



Supervisor Approval Form

Name of Provider (as entered into the contract): _____

Federal ID or SSN: _____ **Unique Entity Identifier (UEI) #:** _____

Contact Information

Name and **Title** of the Contract signer: _____

Email for the contract signer: _____

Phone number for the contract signer: _____

Name and **Title** of local CRP office contact: _____

Email for the local CRP office contact: _____

Phone number for the local CRP office contact: _____

Provider Address for billing purposes: _____

Physical Address if different from billing address: _____

Fax number: _____

Services to be provided:

- _____ Job Search Assistance
- _____ Short Term Job Supports
- _____ Supported Employment Services
- _____ Extended Services
- _____ Job Readiness Training

- _____ Business Plan Development/Technical Assistance
- _____ PASS Plan Development
- _____ Driver's Education Courses
- _____ Soft Skills and/or other Employment readiness courses

Provider Signature: _____

Date: _____

VRBS Supervisor Signature: _____

Date: _____

BLVS Supervisor Signature: _____

Date: _____