

HELP PAGES - DVR Service Provider Online Agreement Entry Instructions

DWD login or site operational questions? Call/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 agreement content/process questions? Call/email the DVR Contract Specialist:

DVR Contract Specialist - (608) 266-0177
david.knuth@dwd.wisconsin.gov
dwdserviceproviders@dwd.wisconsin.gov

DWD login site:

<https://www.dwd.state.wi.us/accountmanagement/AccountCreationOverview.aspx>



STATE OF WISCONSIN
Department of Workforce Development

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Self Registration

Welcome to the DWD/Wisconsin User Name self registration process. Self Registration allows you to create your personal DWD/Wisconsin User Name. This is your key to doing secure business with the Department of Workforce Development over the Internet.

Requesting a DWD/Wisconsin User Name and Password

You will need to provide a minimal amount of user information to enable DWD to create a DWD/Wisconsin User Name for you. DWD is required by state and federal law to keep user information you provide confidential. Please see the User Acceptance Agreement for additional information.

NOTE: An account not accessed within the past 26 months will be considered dormant and may be deleted without warning, following security best practices. If you need an account after the original is deleted, you will need to register for a new account and request the required access authorization.

Starting the Self Registration Process

To begin, you must read the User Acceptance Agreement below and click Accept at the bottom of the page to agree to the terms of the usage policy. If you do not agree to the terms, click Decline.

User Acceptance Agreement

Violators may be subject to prosecution, fines or other sanctions... [View More](#)

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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 provider (someone who has not had a previous statewide service agreement with DVR) additional questions will be asked:

- Enter the total number of agency staff (not just those working with DVR consumers on statewide services.)
- Select all Managed Care Organizations in which you are a contracted provider. Select “No” if you do not have an MCO contract.
- Select all the counties in which you intend to provide statewide services.

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:

- Care Wisconsin First
- Comm. Care of Central WI
- Community Care
- Comm. Health Partnership
- iCare
- Lakeland Care District
- Milw. Cnty Dept. of Fam. Care
- NorthernBridges
- Southwest Family Care Alliance
- Western Wisconsin Cares

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
<input type="checkbox"/> Brown	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk	<input type="checkbox"/> Vernon
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Forest	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Portage	<input type="checkbox"/> Vilas
<input type="checkbox"/> Burnett	<input type="checkbox"/> Grant	<input type="checkbox"/> Marathon	<input type="checkbox"/> Price	<input type="checkbox"/> Walworth
<input type="checkbox"/> Calumet	<input type="checkbox"/> Green	<input type="checkbox"/> Marinette	<input type="checkbox"/> Racine	<input type="checkbox"/> Washburn
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Iron	<input type="checkbox"/> Menominee	<input type="checkbox"/> Richland	<input type="checkbox"/> Winnebago

Registrant Information

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

- Enter the first name, last name and middle initial (if known) of the person.
- Enter the date the person started working with the service provider agency.
- Enter the locations where this individual will be working and receiving any communication from DVR.
- 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: ▼

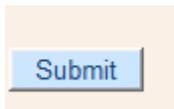
Other Job Title:

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

Effective Start Date: 

Comments:

