

DEPARTMENT OF SOCIAL & HEALTH SERVICES
DEPARTMENT OF VOCATIONAL REHABILITATION

OPEN ENROLLMENT CRP & IL Vendors

Amendment Notification #0416-0101
Consolidated CRP & IL Services
(REQUEST TO AMEND CONTRACT)

Amendment Process Opens: November 1, 2016
Amendment Process Closes: September 30, 2017

Notification documents and supporting exhibits for **ALL** eligible CRP & IL Vendors.

**OPEN ENROLLMENT – CONSOLIDATED CRP & IL SERVICES
(REQUEST TO AMEND CONTRACT)
NOTIFICATION # 0416-0101**

Project Title: Consolidated CRP and IL Services

Estimated Contract Period: Effective Date of contract through June 30, 2018.

Amendment Request Due Date: This packet outlines AMENDMENT REQUEST PROCESS only. The contractor must have a current and active CRP-IL Contract with DVR in to request an amendment.

The Amendment Request is a part of the OPEN ENROLLMENT process. Amendments will be prepared on a case-by-case basis and are usually executed within 30 days of receipt of a responsive amendment request.

All Amendment Requests must be mailed or hand-delivered by no later than 4:00 p.m. Pacific Standard time, **September 30, 2017**. Postmarks will NOT be accepted. Amendment Requests packets received after this time will be returned as rejected.

Submit Amendment Request To: Amendment Request Packets Delivered by Mail:

Contracts Unit
Department of Social and Health Services
Division of Vocational Rehabilitation
PO BOX 45340
Olympia, WA 98504-5340

Amendment Request Packets delivered by Express / Hand Delivery, Or Courier:

Contracts Unit
Department of Social and Health Services
Division of Vocational Rehabilitation
4565 7th Avenue SE
Lacey, WA 98503

**Faxed requests WILL NOT be accepted.
E-mailed requests WILL NOT be accepted.**

**OPEN ENROLLMENT – CONSOLIDATED CRP & IL SERVICES
 NOTIFICATION #0416-0101
 (AMENDMENT REQUEST)
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Exhibits to this Amendment Request Packet are:

- Exhibit A Amendment Request Checklist and Certificate of Assurance
- Exhibit C-1 Contractor Information Update Form
- Exhibit G Background Authorization Form & Instructions
- Exhibit H Background Check Contractor Designated Contact
- Exhibit I CRP Services and Qualifications Form
- Exhibit J IL Services & Qualifications Form (*includes fee schedule*)
- Exhibit K Employees Approved to Provide IL Services

Section A. SUMMARY OF PROJECT

1. Purpose of this Notification and Guidance

The Washington State Department of Social and Health Services (DSHS), Division of Vocational Rehabilitation (DVR) wishes to contract with eligible Contractors to provide specific employment-related services, under a consolidated contract. This Notification provides guidance to current CRP-IL Contractors on the amendment request process.

Amendment Requests will only be accepted and honored from November 1, 2016 through September 30, 2017.

The Community Rehabilitation Program (CRP) and Independent Living (IL) Services Consolidated Contract provides employment services to individuals with disabilities.

2. Background

DVR's mission seeks to empower people with disabilities to achieve a greater quality of life by obtaining and maintaining employment.

Pursuant to 34 Code of Federal Regulations (CFR), Chapter III, Part 361, DVR purchases employment services from Community Rehabilitation Programs (CRP) that provide employment services to individuals with disabilities.

3. Funding

Community Rehabilitation Program (CRP) and Independent Living (IL) services are purchased on a Fee for Service basis. Fees are standard statewide and set by DVR.

Any contract or amendment awarded does not guarantee DVR will purchase services from your organization.

4. Auxiliary Aids and Services

DVR will provide access to this Notification document to individuals with disabilities. Please contact the Contracts Unit at dvrcontractsunit2@dshs.wa.gov or 360-725-3652 to request auxiliary aids and services for this Notification.

If an individual believes that the department has discriminated on the basis of a disability, please contact the DSHS Investigations Unit (IU) for the Nondiscrimination Policy Brochure and complaint process. The brochure can be found at <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-171.pdf>.

5. Minority & Women's Business Enterprises (MWBE)

In accordance with the legislative findings and policies set forth in RCW 39.19, the State of Washington encourages participation in all of its contracts by Minority & Women's Business Enterprises (MWBE) firms either self-identified or certified by the Office of Minority & Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the minority and women's business community.

Participation by MWBE contractors may only be on a direct basis in response to this Notification. However, no preference will be given in the evaluation of Amendment Request Packets, no minimum level of MWBE participation shall be required, and submissions will not be evaluated, rejected, or considered non-responsive on that basis.

Contractors may contact the Office of Minority & Women's Business Enterprises (OMWBE) at <http://www.omwbe.wa.gov/index.shtml> to obtain information on how to become certified.

Nothing in this section is intended to prevent or discourage participation from non MWBE firms, as well as MWBE firms.

6. Notice of Upcoming Contract Revisions

a. CRP Consideration/Fee Schedule

DVR conducted a study in 2016, focusing on the costs associated with providing services outlined in the CRP portion of this Notification, and resulting contracts. DVR may, at its discretion, increase or decrease consideration payable for CRP related services under the terms of contracts resulting from this Notification.

Any increase or decrease in consideration shall be identified in an updated CRP Fee Schedule (Exhibit L), and ***shall be incorporated into the contract by reference***. Any change to the CRP Fee Schedule shall take effect 90 (ninety) business days after contractor notification, and publically posting the revised Fee Schedule on DVR's internet page at:

<https://www.dshs.wa.gov/ra/division-vocational-rehabilitation/contractors>.

b. Deaf-Blind Services, Fee Premium

It is the intention of DVR to offer a service premium for vendors who provide CRP and/or IL services to Deaf and Blind clients. Documentation and/or certification requirements are in the formatting stages. The associated minimum requirements, documentation, and fee premium will be announced via a public memo, and will be fully incorporated into this contract 90 (ninety) days after email notification to all current CRP and IL vendors, and posting to DVR's website at: <https://www.dshs.wa.gov/ra/division-vocational-rehabilitation/contractors>.

