



Texas Workforce Commission
Vocational Rehabilitation Services
Goods and Equipment Part B:
Local Business Location Information

- For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting, otherwise submit updated forms to the Quality Assurance Specialist for VR (Q) or Regional Program Support Specialist (RPSS).
- Follow instructions on the form and in the TWC VR Standards for Providers.
- Type all information on form using a computer and get all required signatures.
- Complete all sections of the form. Record "N/A" (not applicable) if a question does not apply.
- Keep a copy of your submitted form with attachments and supporting documentation for your records.

Reason for Submission

Date of submission: **Solicitation ID:** or **Contract #:**

- ☐ Application package
- ☐ Update of information due to change in information on file.
- ☐ Other. Specify:

Parent Company Information

Parent company: The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers.

Parent company's legal name:

Parent company's "doing business as" (DBA) name:

Provide at least one of the following:

Employer Identification Number (EIN): (9 digits, issued by IRS):

Last four digits of the sole proprietor's Social Security Number:

Local Business Location

Local Business: The business that part of the parent company or parent company that only operates one location or is manufacturer that provides goods and equipment to TWC-VR customers.

Local Business Description

Local Business legal name:

Local Business "doing business as" (DBA) name:

Street address:

City:	County:	State:	ZIP code:
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Mailing address: (if different from physical address)

City:	County:	State:	ZIP code:
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Number of years in present business:			
Business Hours:			
Sunday	Monday	Tuesday	Wednesday
Thursday	Friday	Saturday	
Comparable Benefits the Business Accepts:			
Record any insurance or funding accepted. Check all that apply.			
☐ Applicant or contractor is a manufacturer therefore does not accept comparable benefits.			
☐ Aetna	☐ Medicaid	☐ Veteran's Administration	☐ Other:
☐ BlueCross	☐ Medicare	☐ Worker's Compensation	☐ Other:
☐ Cigna	☐ United Health Care	☐ None	☐ Other:
Local Business Physical Location Information			
Will any TWC-VR customer physically visit the local business? ☐ Yes ☐ No			
If no, advance to Staff Members section. If yes, continue to complete this section below.			
Permits and Fire Inspection Reports			
• Occupancy certificates or permits, building permits and fire inspection reports may be obtained from the landlord, if they are not in the possession of the applicant or contractor. • When the contractor's local fire department does not conduct inspections, the contractor may request an inspection from the Texas Department of Insurance, State Fire Marshal's Inspection Services Division, 333 Guadalupe Street, Austin, Texas 78701, (512) 305-7900 • When unable to obtain either the occupancy certificates or permits, building permits and fire inspection reports evidence of attempt(s) to collect must be attached to the form when submitted.			
Occupancy certificate or permit, building permit submitted with this form? ☐ Yes ☐ No			Agency Verified ☐ Yes Initials:
If no, is supporting documentation attached to this form describing attempts made to obtain occupancy certificate or building permit? ☐ NA ☐ Yes ☐ No			
Fire inspection report by a fire marshal submitted with this form? ☐ Yes ☐ No			Agency Verified ☐ Yes Initials:
If no, is supporting documentation attached to this form describing attempts made to obtain fire inspection reports? ☐ NA ☐ Yes ☐ No			
Safety Requirements			
To ensure a customer's safety when accessing a local business physical location must meet a minimum safety standard.			
The physical location listed above has:			
• Working smoke detectors with visible (flashing) and audible fire warning signals			☐ Yes ☐ No
• Non-expired fire extinguishers in accessible locations			☐ Yes ☐ No
• Diagrams posted that show accessible fire escape routes			☐ Yes ☐ No
• A plan to evacuate customers that require physical assistance			☐ Yes ☐ No
• A plan to arrange emergency medical services should a need arise			☐ Yes ☐ No
• Accessible aisles and work safety zones			☐ Yes ☐ No
• A plan implemented to identify and to safely secure hazardous or flammable materials			☐ Yes ☐ No
• Safety protocols in place for use of equipment and machinery			☐ Yes ☐ No
Accessibility			
• Each entity is encouraged to complete the ADA Checklist for Existing Facilities to meet customers' accessibility needs, but it is not required.			

