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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Provider Application**  |
| **Provider Contact Information** |
| Company name:       |
| Physical address (address where business is physically located):      | City:      |
| State:       | ZIP+4:       | County:       |
| Phone number:(   )       | Fax number: (   )        | Email address:      |
| **Payment Address** |
| Street address or PO box (address to which checks are to be mailed):      | City:      |
| State:       | ZIP+4:       | County:       |
| Phone number: (   )       | Fax: (   )       |
| **Identification Numbers** |
| Enter X to select all applicable numbers, then enter the numbers. |
|    | Texas Taxpayer Number (11 digits, assigned by Comptroller for sales and franchise tax) |       |
|    | Employer Identification Number (EIN) (9 digits, issued by IRS) |       |
|    | Social Security number (9 digits) |       |
|    | Texas Identification Number (TIN) (14 digits, assigned by comptroller) |       |
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| **Business Classification** |
| Enter X to select one:    For profit    Not for profit |
|    Sole Proprietor | Owner name:        | Owner SSN:      |
|    Partnership | First partner name:      | First partner SSN or EIN:      |
| Second partner name:      | Second partner SSN or EIN:      |
|    Limited Partnership | File Number:       |
|    Texas Corporation | Charter Number:       |
|    Professional Association | Charter Number:       |
|    Professional Corporation | Charter Number:       |
|    Out-of-state Corporation |
|    Financial Institution |
|    Government |
|    State Agency or University |
| **Contact Information** |
| (for orders or problems related to orders) |
| Name:      | Title:      | Phone number:(   )       | Fax number:(   )       |
| **Principal Line of Business** |
| Describe your principal line of business. Include a brief description of the types of products and services your business provides. If possible, include a product line sheet with this information.      |
| Number of years in present business:       |
| Business hours: Days:      | Weekday hours:      | Weekend hours:      |
| **HUB Status** |
| Has the Texas Comptroller of Public Accounts certified your business as a Historically Underutilized Business (HUB)?    Yes    No |
| Ethnicity (enter X to select):   AI – Native American   AD – Asian-Pacific American |    BL – Black American   HI – Hispanic American   WO – American Woman |
| **ADA Requirements** |
| Does your business meet the minimum Americans with Disabilities Act (ADA) accessibility requirements to accommodate TWC-VR customer?    Yes    No |
| Is your business accessible to public transit routes?    Yes    No |
| Enter X to select available accommodations: |
|    Handicapped parking |    Ramps |    Wide doorways |    Accessible restrooms |
| Do you have foreign or sign language interpreters available? |    Yes |    No |
| If yes, which languages?       |
| **Benefits** |
| Comparable benefits that you accept (enter X for all that apply): |
|    | Federal Pell Grant |    | Scholarship |
|    | Federal SEOG |    | Chronically Ill and Disabled Children (DSHS) |
|    | JTPA (PIC) |    | Indigent Health Care Services available through the county |
|    | Medicaid |    | Veterans Administration Hospital or Clinic |
|    | Medicare |    | Workers Compensation Medical Benefits |
| **Certification** |
| If your principal line of business requires that you be issued a certificate or license number, provide the name of the certifying boards or agencies and list the certificate or license number. A copy of the certificate or license may be required.   |
| Certifying or licensing agency:       |
| Certificate number:       | License number:       |
| Certifying or licensing agency:       |
| Certificate number:       | License number:       |
| **Insurance Coverage** |
| If you provide vehicle modifications, supply proof of insurance for garage liability and garage keeper coverage.   |
| Name of insurance company:       |
| Policy number:       | Expiration date:       |