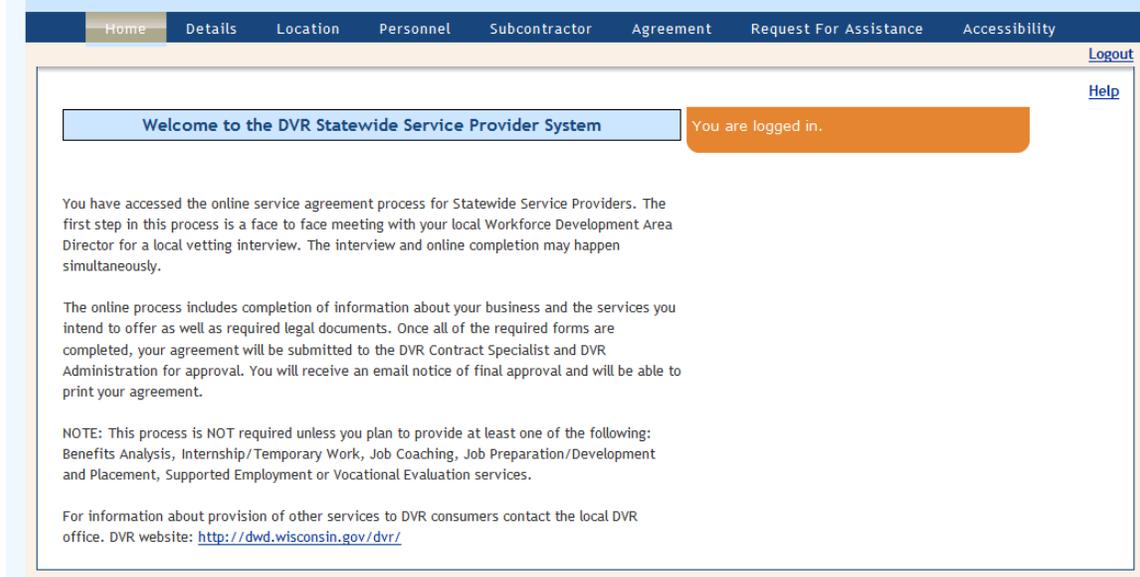
Once finished, click on the Submit button, your information will be reviewed by the DVR Contract Specialist and an email granting access or other information will be sent to you.



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.



The screenshot shows the main page of the DVR Statewide Service Provider System. At the top, there is a navigation menu with tabs: Home, Details, Location, Personnel, Subcontractor, Agreement, Request For Assistance, and Accessibility. The 'Home' tab is currently selected. In the top right corner, there are links for 'Logout' and 'Help'. Below the navigation menu, there is a blue box that says 'Welcome to the DVR Statewide Service Provider System' and an orange box that says 'You are logged in.'. The main content area contains the following text:

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 of the following: Benefits Analysis, Internship/ Temporary Work, Job Coaching, Job Preparation/Development and Placement, Supported Employment or Vocational Evaluation services.

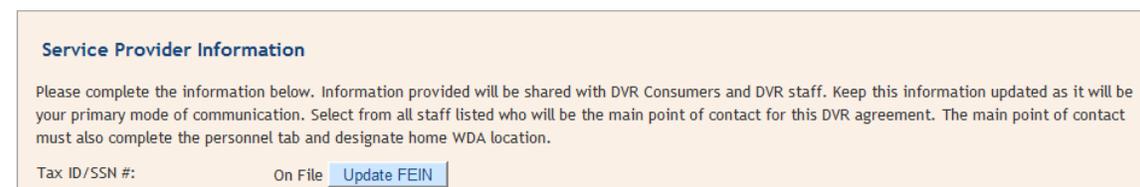
For information about provision of other services to DVR consumers contact the local DVR office. DVR website: <http://dwd.wisconsin.gov/dvr/>

Details Tab

Tax ID/SSN#

Enter in your FEIN. This will associate your agreement with an existing DWD Finance Account.

NOTE: If you are a new provider to DVR and have never been entered as a DWD Vendor, you will need to contact your local Workforce Development Area 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.



The screenshot shows the 'Service Provider Information' section. It contains the following text:

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

The person listed will serve as the primary point of contact for the statewide service agreement. Use the drop down arrow to select the main point of contact for your agency/service agreement. This will list all staff entered in the personnel tab once completed. Information about the main point of contact should remain current. WDA's displayed are from the registration page and are "read only."

Service Provider Name:

Main Contact:

Phone Number: (608) 237-1234

Cell Number:

Email Address: dr.who@tardis.net

Website:

WDA(s) Served: 01 Southeast 07 Northwest
 (Display only, enter on Service 02 Milwaukee County 08 West Central
 Agreement) 03 Waukesha-Ozaukee-Washington 09 Western
04 Fox Valley 10 South Central/Dane
05 Lake Michigan/Northeast 11 Southwest
06 North Central 12 _Central Office

Counties Served

- Review the list of counties, these will be transferred from the registration page select any additional counties in which you intend to provide statewide services.
- You may also remove any counties that have been incorrectly selected.