- In lieu of completing the ADA Checklist, and to ensure a customer's access to an entity's physical location for services, the physical location should meet the minimum accessibility standards listed below. When the below minimum standards do not meet customer's individual needs, accommodations must be made for the customer so that services can be effectively delivered

The physical location listed above has:

- Accessible/handicapped parking ☐ Yes ☐ No
- Accessible exterior route(s) to enter/exit the building (i.e. ramps, curb cuts, level) ☐ Yes ☐ No
- Accessible interior space in the building (i.e. level, wheelchair seating area, elevator, wide aisles, and doors) ☐ Yes ☐ No
- Accessible bathroom(s) ☐ Yes ☐ No

If any above is answered no, describe the accommodation(s) that will be made to ensure customers have access to services:

Staff Members

Record the name of each staff person as applicable.

Note: Proof of qualification such as copy of license, certifications or resume with description of experience must be attached.

☐ Applicant or contractor is a manufacturer therefore has no staff related to application or contract.

<u>Staff Positions:</u>	<u>VR Verified:</u>
☐ Assistive technology professional (ATP) Name of staff:	☐ Yes Initials:_____
☐ American Welding Society (AWS) Name of staff:	☐ Yes Initials:_____
☐ Certified Mechanic Name of staff:	☐ Yes Initials:_____
☐ National Mobility Equipment Dealer Association (NMEDA) Name of staff:	☐ Yes Initials:_____
☐ Occupational therapist Name of staff:	☐ Yes Initials:_____
☐ Physiatrist Name of staff:	☐ Yes Initials:_____
☐ Physical therapist Name of staff:	☐ Yes Initials:_____
☐ Pulmonologist Name of staff:	☐ Yes Initials:_____
☐ Rehabilitation engineer Name of staff:	☐ Yes Initials:_____
☐ Technician certified (NMEDA) Name of staff:	☐ Yes Initials:_____
☐ Other: Name of staff:	☐ Yes Initials:_____
☐ Other: Name of staff:	☐ Yes Initials:_____

☐ Other: Name of staff:		☐ Yes Initials:_____
Equipment and Goods		
Select the equipment and goods your business is requesting to be included in a contract so they can be provided to TWC-VR customers when a service authorization is issued.		
Note: When the Standards for Providers requires a staff person of the business meet qualifications to provide the good or equipment, the business must have a least one person who meets the qualification(s) to have the good or equipment included in the contract. Hearing aid manufacturers do have a staff requirement.		Agency Use Only Yes- indicates the SME, QASVR or RPSS has verified qualification and service and can be included in the contract
Durable Medical Equipment		
☐ Assistive devices for the bathroom	☐ Yes Initials:	
☐ BiPAP	☐ Yes Initials:	
☐ Bone Anchored Hearing Aid (BAHA) Processor & Accessories	☐ Yes Initials:	
☐ CPAP	☐ Yes Initials:	
☐ Manual wheelchairs	☐ Yes Initials:	
☐ Patient lifts	☐ Yes Initials:	
☐ Power wheelchairs	☐ Yes Initials:	
☐ Rehabilitation or hospital beds	☐ Yes Initials:	
☐ Scooters	☐ Yes Initials:	
☐ Seating and positioning systems	☐ Yes Initials:	
Hearing Aids and Related Accessories		
☐ Cochlear Implant Processor and Accessories	☐ Yes Initials:	
☐ Hearing Aid	☐ Yes Initials:	
☐ Hearing Aid Accessories	☐ Yes Initials:	
Vehicle Modifications		
☐ Vehicle Modification Equipment	☐ Yes Initials:	
Others, not listed		
☐ Other:	☐ Yes Initials:	
☐ Other:	☐ Yes Initials:	
☐ Other:	☐ Yes Initials:	
Counties		
• The local business can serve customers in any county included in the solicitation. • Indicate what counties the local business has the ability to provide the goods and services with a store front or has staff that can serve the customer by traveling to the customer's location. • Manufacturers should select "All 254 Texas counties".		
☐ All 254 Texas counties		
Vocational Rehabilitation Region 1- Borderplex Workforce Development Board		
☐ Brewster	☐ Culberson	☐ El Paso ☐ Hudspeth ☐ Jeff Davis ☐ Presidio
Vocational Rehabilitation Region 1- Concho Valley Workforce Development Board		
☐ Coke	☐ Irion	☐ McCulloch ☐ Menard ☐ Schleicher ☐ Sutton