7. Definitions.

The following terms which appear in this Notification have the meaning that is defined below for the purposes of this Notification:

- a. ADA – [Americans with Disabilities Act](#).
- b. Agency – The Department of Social and Health Services, Division of Vocational Rehabilitation (DSHS/DVR or DVR) is the agency of the State of Washington that is issuing this Notification.
- c. Amendment Request Packet - All materials prepared and assembled by a Contractor, and which the Contractor submits in response to this Notification.
- d. CFR – Code of Federal Regulations (All references to CFR chapters or sections shall include any successor, amended, or replacement regulation).
- e. Community Based Assessment Services – Locating, securing, and placing a DVR client into a paid employment setting(s), or other realistic work setting(s), in which the client performs work for a specified period with the direct provision of needed job supports training to:
 - (1) Verify a client’s unique work interests, abilities, and any competitive employment barriers related to communication, mobility, work skills, work tolerance, self-direction (cognition and learning), and interpersonal attitudes, skills or behavior; self-care, etc; and
 - (2) Identify the nature and extent of support(s) and accommodations needed for the client to obtain and maintain competitive employment.
- f. Contractor – Individual or Company, whose Amendment Request Packet has been accepted by the Agency and is awarded a fully executed, written contract.
- g. Contracts Unit Supervisor – Management contact for the Contracts Unit; primary contact for Contractor protest actions.
- h. Community Rehabilitation Program (CRP) – A program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment.
- i. Independent Living (IL) – A program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment.
- j. Intensive Training Services – One-on-one job skills training and support provided at the supported employment job site that enables the client to: 1) attain job stabilization in on-the-job performance, with job supports; 2) meet their employer’s expected levels of work productivity; and 3) transition to long-term Extended Services as provided by an entity other than DVR.

Intensive Training Services are only for DVR Clients who: 1) have an employment goal that requires supported employment; 2) are working in a paid integrated employment setting or competitive employment job; and 3) need to achieve job stabilization in their on-the-job performance in order to transition to long-term Extended Services as provided by an entity other than DVR.

- k. Issue - To mail, post or otherwise release this Notification as a public document to interested parties.
- l. Job Placement Services – Locating, securing, and placing a DVR client into a paid integrated job that is mutually agreed upon by the DVR Counselor, client, and the Contractor. Job Placement is accomplished when the DVR client completes their first day of paid employment as defined by the client's employer.
- m. Job Retention Services – Job retention is achieved when the individual has been in the placement at least ninety (90) days and is able to perform at the employer's expected level of job performance without CRP support.
- n. Key Personnel - Staff being proposed to do the work under this Notification.
- o. Off-Site Psycho-Social Job Support Services – Regular therapeutic interaction with a DSHS/DVR Customer with a mental illness who has not disclosed his/her disability to their employer to enable the individual to maintain satisfactory job performance and successful interactions with others at the workplace. This interaction occurs away from the DSHS/DVR Customer's workplace to assist the individual in areas such as, but not limited to:
 - (1) Adjusting and adapting to the work environment and/or the stresses of working;
 - (2) Maintaining a punctual work schedule and/or adjusting to any changes in their schedule;
 - (3) Positively accepting supervision and direction;
 - (4) Maintaining positive interpersonal relationships and/or communicating effectively with their supervisor, co-workers, and other whom they must interact with at the workplace;
 - (5) Recognizing and changing psycho-social behaviors they exhibit at their workplace that impedes or compromises their work performance and/or ability to interact with others;
 - (6) Recognizing and addressing the escalation of any mental illness symptoms that impede or compromise their job performance and/or ability to interact with others; and,
 - (7) Adjusting to other significant changes in lifestyle or personal circumstances occurring due to their employment.
- p. Off-Site Psycho-Social Job Support Services (Non-Supported Employment – the same definition as "o" above, when provided to a DSHS/DVR Customer with a mental illness who does not require DSHS/DVR Supported Employment.

- q. Off-Site Psycho-Social Job Support Services (Supported Employment) – the same definition as “o” above, when provided to a DSHS/DVR Customer with a mental illness who requires DSHS/DVR Supported Employment.
- r. Protest - An objection by the Contractor, in writing, protesting the results of this Notification, and which complies with all requirements of this Notification.
- s. RCW - Revised Code of Washington. (All references to RCW chapters or sections shall include any successor, amended, or replacement statute.)
- t. Statement of Work - A statement of the work or services (a.k.a. “scope of work” or “scope of services”) which the Contractor is to perform under any contract awarded, and which is generally in the form of an exhibit attached to the executed contract.
- u. Submit - To deliver to the Contracts Unit, all required documents and materials, as described and in the manner specified in this Notification.
- v. Trial Work Experience Services – An exploration of the individual’s abilities, capabilities, and capacity to perform work situations, including experiences in which the individual is provided appropriate supports and training in order to assist in determining if the individual could benefit from DVR Services.
- w. Vocational Evaluation Services – Provision of one or more standardized vocational tests, i.e. psychometric, personality, vocational preference and interest inventories, etc.
- x. WAC - Washington Administrative Code. (All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.)
- y. WEBS – Washington’s Electronic Business Solution. DVR encourages all bidders to register with WEBS at <https://fortress.wa.gov/ga/webs/home.html>.

Section A-1. Community Rehabilitation Program (CRP Services)

1. CRP Services Project Scope

For a complete description of the services provided, and minimum requirements to provide services to DVR clients, please see:

Section A-1, Community Rehabilitation Program (CRP Services) of Solicitation #0416-0101, Phase 3—General Open Applications). This information starts on page 6.

A Contractor must meet minimum qualifications in order to be considered for an award under this Notification. Contractors not meeting minimum qualifications will be disqualified from providing CRP services..

Section A-2. Independent Living Services—(IL Services)

1. IL Project Scope

For a complete description of the services provided, and minimum requirements to provide services to DVR clients, please see:

Section A-1, Community Rehabilitation Program (CRP Services) of Solicitation #0416-0101, Phase 3—General Open Applications). This information starts on page 11.

