



NJ Division of Vocational Rehabilitation Services Pre-Employment Transition Services New Vendor Application

Entity Information

A. Pre-Employment Transition Services Applicant Vendor Name:

B. New Jersey Vendor Identification #: _____

C. Tax clearance attached Y ___ N ___

D. New Jersey DUNS #: _____

E. Financial/Accountant Contact: _____

F. Number of Years in Operation: _____

G. Years Vending Services to Students and Youth age 14-21 with Disabilities:

H. Address of Operation:

I. Mailing address: _____

J. Pre-ETS Activity Location and Address (if different from above):

K. County: _____

L. Phone number: _____

M. Email address: _____

N. Web address (if applicable): _____

NJ Eligible Training Provider List

Provide verification that entity is a New Jersey approved training provider and is listed on the Eligible Training Provider List (ETPL)

Provide vendor number on NJ Eligible Provider Training List

<https://njtrainingsystems.dol.state.nj.us/>

Entity Accreditation

According to the New Jersey Administrative Code for Community Rehabilitation Programs (N.J.A.C. 12:51) 12:51 Subchapter 18 Accreditation of Rehabilitation Programs, CARF is the accrediting body and standard for vocational rehabilitation programs. It is a requirement to have an accreditation to vend vocational rehabilitation services. Information about CARF:

www.carf.org

Submit (a) A snapshot of the entity's accreditation (b) Copy of the most recent Commission on Accreditation of Rehabilitation Facilities (CARF) report.

You may use an accrediting body that meets the criteria as an acceptable accreditation authority that sufficiently evaluates the entity's vocational rehabilitation structure, programs, and services. Examples of accrediting bodies are Joint Commission (Jcaho) jointcommission.org and Council on Accreditation (COA) coanet.org.



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Your entity has three years from vendor approval date to obtain and submit verification that you have started the process to obtain CARF or other acceptable accreditation. Your entity will not be permitted to vend Pre-Employment Transition Services past the three-year timeframe.

List all services that the entity is providing to NJ DVRS client/consumers. A two-year minimum of service delivery is required (Examples of services: Vocational Evaluation, Placement, Supported Employment, Pre-ETS grant recipient)

County(s) Entity Currently Serves as NJ Vocational Rehabilitation Services Vendor (Check all counties that apply)

- | | | | | | | | | | |
|------------|--------------------------|------------|--------------------------|-----------|--------------------------|----------|--------------------------|--------|--------------------------|
| Atlantic | <input type="checkbox"/> | Cumberland | <input type="checkbox"/> | Mercer | <input type="checkbox"/> | Passaic | <input type="checkbox"/> | | |
| Bergen | <input type="checkbox"/> | Essex | <input type="checkbox"/> | Middlesex | <input type="checkbox"/> | Salem | <input type="checkbox"/> | | |
| Burlington | <input type="checkbox"/> | Gloucester | <input type="checkbox"/> | Monmouth | <input type="checkbox"/> | Somerset | <input type="checkbox"/> | | |
| Camden | <input type="checkbox"/> | Hudson | <input type="checkbox"/> | Morris | <input type="checkbox"/> | Sussex | <input type="checkbox"/> | | |
| Cape May | <input type="checkbox"/> | Hunterdon | <input type="checkbox"/> | Ocean | <input type="checkbox"/> | Union | <input type="checkbox"/> | Warren | <input type="checkbox"/> |

Describe Entity's Experience Providing Pre-Employment Transition Services for Students with Disabilities

Type of Service at Application:

- A. New service _____
- B. Individual



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C. Group

D. Expansion of services _____

Include information as to your ability to manage the addition or expansion of services.