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
<input type="checkbox"/> Brown	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk	<input type="checkbox"/> Vernon
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Forest	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Portage	<input type="checkbox"/> Vilas
<input type="checkbox"/> Burnett	<input type="checkbox"/> Grant	<input type="checkbox"/> Marathon	<input type="checkbox"/> Price	<input type="checkbox"/> Walworth
<input type="checkbox"/> Calumet	<input type="checkbox"/> Green	<input type="checkbox"/> Marinette	<input type="checkbox"/> Racine	<input type="checkbox"/> Washburn
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Green Lake	<input type="checkbox"/> Marquette	<input type="checkbox"/> Richland	<input type="checkbox"/> Washington
<input type="checkbox"/> Clark	<input type="checkbox"/> Iowa	<input type="checkbox"/> Menominee	<input type="checkbox"/> Rock	<input type="checkbox"/> Waukesha
<input type="checkbox"/> Columbia	<input type="checkbox"/> Iron	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Rusk	<input type="checkbox"/> Waupaca
<input type="checkbox"/> Crawford	<input type="checkbox"/> Jackson	<input type="checkbox"/> Monroe	<input type="checkbox"/> St Croix	<input type="checkbox"/> Waushara
<input checked="" type="checkbox"/> Dane	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Oconto	<input type="checkbox"/> Sauk	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Dodge	<input type="checkbox"/> Juneau	<input type="checkbox"/> Oneida	<input type="checkbox"/> Sawyer	<input type="checkbox"/> Wood
<input type="checkbox"/> Door	<input type="checkbox"/> Kenosha			

Communities Served:

ABBOTSFORD	Remove
ABRAMS	Remove

Add Community

You may select as many communities as you wish. 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.

- Click on the down arrow and highlight the selected community and then click the Add Community button to create a list.



Services will be shown as “Read only” populated from the Agreement Tab and Managed Care Organizations and total staff will be populated from the Registration page.

Service(s) provided: (Display only, enter on Service Agreement)	<input checked="" type="checkbox"/> Benefits Analysis <input checked="" type="checkbox"/> Internship/Temporary Work <input checked="" type="checkbox"/> Job Coaching <input checked="" type="checkbox"/> Job Preparation, Development and Placement <input checked="" type="checkbox"/> Supported Employment <input checked="" type="checkbox"/> Vocational Evaluation
Managed Care Organizations- Contract for Service:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Managed Care Organizations:	<input type="checkbox"/> Care Wisconsin First <input type="checkbox"/> Comm. Care of Central WI <input type="checkbox"/> Community Care <input type="checkbox"/> Comm. Health Partnership <input checked="" type="checkbox"/> iCare <input type="checkbox"/> Lakeland Care District <input type="checkbox"/> Milw. Cnty Dept. of Fam. Care <input type="checkbox"/> NorthernBridges <input type="checkbox"/> Southwest Family Care Alliance <input type="checkbox"/> Western Wisconsin Cares
Total # of Staff:	<input type="text" value="1"/>

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

Mission Statement (Agency mission), Provider Professional Affiliations (Chamber of Commerce, etc), Area's of Expertise (Disability or Employment type), About the Agency (Can include a brief history or other community services provided that may be of interest to DVR consumers), Years in Business, Professional Credentials (Educational attainment, certifications or licenses) , Special Project or Pilot (DVR or community based projects of interest) 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:	<div style="border: 1px solid #ccc; height: 100px;"></div>
	Text Limit: 1000 Text Entered: 0
Provider Professional Affiliations:	<div style="border: 1px solid #ccc; height: 40px;"></div>

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

Location Tab

Use this tab to list all of your business locations where DVR consumers are served. Do not list locations in the community. There will be a list of locations entered. It will also show all entries made to date including previous inactive locations. If a new location is acquired during a service agreement period the service provider must enter the location into the agreement within 30 days of the start of use of the location.

- To add a new location record click on the light blue box.
- To edit a previous record you may click on the underlined location name.

The screenshot shows a web application interface with a navigation menu at the top containing: Home, Details, Location (highlighted), Personnel, Subcontractor, Agreement, Request For Assistance, and Accessibility. Below the menu is a section titled "Location Details" with the instruction: "Please list all of your business locations where DVR consumers are served separately." Below this instruction is a light blue button labeled "Add New Location". Underneath is a table with the following data:

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

Below the table is a link labeled "View All".