A Contractor must meet minimum qualifications in order to be considered for an award under this Notification. Contractors not meeting minimum qualifications will be disqualified from providing IL services. Additionally, individual representatives (service providers) must be reviewed and approved to provide services to DVR clients before work can be assigned or compensated.

Section B. AMENDMENT REQUEST PROCESS

1. Contract Amendment Information

Upon release of this Notification, all communications concerning this enrollment and the subsequent contract must be directed **only** to the contact listed below.

Any communication directed to DVR staff or consultants, other than as identified below, may result in disqualification, rejection/return of materials, and an expired or ineligible status.

Contact: Contracts Unit
Department of Social & Health Services
Division of Vocational Rehabilitation

Mailing Address: P.O. Box 45340
Olympia, WA 98504-5811

Physical Address: 4565 7th Ave SE
Lacey, WA 98503

Telephone: (360) 725-3652

E-mail Address: dvrcontractsunit2@dshs.wa.gov

2. Acceptance of Amendment Terms

The Contractor acknowledges that the submission of an Amendment Request Packet constitutes a binding offer.

3. Enrollment Schedule

The Amendment Request Schedule is a clear outline of the timetable for this contract opportunity.

Figure 1. **AMENDMENT REQUEST SCHEDULE**

Item	Action	Date
1.	DVR Issues Amendment Request Notification #0416-0101	November 1, 2016
2.	The Contractor may submit their Request to Amend anytime, prior to 4:00 p.m. Pacific Time.	December 31, 2017
3.	<p>DVR notifies Contractor of missing/incorrect documents. Incomplete and/or inaccurate Request Packets will be rejected* (in their entirety) as unacceptable. Amendment Request materials must be complete, accurate and received as one submission. DVR will not accept “piecemealed” submissions. Materials will be date and time stamped at receipt, and processed in the order received.</p> <p><i>*=rejected packets will NOT be returned, as submitted documents and materials are subject to public disclosure laws and requirements.</i></p>	<p><i>Usually within 10 business days of receipt date/time stamp. The identified Contract Contact will be notified, in cases of delay.</i></p>
4.	<p>Amendment Execution – amendments will be prepared for complete and responsive request packets only, in the order they are physically received and accepted as responsive. Unsigned amendments will be e-mailed to <u>only</u> the identified contact person (not necessarily the signing authority) for approval. Once received back, the amendment will be executed by DVR and an electronic copy emailed back to the vendor, as a part of the Notification close-out.</p>	<p>Amendments will be executed within 2 business days of receipt of the vendor-signed agreement <i>(not including the date of receipt)</i>.</p>
5.	<p>Amendment Close Out – executed amendments will be updated in the STARS system, contract files will be updated with amendment document and associated forms, and electronic copies of the final amendment will be emailed to the identified contract contact.</p>	<p><i>Usually within 10 business days of execution. The identified Contract Contact will be notified, in cases of delay.</i></p>
6.	<p>Amendment Initiation or “Effective Date” —This amendment will not revise the existing contract or “go live” until the date notated on page 1 of the executed amendment document.</p>	<p>IMPORTANT</p>

4. Amendment

Amendments are issued on an individual, per request need or at the discretion of DVR. Amendments include additional services that are appropriate to the scope of the original CRP-IL Contract, and are valid only via a written amendment mutually agreed to and executed by both parties.

Types of amendment changes: adding or deleting either CRP or IL Services, and adding or deleting service territories (i.e. counties).

5. Ethics

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Contractors should familiarize themselves with the requirements prior to submitting an Amendment Request Packet.

Additionally, Exhibit F – “*Code of Ethics and Standards of Practice*” form is required as part of the Amendment Request packet; failure to include a completed and signed document will result in disqualification.

6. Insurance

Successful Contractors must comply with insurance requirements, as outlined in the original CRP-IL Contract.

7. Communications

All communications concerning this Notification must be directed only to the Contracts Unit—as specified in Section B, item #1, Amendment Request Contact Information.” Any communication directed to DVR staff or consultants, other than the Contracts Unit, may result in disqualification. Amendment Request Packets should be based on the material contained in this enrollment, any related addendum(s), and any questions and answers directed through the Contracts Unit.

8. Questions and Answers

Vendors are expected to read, fully understand, and agree to all conditions of the service contract.

All questions must be submitted, in writing, prior to the submission of the signed Amendment Request packet and/or contract execution. Submit enrollment /contract inquiries to: dvrcontractsunit2@dshs.wa.gov for review and response.

9. Retraction of this Notification

DVR reserves the right to retract this Notification in whole, or in part, at any time without penalty.

10. Submission and Contents of Amendment Request Packets

a. Submission of Amendment Request Packets.

Amendment Request Packets must be prepared and submitted no later than the submission date and time specified in the Amendment Request Schedule. The packet is to be sent to the Contracts Unit, either by mail or hand delivery, at the address specified in Section B.1, Enrollment Contact Information. **DVR will not accept any Amendment Request packets submitted by fax. DVR will not accept any Amendment Request packets submitted by email.**

Contractors should allow sufficient time to ensure timely receipt by the Contracts Unit; **postmarks will NOT be accepted**. Contractors assume the risk for the method of delivery and for any delay in the mailing or delivery of the Proposal. DVR will disqualify any Request Packet and withdraw it from consideration if it is received after the proposal submission due date and time.

All submitted packets and any accompanying documentation and material become the property of DVR and will not be returned.

b. Format of Amendment Request Packet.

- The Contractor must submit packets on standard eight and one-half by eleven inch (8 ½" x 11") white paper, and utilize DVR-provided forms, wherever applicable (see Exhibits List).
- The Contractor must use a font size of 12 or larger.
- The Contractor must submit packets as specified in Section C of this Notification, *Amendment Request Packet Contents*. DVR assumes no liability for the rejection of incomplete packets.

c. Contents of Amendment Request Packet.

