use of "Print Screen" On most personal computers this is done with use of "alt" and "print screen" simultaneously which should allow you to print your documents.

**Approval of the Service Agreement:** Once your agreement is approved, the main point of contact will receive an email notification.

After receiving the approval notification, return to the Service Provider Portal Personnel/Subcontractor Tab to enter **ALL** agency personnel and/or subcontractors that will have direct contact with DVR Consumers and/or consumer information i.e., through processing of reports, and/or fiscal related duties, etc.

Next, contact the local DVR WDA Director(s) to discuss next steps ([DVR Staff Directory](#)).

After meeting with the DVR Director(s), your agency may begin to receive DVR authorizations which are commonly called Purchase Orders (POs).

The Service Provider Portal will display all POs issued to your agency for statewide services associated with a service agreement only. POs for non-statewide services will not be visible via the portal and will be provided to your agency in an agreed upon manner.