☐ Concho	☐ Kimble	☐ Mason	☐ Reagan	☐ Sterling	☐ Tom Green
☐ Crockett					
Vocational Rehabilitation Region 1- North Texas Workforce Development Board					
☐ Archer	☐ Foard	☐ Hardeman	☐ Clay	☐ Wichita	☐ Young
☐ Cottle	☐ Baylor	☐ Jack	☐ Montague	☐ Wilbarger	
Vocational Rehabilitation Region 1- Panhandle Workforce Development Board					
☐ Armstrong	☐ Collingsworth	☐ Hall	☐ Hutchinson	☐ Oldham	☐ Roberts
☐ Briscoe	☐ Dallam	☐ Hansford	☐ Lipscomb	☐ Parmer	☐ Sherman
☐ Carson	☐ Deaf Smith	☐ Hartley	☐ Moore	☐ Potter	☐ Swisher
☐ Castro	☐ Donley	☐ Hemphill	☐ Ochiltree	☐ Randall	☐ Wheeler
☐ Childress	☐ Gray				
Vocational Rehabilitation Region 1- Permian Basin Workforce Development Board					
☐ Andrews	☐ Dawson	☐ Glasscock	☐ Martin	☐ Reeves	☐ Winkler
☐ Borden	☐ Ector	☐ Howard	☐ Midland	☐ Terrell	
☐ Crane	☐ Gaines	☐ Loving	☐ Pecos	☐ Upton	
Vocational Rehabilitation Region 1- South Plains Workforce Development Board					
☐ Bailey	☐ Dickens	☐ Hale	☐ Lamb	☐ Motley	
☐ Cochran	☐ Floyd	☐ Hockley	☐ Lubbock	☐ Terry	
☐ Crosby	☐ Garza	☐ King	☐ Lynn	☐ Yoakum	
Vocational Rehabilitation Region 1- West Texas Central Texas Workforce Development Board					
☐ Brown	☐ Eastland	☐ Kent	☐ Runnels	☐ Stonewall	
☐ Callahan	☐ Fisher	☐ Knox	☐ Scurry	☐ Taylor	
☐ Coleman	☐ Haskell	☐ Mitchell	☐ Shackelford	☐ Throckmorton	
☐ Comanche	☐ Jones	☐ Nolan	☐ Stephens		
Vocational Rehabilitation Region 2- North Central Texas Workforce Development Board					
☐ Collin	☐ Erath	☐ Johnson	☐ Palo Pinto	☐ Somervell	
☐ Denton	☐ Hood	☐ Kaufman	☐ Parker	☐ Wise	
☐ Ellis	☐ Hunt	☐ Navarro	☐ Rockwall		
Vocational Rehabilitation Region 2- Tarrant County Workforce Development Board					
☐ Tarrant					
Vocational Rehabilitation Region 2- Dallas County Workforce Development Board					
☐ Dallas					
Vocational Rehabilitation Region 2- Texoma Workforce Development Board					
☐ Cooke	☐ Fannin	☐ Grayson			
Vocational Rehabilitation Region 3- Heart of Texas Workforce Development Board					
☐ Bosque	☐ Falls	☐ Freestone	☐ Hill	☐ Limestone	☐ McLennan
Vocational Rehabilitation Region 3- Capital Area Workforce Development Board					
☐ Travis					