The Contractor must submit one, complete Amendment Request Packet, as identified as required Amendment Request Notification. The Contractor must identify the Amendment Request packet as **Notification # 0416-0101** and entitle the Amendment Request Packet, "**Request to Amend CRP & IL Services Contract.**"

Packets must address the sections of this notice in the same order as presented here, and with the same headings. **Failure to meet this requirement may result in a "non-responsive" designation, and the rejection of the packet.**

- Exhibit A—Amendment Request Checklist and Certificate of Assurances
- Exhibit C-1—Contractor Information Update Form
- Exhibit I—CRP Services and Qualifications Form
- AND/OR**
- Exhibit J—IL Services and Qualifications Form
- Accreditations (*as appropriate for additional services only*)
- Background Authorization Form & Instructions (*if applicable*)

- Background Check contractor Designated Contract (*if applicable*)

11. Non-responsive Amendment Request Packets

All Amendment Request Packets will be reviewed by Contracts Unit staff to determine compliance with administrative requirements and instructions specified in this document. DVR may reject or withdraw an Amendment Request Packet at any time, as nonresponsive for any of the following reasons:

- Incomplete Amendment Request Packet;
- Submission of an Amendment Request Packet that proposes services that deviate from the technical requirements set forth in this document;
- Failure to comply with any part of this Notification or any exhibit to this Notification; or
- Submission of incorrect, misleading, or false information.

12. Minor Irregularities

DVR retains the right to waive minor administrative irregularities related to any Amendment Request Packet.

13. Cost to Prepare Proposal

DVR will not be liable for any costs incurred by the Contractor in preparing, submitting, or presenting an Amendment Request Packet for this enrollment.

14. Withdrawal of Amendment Request Packets

After an Amendment Request Packet has been submitted, a Contractor may withdraw the packet at any time up to the submission deadline specified in the Amendment Request Schedule (and prior to execution of amendment). A written request to withdraw the Amendment Request Packet, signed by an authorized representative of the Contractor, must be submitted to the Contracts Unit Supervisor*. After withdrawing an Amendment Request Packet, the Contractor may submit another Amendment Request Packet at any time up to the submission deadline.

**= withdrawal will NOT be returned, as submitted documents and materials are subject to public disclosure laws and requirements.*

15. Protest

In order to submit a Protest under this Notification, a Contractor must have submitted an Amendment Request Packet for this Notification. **This protest process is the sole administrative remedy available within DVR.** The following is the process for filing a Protest:

- a. Grounds for Protest. A Protest may be made based on these grounds only:
 - (1) DVR failed to follow the procedures established in this Open Enrollment document, or to follow applicable State or federal laws or regulations; or

- (2) Bias, discrimination, or conflict of interest on the part of a DVR staff member.

b. Protest Form and Content.

A Protest must state all of the facts and arguments upon which the Protest is based, and the grounds for the Protest. It must be in writing and signed by a person authorized to bind the Contractor to a contractual relationship. At a minimum, the Protest must include:

- (1) The name of the protesting Contractor, mailing address and phone number, and the name of the individual responsible for submission of the Protest—including an active email account, in which to deliver the receipt acknowledgement and other communications;
- (2) The Notification number and title;
- (3) A detailed and complete statement of the specific action(s) by DVR under protest;
- (4) The grounds for the Protest;
- (5) Description of the relief or corrective action requested.

Contractors may attach to their Protest any documentation they have to offer in support.

c. Submitting a Protest

Protests must be in writing and must be signed. Contractors must mail or hand-deliver their Protest to the Contracts Unit Supervisor. Protests may not be submitted by fax or email. DVR must **receive** (*date and time stamped*) the written Protest within ten (10) business days of the protested issue event. ***Under no circumstances, will a protest be given consideration after the specified timeframe.***

d. Protest Process

The Contracts Unit Supervisor will acknowledge receipt within two (2) business days, to the email address provided in the written Protest, and forward all Protest documentation to the DVR designated Protest Coordinator with copies of the following:

- (1) This Notification and any addendums,
- (2) The protesting Contractor's submitted Amendment Request Packet, and
- (3) Any other documentation, noting the evaluation of the Amendment Request Packet in question.

DVR will follow these procedures in reviewing a Protest:

- (1) DVR will conduct an objective review of the Protest, based on the contents of the written Protest and the above materials provided by the Contracts Unit Supervisor.
- (2) DVR will send the Protestor a written decision within five (5) business days after DVR receives the Protest, unless more time is required to review the Protest and make a determination. The protesting Contractor

will be notified by the Contracts Unit Supervisor, via email, if additional time is necessary.

DVR will make a final determination of the Protest and will either:

- (1) Find that the Protest lacks merit and uphold DVR's actions;
- (2) Find that any errors in the Notification process or in DVR 's conduct did not influence the outcome of the Invitation, and uphold DVR's actions; or
- (3) Find merit in the Protest and provide options for corrective action by DVR which may include:
 - (a) That DVR correct any errors and re-evaluate all Amendment Request Packets affected by its determination of the Protest;
 - (b) That DVR reissue the Notification document; or
 - (c) That DVR make other findings and take such other action as may be appropriate.

16. Execution of the Amendment

Successful Contractors are expected to sign the amendment with DVR and any subsequent amendments that may be required to address specific work or services as needed.

DVR reserves the right to negotiate the specific wording of the Statement of Work, based on the requirements of this Notification and the terms of the awarded contract and amendments

IMPORTANT: If a successful Contractor fails or refuses to sign the contract or any subsequent amendment within ten (10) business days of electronic delivery to the designed contract contact, DVR may elect to cancel the individual Contractor award.

Section C. AMENDMENT REQUEST PACKET CONTENTS

The Contractor must answer all questions and must include all items, in the order requested for the Amendment Request Packet to be considered responsive. **Failure to address every section of the Amendment Request Notification may result in a non-responsive determination and disqualification from continuing the contract process.**

1. Requirements

Responsive Amendment Request Packets: In order to be considered a “responsive” Amendment Request packet, this section of your submission MUST address the following:

The Contractor must respond to each item in the same order in which they appear in this Notification.

a. Exhibit A—Amendment Request Checklist and Certificate of Assurance

DVR has made every attempt to ensure a complete and accurate checklist. It is, however, the Contractor’s responsibility to fully read, understand, and comply with ALL terms and requirements of this Notification. DVR assumes no liability for incomplete, non-responsive, and/or rejected Amendment Request Packets, resulting from an inadvertent omission of information from the supplied checklist.

b. Request to Amend CRP-IL Contract.

