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| þÿ | **Division of Vocational Rehabilitation**APPLICANT CHECKLIST | **Exhibit A-a** |

# Amendment Requirements

[ ] Applicant Checklist (This form, Exhibit A-a)

[ ] CRP Services and Qualifications Form (Exhibit I-a)

[ ] IL Services and Qualifications Form (Exhibit J-a)

[ ] Employees Approved to Provide IL Services (Exhibit K)