



## VRBS Supervisor Approval Form

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

**Federal Tax 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:**\_\_\_\_\_