The Contractor must include a written “Request to Amend CRP-IL Contract” (Hereafter referred to as “Request”) on the Contractor’s official business letterhead stationery, and signed by an authorized representative.. Signing the Request indicates the Contractor accepts the terms and conditions of Amendment Request Notification #0416-0101.

The Contractor must include the following:

- (1) Name, address, principal place of business, telephone number, fax number, and a single e-mail account address of the legal entity or individual with whom contract would be written;
- (2) The name of the contact person for this Open Enrollment (*this is the SOLE person who will be contacted with enrollment or Amendment Request questions and who will receive the contract documents for signature – the information should match the submitted Exhibit C1, Contractor Information Update*);
 - (a) **It is HIGHLY recommended that the email, and phone number provided as contact methods, be accessible by multiple representatives—to assure coverage in the case of vacation, illness, or staff changes. ONLY the person identified as the “Contact” will be notified of contract activities and status. It is**

the Contractor's responsibility to ensure that accurate and current contact information is ALWAYS on file with DSHS/DVR.

- (3) A statement substantiating that the person who signs the letter is authorized to contractually bind the Contractor's firm;
 - (4) Any statements describing variations between the Amendment Request Packet and the requirements of this Notification.
- c. Exhibit C-1—Current CRP and IL Contractors Form.

Contractors must submit completed and signed Exhibit C-1—*Contractor Information Update/for existing DSHS Contractors*. All applicable documents listed under Contractor Intake form(s) in the Administrative Section of the Contractor's Checklist must be submitted with the Contractor Intake form to be considered complete.

- d. Services & Qualifications (***Use appropriate forms to add services to your contract – you do not need to re-submit a form for services already approved in your active contract.***)

(1) CRP Services - Using the *CRP Services and Qualifications* form (Exhibit I), indicate the CRP services your organization will provide and what certification, licensure, or accreditations currently held by your organization.

- (a) An amendment process is required to add eligible services, after execution of this contract (e.g. newly certified services through CARF, etc.).
- (b) An additional memo must follow this form in the Amendment Request packet if any exclusions or exceptions to the services apply. Example: The vendor does NOT provide both Trial Service and Community Based Assessment Services. This memo must specifically identify the service type to be excluded from the contract, or will be expected to provide these services upon request.

(2) IL Services - Using the *IL Services and Qualifications Form* (Exhibit J), indicate the IL services your organization will provide and what certification, licensure, or accreditations currently held by your organization.

- (a) *Employees Approved to Provide IL Services* (Exhibit K).

This form must be completed and included in the Amendment Request Packet to be considered responsive. The top portion is ONLY for employees who have already gone through the background check process and have been previously approved (by DVR) to provide specific IL services. The lower portion is for new/oncoming providers that need to be added, following the standard screening process.

- e. *Accreditations (Supply only applicable accreditations for the NEW services to*

be added.)

- (1) CRP Services - Provide copies of your applicable certificate, license, or **full** CARF accreditation report. Certifications must be provided for all services identified in Exhibit H-*CRP Services and Qualifications* form; *each certification need only be submitted once, even when applied to multiple services.*

****CRP qualifications are determined a contractor-wide level.**

- (2) IL Services – Provide copies of the specified certificates, licenses, resumes, etc. for each potential IL Provider; DVR will review the submitted materials to determine and approve eligibility individually-approved staff.

****IL providers are determined on individual employee basis.**

NOTE: It is the Contractor’s responsibility to ensure all licensure updates are promptly submitted to the Contracts Unit for processing (*notice of impending expiration is NOT provided*). Contractor accounts must be kept current to ensure service availability. Certifications allowed to expire will result in the de-activation of a service account, until such a time as the updated certification is received and manually updated into the STARs system.

f. Background Checks

- (1) Your response must include a fully completed DSHS Background Check Authorization form (Exhibit G) for each of your organization’s employees, volunteers, interns, or board members who may have unsupervised access to DVR clients.

The Contractor must submit Background Check Authorizations must for any NEWLY IDENTIFIED STAFF associated with additional services only – it is unnecessary to submit authorization forms for staff that have been reviewed and approved since inception of original contract.

DVR will conduct the background check through the DSHS Background Check Central Unit (BCCU) and forward the results to the authorized Background Check Designee(s).

- (2) The Contractor shall designate an employee or employees authorized to process confidential background check authorization forms and accept results of the background checks of its personnel, interns, volunteers, or board members (the “Background Check Designee”).

It is only necessary to submit this form if the Background Check Designee currently identified for this contract has changed.

The Contractor shall provide DVR the following information (Exhibit H,

"Background Check Contractor Designated Contact" form) on each employee authorized to receive confidential information available on background checks and their results:

- (a) Employee(s) name;
- (b) Employee(s) job title;
- (c) Employee(s) area code(s) and telephone number(s); and
- (d) Employees business location(s) including street address, city, state, and zip+4.

The Contractor is required to notify DVR in writing within fourteen (14) calendar days when an employee(s) is no longer authorized to process and receive confidential background checks and results.

Section D. EVALUATION

1. Evaluation Procedure

DVR will initially screen each Amendment Request Packet to determine if the Contractor has complied with the stated requirements and submittal instructions. If the Amendment Request Packet does not meet all requirements for this Notification, DVR may consider the submission non-responsive and may withdraw it from further contracting activities.

DVR program staff and/or management may conduct a final review of the submitted Amendment Request Packets to consider past or current performance and experience of any DVR contracts by Contractors.

Amendment Requests meeting the requirements of this Notification will be offered an amendment review, approval, and execution. Contractors deemed non-responsive or ineligible will be notified by email of this determination. Non-responsive Contractors will be permitted to resubmit their Amendment Request materials, if the revised submission meets the established deadline and other specified requirements of this Notification, and amendment will be issued for signature.

IMPORTANT NOTE: *Contractors providing IL services can apply for and be issued a contract/amendment for all eligible, individual, independent living services – these services, however, cannot be assigned, performed, or compensated until such a time as an individual provider (employee) has been reviewed and approved to provide specific services.*

Section E. EXHIBITS

1. Exhibits

Exhibits to this Notification are:

Exhibit A	Amendment Request Checklist and Certificate of Assurance
Exhibit C-1	Contractor Information Update Form
Exhibit G	Background Authorization Form & Instructions
Exhibit H	Background Check Contractor Designated Contact
Exhibit I	CRP Services and Qualifications Form
Exhibit J	IL Services & Qualifications Form (<i>includes fee schedule</i>)
Exhibit K	Employees Approved to Provide IL Services



Division of Vocational Rehabilitation

Exhibit A

AMENDMENT REQUEST CHECKLIST AND
CERTIFICATE OF ASSURANCE

Under the penalties of perjury of the State of Washington, the Applicant makes the following certifications and assurances as a required element of this application for Amendment Request Notification 0416-0101.

- Request to Amendment CRP-IL Contract (on Contractor Letterhead)
 - Contractor Intake Form (Existing Contractor – C1)
 - CRP Services and Qualifications Form (Exhibit I)
 - Background Authorization Form & Instructions (Exhibit G)
 - Background Check Contractor Designated Contact (Exhibit H)
 - IL Services and Qualifications Form (Exhibit J)
 - Employees Approved to Provide IL Services (Exhibit K)
1. The Applicant declares that all answers and statements made in the Amendment Request (henceforth, known as “Request”) are true and correct.
 2. This Request is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Contractor’s Request will remain valid for 210 days or until the protest is resolved, whichever is later.
 3. The Contractor acknowledges that DSHS will not reimburse it for any costs incurred in the preparation and presentation of this Request. All Requests become the property of DSHS and the Contractor claims no proprietary right to the ideas, writings, items, or samples.
 4. The Contractor certifies that it is now, and shall remain, in compliance with the certifications and assurances contained above, and agrees that such compliance is a condition precedent to the award and continuation of any related Contract.
 5. The Contractor acknowledges its obligation to notify DSHS of any changes in the certifications and assurances above.
 6. The Contractor affirms the truthfulness of these facts and acknowledges its current and continued compliance with these certifications and assurances as part of this Proposal and any resulting contract award with DSHS.

By submitting this proposal, I certify that I am authorized to submit a response on behalf of the Contractor and the information submitted is accurate and true to the best of my knowledge. The undersigned is authorized to bind the Contractor to this contract and amendment and will be signing any contractual agreements between the Contractor and DSHS/DVR.

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Contractor Information Update (for existing DSHS contractors)

Section One: This section is for existing Contractors to provide current information as applicable.

Please complete the table below.

- Please complete your contact name, address, or name of person authorized to sign DSHS contracts, and enter those updates in the right column.
- If you need to update other information on record, you must complete a new Contractor Intake Form. Contact the person who sent you this form.
- If you need to update your self-reported or certified status as a Women Owned Business Enterprise (WBE), Minority Owned Business Enterprise (MBE), Disadvantaged Business Enterprise (DBE), Community-Based Organization (CBO), or Faith Based Organization (FBO), you must complete a new Contractor Intake Form. Contact the person who sent you this form.

Information Description	Contractor Information
Contractor Name:	
Business Organization:	Choose an item.
EIN or SSN:	Choose an item.
Contracts Terminated for Default:	
Fiscal Year End:	
UBI, and Dun and Bradstreet (DUNS):	UBI: DUNS:
Primary Contact Name:	
Primary Phone Number:	
Primary Email:	
Primary Fax:	
Primary Address:	
Name of Person who signs DSHS Contracts:	

Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for this DSHS Contract.

- Is the primary address listed above the address DSHS should use for this contract? Yes No
(If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2.**)
- Is the primary contact name listed above the person DSHS should contact for this contract? Yes No
(If your answer is yes, proceed to next bullet. If your answer is no, provide the contact person for this contract on **Page 2.**)
- Will the person who signs DSHS contracts listed above be signing this DSHS contract? Yes No
(If your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2.**)

Section Three: Information Update Authorization

Please insert today's date () as the date you updated your contractor information. Please insert your name and title (,) as the person authorized to update your contractor information.

E-mail or fax your completed form to the person who sent you this form.

Address DSHS should use for this Contract
(If you have additional addresses for this Contract, attach a listing of additional addresses.)

<input type="checkbox"/> Billing Address <input type="checkbox"/> Facility Address <input type="checkbox"/> Mailing Address	ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		
	CITY, STATE, AND ZIP CODE		
PHONE NUMBER (INCLUDE AREA CODE) ()		COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()		EMAIL ADDRESS	

(Contact Person DSHS should use for this Contract
If you have additional contact persons for this Contract, attach a listing of additional contact persons.)

Contact person for this Contract is a(n):

Owner Officer or Board Member Partner Staff Member Elected Official
 Other (please identify (DSHS staff enter as applicable on ACD))

Is the contact person authorized to sign contracts? Yes No

Is the contact person a contact for this DSHS contract? Yes No

CONTACT PERSON'S NAME		CONTACT PERSON'S EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	PAGER NUMBER (INCLUDE AREA CODE) ()	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

Person who will be signing this Contract
(If the contact person entered above will also sign this Contract, you don't need to enter their information again.)

Person authorized to sign this Contract is a(n):

Owner Officer or Board Member Partner Staff Member Elected Official
 Other (please identify (DSHS staff enter as applicable on ACD))

Is the contact person authorized to sign contracts? Yes No

Is the contact person a contact for this DSHS contract? Yes No

CONTACT PERSON'S NAME		CONTACT PERSON'S EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	PAGER NUMBER (INCLUDE AREA CODE) ()	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

Section Four: Contractor Certification

You must sign, date and return this form.

I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct and that I will notify DSHS of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME	TITLE
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Background Check Authorization

PROCESSING CODE

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A	1C. NAME OF SECONDARY ENTITY
2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK		
PRINTED NAME:		SIGNATURE:
3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT		
DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____		
<input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study / student internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Acting		
4. REQUIRED: BCCU ACCOUNT NUMBER	5. DSHS ID NUMBER OR NAME	

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER	7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	8. PRINT YOUR E-MAIL ADDRESS
9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST:	MIDDLE:	LAST:
10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST:	MIDDLE:	LAST:

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. Yes No
 _____ Degree: _____ State: _____ Conviction date: ___/___/___

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Yes No
 _____ Degree: _____ State: _____

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? Yes No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? Yes No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)	REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID
--	--

16. **REQUIRED**
 Have you lived in any state or country other than Washington State within the last three years (36 months)? Yes No

17. **A. REQUIRED:** PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO.	CITY	STATE	ZIP CODE
----------	------	-------	----------

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO.	CITY	STATE	ZIP CODE
----------	------	-------	----------

C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
---	--

PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

Instructions for Completing the Background Check Authorization
DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. **The DSHS oversight program requiring the background check may have additional instructions that you must follow.**

The Background Check Central Unit (BCCU) **cannot** complete the background check unless all required boxes are complete. Required boxes have the word **REQUIRED:** next to the box number as shown in the example below:

4. REQUIRED: BCCU ACCOUNT NUMBER

IMPORTANT: If you do not provide all required information, your background check will be delayed.

ATTENTION ENTITIES AND DSHS STAFF: Only submit this authorization form once. Multiple submissions of the same authorization form causes delays in processing background checks.

PROCESSING CODE: If you use a priority processing code or "fingerprint required", enter it in this box. Priority processing codes include new hire, initial contract, initial license, approved rush, Community Protection, and DSHS state employee.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be completed by the **entity** requesting the background check. Entities are most often DSHS programs, hiring authorities, and external providers who submit background check requests to the Background Check Central Unit.

Box No. Instructions

- 1A Enter the name of the entity requesting the background check.
- 1B Enter the full address of the entity listed in Box 1A.
- 1C Enter the name of the secondary entity associated with the background check. A secondary entity may be a contractor, subcontractor, or other entity associated with this background check. Your oversight program will provide instructions on how to use this box.
- 2 Provide the printed name and signature of the person requesting the background check. This is the person who is submitting the background check on behalf of the entity listed in Box 1A.
- 3 Complete this box **ONLY** if the background check is for DSHS employment purposes. External providers should **not** complete this box.
- 4 Enter your BCCU account number in this box. You can find your BCCU account number at <http://www.dshs.wa.gov/fsa/bccu/account-numbers>. DSHS state employment account numbers are available on the BCCU intranet webpage.
- 5 Enter a DSHS ID number or name if required by your DSHS oversight program.

SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the **applicant**. The applicant is the person whose background we are checking. Except as noted in these instructions, DSHS staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No. Instructions

- 6 You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.
- 7 Print your date of birth listing the month, day, and year.
- 8 Provide an e-mail address where we can reach you.
- 9 Current Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write **N/A** in each field that you do not have a name to enter.

9. **REQUIRED:** PRINT YOUR NAME AS IT IS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **Susan**

MIDDLE: **Jane**

LAST: **Smith**

- 10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter **N/A** in the appropriate box. Do not leave any of the boxes blank. (See examples below)

Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **Sue, Susie**

MIDDLE: **N/A**

LAST: **Jones**

Example 2 – entering N/A because no other first, middle, or last names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: **N/A**

MIDDLE: **N/A**

LAST: **N/A**

See important information about answering self-disclosure questions following the description for Box 20.

Box No. Instructions

- 11A You must check **YES** or **NO**. If you check **YES**, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 11B You must check **YES** or **NO**. If you check **YES**, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
- 12-14 Read each question carefully before answering. You must check YES or NO. ***Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.**
- 15 Enter your Driver's License or state-issued ID and the state where it was issued.
- 16 If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer **NO**. If you have lived in any state or country other than Washington State within the last three years (36 months), answer **YES**.
- 17 17a - Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
17b – Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter **SAME**.
17c – Enter the daytime phone number where you can be reached.
18. Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.
19. Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.
20. Enter the month / day / year (MM/DD/YYYY) you signed Box 19.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.



Division of Vocational Rehabilitation

Exhibit H

Background Check
Contractor Designated Contact(s)

Please PRINT clearly in all boxes, except for signature box.

This form is for the staff person(s) who deals with confidential information in your organization.

CONTRACTOR NAME AS REGISTERED WITH
THE IRS

CONTRACTOR DBA (IF ANY) FOR THIS
CONTRACT

NAME OF PRIMARY PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK
INFORMATION

TITLE:

PRIMARY PERSON'S PHONE NUMBER
() - EXT:

PRIMARY PERSON'S EMAIL ADDRESS

MAILING ADDRESS OF PRIMARY PERSON

STREET/PO BOX:

CITY:

STATE: ZIP: -

NAME OF BACKUP PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK
INFORMATION

TITLE:

BACKUP PERSON'S PHONE NUMBER
() - EXT:

BACKUP PERSON'S EMAIL ADDRESS

MAILING ADDRESS OF BACKUP PERSON CHECK IF SAME AS ABOVE

STREET/PO BOX:

CITY:

STATE: ZIP: -

I have designated the above staff to process confidential background information. Each designated employee listed above has read and signed a background check confidentiality agreement. A copy of the agreement has been provided to the employee and DVR Contracts Unit.

I will notify DVR within fourteen (14) calendar days of changing designated contacts.

CONTRACTOR/DESIGNEE SIGNATURE

DATE

PRINTED NAME

TITLE



Division of Vocational Rehabilitation

Exhibit I

Community Rehabilitation Provider (CRP) Services and Qualifications

CONTRACTOR NAME AS REGISTERED WITH THE IRS

CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

Contractor Instructions: Check all boxes that apply.

Step One: Select the counties in which your company intends to provide services.

Step Two: Check only those boxes for services your organization will provide.

Step Three: Check the applicable boxes showing which types of licenses, certifications or accreditations you have.

Step Four: Submit copies of the applicable licenses, certifications or accreditations as they relate to the services your company will provide as selected below.

Step Five: Sign and date the bottom of page three (3).

First Time Contractor: (or in the initial two (2) year contract period): Exempt from CARF certification requirements, except where noted.

Counties Served by CRP Contractor

Please check only those counties your organization will serve.

- | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Ferry | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> King | <input type="checkbox"/> Pierce | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Kitsap | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> Yakima |

Vocational Evaluations – Qualification requirement applies to ALL, including first time contractors

Each staff person in your organization that will provide Vocational Evaluation Services must meet one of the qualifications below. Please provide one of the following for **EACH staff member** that will provide Vocational Evaluation Services or the Contractor's CARF accreditation report.

