

VRBS Supervisor Approval Form

Name of Provider (as entered on contract):

Federal ID or Social Security Number:

Unique Entity Identifier:

Provider Info

- **Billing Address:**
- **Physical Address:** (if different from above)
- **Fax Number:**

Contact Info for Contract Signer

Name of Contract Signer:

Title of Contract Signer:

- **Email:**
- **Phone:**

Local Contact Info

- **Local Office Contact Person:**
- **Local Office Contact Person Title:**
- **Email:**
- **Phone:**

Services Provided

Job Search Assistance

Job Readiness Training

Short Term Job Supports

Supported Employment Services

Extended Services

Soft Skills

Miscellaneous Training - Written

PASS Plan Development

Driver's Training Assistance

Signatures

Provider:

Date:

Supervisors:

Dates: