



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Alaska Division of Vocational Rehabilitation
***Provisional* Community Rehabilitation Provider (CRP) Application**

Name: _____
(Name as it appears on your IRS tax return)

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Email: _____ **Fax:** _____

This application is for the purpose of approving an individual as a temporary service provider, on a provisional basis, as a paid provider with the Alaska Division of Vocational Rehabilitation (DVR). Upon approval of this application the service provider is permitted to provide specific vocational rehabilitation services to a maximum of three individuals. The service provider must work with the VR Counselor on approved rates and services to be provided. If, after the provisional period ends, the service provider wishes to continue providing vocational rehabilitation services, the regular CRP application process must be completed. For additional information regarding the CRP program and the application process, please visit the website located at: <http://www.labor.state.ak.us/dvr/crps-resources.htm>

Submit this completed provisional application and a W9 form to: **Robyn Chartrand, CRP Specialist** at robyn.chartrand@alaska.gov or contact (907) 465-6932. Provisional services may begin once the application has been processed and approved. Both the service provider and the supporting VR Counselor will be notified of the approval.

Provisional CRP Acknowledgement

I am not debarred or declared ineligible for participation in this transaction by any federal or state department or agency. I agree to comply with applicable federal and state laws, regulations, and policies. I will indemnify and save harmless the State and its employees from all liability.

Vendor Signature: _____ **Date:** _____

VRC Acknowledgement

I support _____, to become a provisional CRP with DVR to provide vocational rehabilitation services to individuals with disabilities on a temporary basis.

VRC Signature: _____ **Date:** _____

For DVR use only

Approved by: _____ Date: _____

Services & rates: _____