Vocational Rehabilitation Region 3- Rural Capital Area Workforce Development Board					
☐ Bastrop	☐ Burnet	☐ Fayette	☐ Lee	☐ Williamson	
☐ Blanco	☐ Caldwell	☐ Hays	☐ Llano		
Vocational Rehabilitation Region 3- Brazos Valley Workforce Development Board					
☐ Brazos	☐ Grimes	☐ Madison	☐ Robertson	☐ Washington	
☐ Burleson	☐ Leon				
Vocational Rehabilitation Region 3- Central Texas Workforce Development Board					
☐ Bell	☐ Hamilton	☐ Milam	☐ Mills	☐ San Saba	
☐ Coryell	☐ Lampasas				
Vocational Rehabilitation Region 4- Northeast Texas Workforce Development Board					
☐ Bowie	☐ Delta	☐ Hopkins	☐ Morris	☐ Titus	
☐ Cass	☐ Franklin	☐ Lamar	☐ Red River		
Vocational Rehabilitation Region 4- East Texas Workforce Development Board					
☐ Anderson	☐ Gregg	☐ Marion	☐ Rusk	☐ Van Zandt	
☐ Camp	☐ Harrison	☐ Panola	☐ Smith	☐ Wood	
☐ Cherokee	☐ Henderson	☐ Rains	☐ Upshur		
Vocational Rehabilitation Region 4- Deep East Texas Workforce Development Board					
☐ Angelina	☐ Jasper	☐ Newton	☐ Sabine	☐ San Jacinto	☐ Trinity
☐ Houston	☐ Nacogdoches	☐ Polk	☐ San Augustine	☐ Shelby	☐ Tyler
Vocational Rehabilitation Region 4- Southeast Texas Workforce Development Board					
☐ Hardin	☐ Jefferson	☐ Orange			
Vocational Rehabilitation Region 5- Gulf Coast Workforce Development Board					
☐ Austin	☐ Colorado	☐ Harris	☐ Montgomery	☐ Waller	
☐ Brazoria	☐ Fort Bend	☐ Liberty	☐ Walker	☐ Wharton	
☐ Chambers	☐ Galveston	☐ Matagorda			
Vocational Rehabilitation Region 6- Golden Crescent Workforce Development Board					
☐ Calhoun	☐ Goliad	☐ Gonzales	☐ Jackson	☐ Lavaca	☐ Victoria
☐ DeWitt					
Vocational Rehabilitation Region 6- Alamo Workforce Development Board					
☐ Atascosa	☐ Comal	☐ Guadalupe	☐ Kerr	☐ Medina	
☐ Bandera	☐ Frio	☐ Karnes	☐ McMullen	☐ Wilson	
☐ Bexar	☐ Gillespie	☐ Kendall			
Vocational Rehabilitation Region 6- Lower Rio Grande Valley Workforce Development Board					
☐ Hidalgo	☐ Starr	☐ Willacy			
Vocational Rehabilitation Region 6- Cameron County Workforce Development Board					
☐ Cameron					
Vocational Rehabilitation Region 6- Middle Rio Grande Workforce Development Board					
☐ Dimmit	☐ Kinney	☐ Maverick	☐ Uvalde	☐ Zavala	

☐ Edwards ☐ La Salle ☐ Real ☐ Val Verde

Vocational Rehabilitation Region 6- Coastal Bend Workforce Development Board

☐ Aransas ☐ Brooks ☐ Jim Wells ☐ Kleberg ☐ Nueces ☐ San Patricio
☐ Bee ☐ Duval ☐ Kenedy ☐ Live Oak ☐ Refugio

Vocational Rehabilitation Region 6- South Texas Workforce Development Board

☐ Jim Hogg ☐ Webb ☐ Zapata

Describe the service area if it does not include the entire county for example only within the city limits of Austin.

Agency Use Only

QASVR or RPSS has verified counties selected are in the EBSD solicitation corresponding to the entity's application and can be included in the contract. ☐ Yes Initials:

Certification Statements

I, the legally authorized representative, have the authority to certify:

- all information on this form is true and accurate;
- when TWC-VR customer physically visit the local business, the local business location will meet all minimum requirements related to ADA accessibility and safety standards above;
- arrangements will be made to address all accessibility needs of a customer;
- acknowledgment all safety, unusual or unexpected events that compromises or may compromise the health and/or safety of individuals or the security of property must be reported TWC-VR through submission of [VR3446, Incident Report](#) to the contractors assigned Q or RPSS;
- the physical location stated above is in compliance with and will remain in compliance with TWC VR Standards for Provider Manual, and/or contract; and
- the entity acknowledges it must update this form anytime information changes.

Typed name:

Handwritten Signature:

Date:

X

Agency Use Only

Comments, if any: Date each entry:

Reviewers of the Form

Date	Printed Name	Title	Initials