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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Durable Medical Equipment Certification** | | |
| **Instructions**:   * For response to an Electronic State Business Daily (EBSD) 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:** | | | | |
| Application package | **Solicitation ID:** | | | |
| Update of information due to change in information on file. For example, qualifications change. | | | | |
| 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’ legal name**: | | | | |
| **Parent company’ “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: | | | | |
| **TWC Acknowledgment and Signature** | | | | |
| This acknowledgment is applicable to, and shall be considered active for, the following purposes:   * Processing of the respondent’s application * Execution of the initial award, if applicable * Continuation of the contract life through subsequent execution of renewals and/or amendments and/or updating information on file with TWC as applicable | | | | |
| **I, the legally authorized representative of the Parent Company named in this application:**     * Must have the TWC-VR Toll Free customer compliment or complaint number: 1-800-628-5115 posted in the public’s view; * Must report abuse, neglect, or exploitation of customers to appropriate investigatory agency as defined in the VR Standards for Providers Manual and to the VR counselor; * Must ensure accessibility and safety of customer when at business location; * Must answer all questions on the VR3440A and VR3440B true and accurately; * Acknowledges the MSRP for all DME equipment listed in VR-SFP Chapter 8: Durable Medical Equipment must be provided for all to TWC-VR; * Acknowledges that the business cannot hold the TWC-VR customer liable for any fees and charges related to the DME; * Acknowledges that the company must provide the manufacture warranty for any DME products sold; * Acknowledges communication with the customer must be provided 6 months from delivery of the equipment to identify any adjustments, concerns, or maintenance needs of DME equipment sold; * Acknowledges communication with the customer must be provided 12 months from delivery of the equipment to identify any adjustments, concerns, or maintenance needs of DME equipment sold; and * Acknowledges all scheduled maintenance must be provided equipment within 3 calendar days of being notified by TWC-VR or the customer.   Failure to comply with the above statements could result in adverse consequences such  as contract termination or the return of funds. | | | | |
| **Legally authorized representative’s printed name:** | | | **Title:** | |
| **Legally authorized representative’s handwritten signature:**  **X** | | | | **Date:** |
| **Agency Use Only**  Comments: | | | | |