- 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.

The screenshot shows a form titled "Service Provider Location Information" under a "Service Provider" header. The form contains the following fields:

- Active:
- Location Name:
- Address Line 1:
- Address Line 2:
- City:

- Enter the county from the service location dropdown menu.
- Enter the state
- Enter the zip code plus four (if known)
- Enter the main telephone number for this location

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

The image shows a light-colored rectangular form with the following fields and controls:

- Service Location:** A dropdown menu with a downward arrow.
- State:** A dropdown menu with "Wisconsin" selected and a downward arrow.
- ZIP Code:** A text input field with a hyphen separator, showing a pattern of four digits, a hyphen, and three digits.
- Telephone Number:** A text input field with hyphen separators, showing a pattern of three digits, a hyphen, three digits, a hyphen, and four digits.
- Last Updated By:** A text input field.
- Last Updated Date:** A text input field.
- At the bottom left, there are two buttons: "Save" and "Close".

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.

Personnel List/Tab

Use this tab to enter ALL agency personnel that will have direct contact with DVR Consumers, administration or processing of reports or fiscal duties. Agency staff should be entered as soon as possible to the DVR service agreement but no later than 30 days after the hire date. Agency staff should be removed from the DVR service agreement by entering an end date as soon as an end date is known.

- To add a new personnel record click on the light blue box.
- To edit a previous record you may click on the underlined agency staff name.

The screenshot shows a web interface titled "Personnel List". Below the title is a light blue button labeled "Add New Personnel". Underneath is a table with two columns: "Name" and "Job Title". The first row contains the text "Who, Doctor" under "Name" and "ADMINISTRATION-MANAGEMENT" under "Job Title". Below the table, it says "1 Personnel found." and there is a link labeled "View All".

- Enter the first name, last name and middle initial (if known) of the person.
- Enter the date the person 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.

The screenshot shows a form titled "Service Provider Personnel Information". The form has a section titled "Personnel Information" with the following fields: "First Name:" with a text input box; "Middle Initial:" with a small text input box; "Last Name:" with a text input box; "Effective Agency Start Date:" with a date picker icon; "Effective Agency End Date:" with a date picker icon; "Locations:" with the text "No Locations" below it. At the bottom, there is a light blue button labeled "Add Location" and a dropdown menu showing "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: 

Telephone: - - Ext.

Cell Phone: - -

E-mail Address:

Employment Type: Full-Time Part-Time

Job Title: 

Other Job Title:

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

Educational Background: 

- 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:

Text Limit: 1000 | Text Entered: 0

Specialized training, certification or credential(s):

- Select the individual service categories that this individual will provide.
- Staff that are providing administrative or supervisory functions should NOT make a selection.
- DO NOT select any services that the provider agency is not or will not provide. Selection of a non-approved service will appear as an error when submitting your agreement.

Service(s) 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

Training dates are required for ALL staff identified in a service agreement. Information about available training is posted on the DVR service provider website. All training required is free and available to everyone over the internet. Omitted dates will appear as an error when submitting your agreement. Do not send completion certificates to DVR, they will not be retained or returned.

- Use this format when entering the training dates DD/MM/YYYY.
- DVR Statewide Service Provider Training is required by ALL staff. The training reviews in several modules aspects of the agreement and DVR that are important for provider agency staff to know. If a date has been entered it is not necessary to update the training date. DVR will advise providers if/when training has been updated or modified.

- Enter the date of the DVR (Information Technology) I.T. Training using the format: DD/MM/YYYY. Both Basic and Advanced modules are required by ALL staff.
- Enter the most recent date of a criminal background check using the format: DD/MM/YYYY. Information conducting a background check is provided on the DVR service provider website. An annual background check is required each calendar year. 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 provider should contact the WDA Director or DVR Contract Specialist.
- Enter the most recent date of an Ethics Course using the format: DD/MM/YYYY. Information about Ethics training is provided on the DVR service provider website. An Ethics course is needed beginning January 2013 and will need to be updated every 5 calendar years.

