



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: _____

VRBS Office: _____

Local VRBS Office Supervisor: _____

Services to be provided:

- | | |
|--|---|
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Short Term Job Supports |
| <input type="checkbox"/> Supported Employment Services | <input type="checkbox"/> Extended Services |
| <input type="checkbox"/> PASS Plan Development | <input type="checkbox"/> Job Readiness Training |
| <input type="checkbox"/> Business Plan Development/Technical Assistance | <input type="checkbox"/> Driver's Education Courses |
| <input type="checkbox"/> Soft Skills and/or other Employment readiness courses | |

Services areas (list all counties): _____

Provider Signature: _____

Date: _____

VRBS Supervisor Signature: _____

Date: _____

BLV Supervisor Signature: _____

Date: _____