Pre-Employment Transition Services

- Job Exploration Counseling
- Counseling & guidance services on comprehensive transition, vocational training, industry recognized credential programs and post- secondary school training programs (i.e.: two and four year colleges)
- Work based learning experiences, internships, apprenticeships
- Workplace readiness training to develop social skills and independent living.
- Instruction in Self Advocacy

County(s) Entity Proposes Services as NJ Pre-ETS Vendor:

- | | | | | | | | | | |
|------------|--------------------------|------------|--------------------------|-----------|--------------------------|----------|--------------------------|--------|--------------------------|
| Atlantic | <input type="checkbox"/> | Cumberland | <input type="checkbox"/> | Mercer | <input type="checkbox"/> | Passaic | <input type="checkbox"/> | | |
| Bergen | <input type="checkbox"/> | Essex | <input type="checkbox"/> | Middlesex | <input type="checkbox"/> | Salem | <input type="checkbox"/> | | |
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Explain Rationale and Need to Provide Pre-ETS:

Is the rational and need for service based on research, statistics, and understanding of the need to serve a specific demographic and specific population? Identify the unserved and underserved youth in the county(s) you propose to serve?



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Pre-ETS Coordinator Contact Information

Name: _____

Title: _____

Phone number: _____

Email address: _____

Describe Pre-Employment Transition Services at Application

Attach Curriculum for Each Pre-Employment Transition Service

- A. Include summary of training, detailed curriculum program schedule, names of interest and/or ability tests and assessments (i.e.: on-line, paper, self-administered), materials, equipment, media, technology/devices/apps, handouts, social media
- B. Include COVID-19 considerations for remote distance learning on virtual platforms
- C. Styles of instruction (interactive, group discussions, lecture, activities. All materials, supplies, gear, clothing needed for programs such as work-based learning experiences, internships, apprenticeships will be of no cost to client/consumer
- D. Address learning styles and methods for each service you will provide
- E. Timeline for services: Hours per lesson/topic. Maximum total hours and days for service
- F. Include measurable goals and objectives for each program to be achieved by client/consumers- All goals must be measurable. Provide the measures that will be used to evaluate the achieved service deliverables for each service
- G. Attach Pre and Post-Assessments
- H. Attendance requirements and deliverables



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- I. Attach sample template for permission to participate letter in program that will be signed by parent, guardian prior to participation in program
- J. What is your plan to provide accommodations if needed, or an alternate resource to participate in testing/assessments, digital media, activities, work based learning etc.
- K. List all secondary schools, vocational or technical schools, two and four year post-secondary schools with whom you are affiliated, partner, providing services. Please provide a sample MOU or letter of agreement.
- L. Provide contact information for all skills trainers
- M. Explain the student referral process, recruitment, public relations and marketing strategies, marketing materials (attach marketing materials for NJ DVRS approval). All students must be referred to the NJ DVRS office before you can accept them into your program for services.

Attach Professional Resumes for supervisors, and direct service staff (i.e.: skills trainers, employment specialists, job coaches).

Pre-ETS Staff Experience and requirements: Graduation from an accredited college or university with an Associate’s, Bachelor’s, or Master’s degree in human services, psychology, sociology, education or related field, two years of experience working with people with disabilities, students, youth, or comparable environment gained within the past five years.

Indicate number of staff, names of staff and/or skills trainers per county(s):

Indicate additional language (s) other than English (i.e.: American Sign Language -ASL, Spanish)

ASL service providers must have passed the NJ DVRS mandatory Sign Language Communication Evaluation (SLCE) testing prior to approval, or will need to take the test within three months of service start date.

| Name of Skills Trainer | Skills Trainer County(s) | Language (Other than English) |
|------------------------|--------------------------|-------------------------------|
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Community Employer/Business Partnerships

Required for Work Based Learning Experiences (WBLE), Internships, Apprenticeships in at least three employer/businesses

Describe partnerships with community employer/businesses for work-based learning experiences, internships, apprenticeships.

Attach partnership letters and commitment agreements for the businesses listed.

Paid Internship:

Y___ Salary per hour (minimum wage or higher)

N___

| Business Name | Worksite County | Internship Title(s) | Skills |
|----------------------|------------------------|----------------------------|---------------|
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Additional Required Registrations:

NJSTART vendor number: provide a screen shot as proof of registration

<https://www.njstart.gov/bsol/>

For information about the Eligible Training Provider List (ETPL) NJTopps@dol.nj.gov

To submit entity's electronic application:



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http://careerconnections.nj.gov/careerconnections/hire/hiring/disable/dvrs_vendor_information.shtml

Application Completed by: _____ Title: _____
Date Submitted: _____