DVR Statewide Service Provider Training

DVR Statewide Service Provider Training Date: 

DVR IT Security Awareness

Basic-Date: 

Advanced-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 state license must be sent to DVR for vocational evaluation services to be approved as a service. Staff who plan to supervise others performing psychometric testing must provide a copy of their state license 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:

Subcontractor

A Service provider may use subcontractors to provide services to DVR. The Provider retains responsibility for fulfillment of all terms and conditions of the Agreement with any subcontracted agency. All subcontracted agencies must be identified. The Provider certifies that by signing this Agreement, the subcontractor is qualified to provide the services as required in the technical specifications. Service Providers will need to have all required subcontractor forms within 30 days of agreement with the subcontractor.

Service Providers are strongly encouraged to review necessary legal definitions of a subcontractor relationship. The Internal Revenue Service has information that may be relevant and has many published guidance documents. That information may be found at:

<http://www.comptroller.ilstu.edu/downloads/20-factor-test-for-independent-contractors.pdf>

All DVR purchase authorizations will be issued to and payments made to the Provider, not the subcontracted agency. Failure to identify a subcontractor and complete the steps identified below or may result in the termination of the service agreement with the Service Provider.

There are additional signature documents required. These will appear automatically in the Agreement section if a subcontractor is identified.

- To view or edit an existing subcontractor record click on the underlined subcontractor name.
- To add a new subcontractor click on the light blue “Add New Subcontractor” box to open a new record.

Home Details Location Personnel **Subcontractor** Agreement Request For Assistance Accessibility [Logout](#)

[Help](#)

Subcontractor List

Please complete the record for all subcontractors that provide services to DVR. Include ALL services provided. Note that there will be extra documents to complete for each subcontractor.

[Add New Subcontractor](#)

<u>Subcontractor Name</u>	<u>Contact Name</u>	<u>City</u>	<u>State</u>	<u>Active</u>
YELLOW SUB CONTRACTOR	LENNON, JOHN	STRAWBERRY FIELDS	WI	Y

[View All](#)

- Enter the legal name of the Subcontractor Business
- Enter the date in which you wish to begin use of the subcontractor using this format: DD/MM/YYYY.
- Enter an end date if known. This field should be used if the subcontractor will no longer provide DVR services via the provider. Enter the end date as soon as it is known but no later than 30 days after the subcontractor relationship has ended.
- Enter the legal last name, middle initial (if known) and first name of the main point of contact for the subcontractor.

Enter the business address for the subcontractor. This address may be different then the location recorded for the provider of record and does not need to be listed as a service provider location.

- Enter the street address, city state and zip code.

Subcontractor Information

Subcontractor Business Name:

Effective Start Date: 

Effective End Date: 

Subcontractor Contact First Name:

Subcontractor Contact Middle Initial:

Subcontractor Contact Last Name:

Address Line 1:

Address Line 2:

City:

State: 

ZIP Code:

- Enter the main telephone number for the subcontractor
- Enter the business cell phone for the subcontractor
- Enter the email address for the subcontractor
- Select the individual service categories that this subcontractor will provide.
- DO NOT select any services that the provider agency is not or will not provide. Selection of a non-approved service will appear as an error when submitting your agreement.

Note: If the vocational evaluation category is selected, a copy of the state license must be sent to DVR for vocational evaluation services to be approved as a service. Subcontractor staff who plan to supervise others performing psychometric testing must provide a copy of their state license to DVR and designate specific staff that will perform psychometric testing.

Information will be displayed showing who updated the last entry and when the entry was saved.

Select save to save and enter your information.

Select close if you do not wish to save any changes. An error message will ask you to consider a save action if modifications have been made to the entry.

Telephone:	<input type="text" value="___-___-___"/>	Ext. <input type="text" value=""/>
Cell Phone:	<input type="text" value="___-___-___"/>	
E-mail Address:	<input type="text"/>	
Service(s) provided to DVR Consumers:	<input type="checkbox"/> Benefits Analysis <input type="checkbox"/> Internship/ Temporary Work <input type="checkbox"/> Job Coaching <input type="checkbox"/> Job Preparation, Development and Placement <input type="checkbox"/> Supported Employment <input type="checkbox"/> Vocational Evaluation	
Last Updated By:		
Last Updated Date:		
<input type="button" value="Save"/> <input type="button" value="Close"/>		

Service Agreements

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

DVR service 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 they should select a date in which they would be ready to receive DVR referrals. The start date for mid-year service agreements is negotiable and is also dependant on completion of a face to face interview, completion of the online documents, required staff training and DVR approvals.