- Certified as a Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); **OR**
- Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) **and** have successfully completed three graduate level courses from an accredited college or university in vocational evaluation, standardized assessment, psychological testing and measurement, or any combination of the above mentioned coursework; **OR**

****This option requires both a copy of your current CRCC certificate and original college or university transcript indicating your successful completion of all required graduate coursework.**

- Accredited in Comprehensive Vocational Evaluation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Trial Work Experience AND Community Based Assessment

Contractors consisting of one (1) person must have current certification as:

- Certified as a Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); **OR**
- Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) and have successfully completed three graduate level courses from an accredited college or university in vocational evaluation, standardized assessment, psychological testing and measurement, or any combination of the above mentioned coursework; **OR**

****This option requires both a copy of your current CRCC certificate and original college or university transcript indicating your successful completion of all required graduate coursework;**

- Accredited in Employment Planning Services by CARF; **OR**
- Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Contractors consisting of more than one person must be:

- Accredited in Employment Planning Services by CARF; **OR**
- Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Job Placement Services

- Accredited in Community Employment Services / Job Development by CARF; **OR**
- Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Intensive Training Services

- Accredited in Community Employment Services / Job-Site Training and Job Supports by CARF; **OR**
- Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Job Retention Services

- Accredited in Community Employment Services / Job-Site Training and Job Supports by CARF; **OR**
- Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Off-Site Psycho-Social Services – Non-Supported Employment

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications below or be directly supervised by an employee with one of the qualification listed below.

- Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC).

****Submit a current copy of the individual's CRC certificate.**

- Mental Health Credentialing by Washington State Department of Health. One of the following credentials are acceptable:

- Mental Health Counselor Associate License.
- Mental Health Counselor Associate Temporary Practice Permit.
- Mental Health Counselor Certificate.
- Mental Health Counselor License.
- Mental Health Counselor Temporary Practice Permit.

****Submit a current copy of the individual's Mental Health credentials obtained through the Washington State Department of Health.**

Off-Site Psycho-Social Services – Supported Employment

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications below or be directly supervised by an employee with one of the qualification listed below.

- Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC).

****Submit a current copy of the individual's CRC certificate.**

- Mental Health Credentialing by Washington State Department of Health. One of the following credentials are acceptable:

- Mental Health Counselor Associate License.
- Mental Health Counselor Associate Temporary Practice Permit.
- Mental Health Counselor Certificate.
- Mental Health Counselor License.
- Mental Health Counselor Temporary Practice Permit.

****Submit a current copy of the individual's Mental Health credentials obtained through the Washington State Department of Health.**

CONTRACTOR SIGNATURE

DATE

PRINTED NAME

TITLE



Division of Vocational Rehabilitation

Exhibit J

Independent Living (IL)
Services and Qualifications and Fee Schedule

CONTRACTOR NAME AS REGISTERED WITH THE IRS

CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

Contractor Instructions: Check all boxes that apply.

Step One: Select the counties in which your company intends to provide services.

Step Two: Check only those boxes for services your organization will provide.

Step Three: Check the appropriate boxes that describe the level of education and experience you have for each service you will provide.

Step Four: Submit copies of transcripts and resumes of all staff that will provide services, showing they meet the educational and experience requirements.

Step Five: Sign and date the bottom of page three (3).

Counties Served by IL Contractor

Please check only those counties your organization will serve.

- | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Ferry | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> King | <input type="checkbox"/> Pierce | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Kitsap | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> Yakima |

IL Evaluations:

A Bachelor's degree in human or social services (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational/Physical Therapy, etc), from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) of the two years must involve performing individual evaluations and writing reports regarding individuals' cognitive , psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

*** OR ***

A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- Three (3) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- Once (1) of the three years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

*** OR ***

Ninety (90) quarter or sixty (60) semester hours of human or social services coursework (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational/Physical Therapy, etc.) from an accredited college or university, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) year of the four years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

*** OR ***

A High School Diploma or GED, AND the following:

- Six (6) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) of the six years must involve performing individual evaluations of and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

The maximum allowable fees for both Comprehensive and Partial IL Evaluations are listed below:

Fee for IL Evaluations	
Comprehensive IL Evaluation	Partial IL Evaluation
\$715	\$430

IL SERVICES

IL Work-related Systems Access related to barriers to employment

A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

*** OR ***

Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

*** OR ***

A High School diploma or GED, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

IL Skills Training related to barriers to employment

A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

*** OR ***

Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

*** OR ***

A High School diploma or GED, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

IL Fee for Services

The maximum allowable fee for Work-related Systems Access and IL Skills Training is listed below:

Fee for IL SERVICES
\$72 per hour

CONTRACTOR SIGNATURE

DATE

PRINTED NAME

TITLE



Washington State
Department of Social
& Health Services

DIVISION OF VOCATIONAL REHABILITATION
INDEPENDENT LIVING SERVICES
Contractor Employee(s) to Provide IL Services and Service(s) Approved

Exhibit K

ORGANIZATION'S LEGAL NAME:

DBA (if any):

USE ADDITIONAL COPIES OF THIS FORM, IF NEEDED, TO LIST CURRENT OR NEW EMPLOYEES AND THE SERVICES THEY ARE APPROVED OR REQUEST TO PROVIDE.

List existing Employees **currently** approved by DVR to provide IL Services and what services they are approved to provide. Employees approved through the current contract do **not** need to resubmit current resume and educational transcripts.

First Name	Last Name	Transcripts	Resume	IL Evaluations	IL Skills Training	IL Work-Related Systems Access
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

List **NEW** Employees to be reviewed and approved to provide IL Services and mark the services you request them to provide. Please include: 1) a current resume; and 2) official educational transcripts for each new employee to be reviewed.

		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

*****Please note:** A signed contract does not automatically approve the Contractor or Contractor's staff to perform IL Services. The Contractor or Contractor's staff (IL Providers) cannot provide any of the above services until officially approved by authorized DVR staff.

Signature:

Printed Name and Title:

Date: / /