There are various dates displayed to provide information about the approval process to each 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 Dt (date) will show when the WDA completed it's approval, the Contract Decision Dt will show when your agreement was reviewed and approved by the Contract Specialist and the Management Dt displays when DVR Management reviewed and approved your agreement.

- To review an existing agreement click on the underlined and dated entry.
- To add a new agreement click on the light blue box titled "Add New Agreement"



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

- Select the WDA’s you wish to serve by clicking the small box to the left of each listing.
- Select the services in which you wish to provide services by clicking the small box to the left of the listing. The WDA Director will have final approval of specific services each statewide service provider can provide to DVR consumers.

Service Agreement Information

Agreement
Forms
Sub Contractors

Service Agreement

Please carefully review the information and check each document to indicate you have read, understand and agree to the terms of the agreement.

Begin Date: 01/07/2013

End Date: 01/06/2014

WDA(s) Served:

<input type="checkbox"/> 01 Southeast	<input type="checkbox"/> 07 Northwest
<input type="checkbox"/> 02 Milwaukee County	<input type="checkbox"/> 08 West Central
<input type="checkbox"/> 03 Waukesha-Ozaukee-Washington	<input type="checkbox"/> 09 Western
<input type="checkbox"/> 04 Fox Valley	<input type="checkbox"/> 10 South Central/Dane
<input type="checkbox"/> 05 Lake Michigan/Northeast	<input type="checkbox"/> 11 Southwest
<input type="checkbox"/> 06 North Central	<input type="checkbox"/> 12 _Central Office

Service(s) provided:

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

Electronic Signature Documents

The documents provided are the formal signature documents for the service 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 says “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 all of the 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.

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 Lobbying-If your provider intends to perform lobbying activities an additional form describing those activities must be obtained from the DVR Contract Specialist and completed as part of the agreement.

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 says "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 statewide service 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 \(Attachment 1\)](#)
- [Agreement Standard Terms and Conditions DRAFT \(Attachment 2\)](#)
- [Instructions for Certification Regarding Debarment, Suspension and other Responsibility Matters \(Attachment 3\)](#)
- [Technical Specifications \(Attachment 7\)](#)
- [Benefits Analysis Services](#)
- [Internship/Temporary Work](#)
- [Internship/Temporary Work Agreement Form \(DVR-17206-E\)](#)
- [Job Coaching -- Other Than Supported Employment](#)
- [Job Preparation, Development & Placement Services](#)
- [Supported Employment](#)
- [Vocational Evaluation Services](#)
- [Statewide Service Fee Structure \(Attachment 8\)](#)
- [Service Provider Sample Invoice \(Attachment 9\)](#)
- [Criminal Background Check Policy \(Attachment 10\)](#)
- [Undue Hardship Policy \(Attachment 12\)](#)

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Subcontractors

The documents provided are the formal signature documents for the use of subcontractors in a service 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 says “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 all of the sections, you can save your signature by clicking on the light blue “save” button.

Submit

I have read and understand the above form.

Further information may be found at, <http://www.doj.state.wi.us/dles/cib/crimback.asp>.

NOTE: If the provider is a single person owner, a copy of the background check must be sent with the certification form.

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.

[Next Tab »](#)

By pressing submit your completed agreement will be forwarded for approval by DVR. If there are required fields missing you will be provided with a list to finish before you can submit your agreement. Once your agreement is submitted and approved the main contact selected on the Details page will receive a confirmation email. The approval process may take some time depending on individual provider circumstances.

Note: Documents for submission to DVR Contract Specialist:

- Disclosure of Lobbying Activities Form (as necessary)
- Copy of Criminal Background Check for single person agency
- Copy of State License for staff planning to provide vocational evaluation services.

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

Contracts Specialist
Division of Vocational Rehabilitation
PO Box 7852
Madison, WI 53703-7852
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 statewide service agreement is approved the main point of contact will get an automatically generated email with a notice.

(Revised: 08/05/2015)