

HELP PAGES - DVR Service Provider Online Agreement Entry Instructions

NOTE: If you are a new provider to DVR and have not been approved as a DWD Vendor, you will need to contact your local Workforce Development Area (WDA) office, complete the required forms and have DWD finance approve you to receive payments. You will not be able to complete the agreement without first completing this step. Once the FEIN has been entered and saved, it will not display the number but will show “on file” in the display. This is a security measure to protect information.

DWD login or site operational questions? Contact the DWD IT Solutions Center:

DWD IT Solutions Center - (608) 266-7252
Hours of Service - Monday thru Friday, 6:00 am to 5:00 pm

DVR Service Agreement questions? Contact the DVR Contract Specialist:

DVR Contract Specialist - (608) 266-0177
dwdserviceproviders@dwd.wisconsin.gov

DWD login site:

<https://www.dwd.state.wi.us/accountmanagement/AccountCreationOverview.asp>
[X](#)

STATE OF WISCONSIN Site Map | Media | About DWD | Contact Us | Staff Resources

 **DWD : Logon Management System**

Department of Workforce Development

[Main Menu](#) | [Help](#) | [FAQ](#)

Self Registration

Welcome to the DWD/Wisconsin User Name self registration process. Self Registration allows you to create your personal DWD/Wisconsin User Name. This is your key to doing secure business with the Department of Workforce Development over the Internet.

Requesting a DWD/Wisconsin User Name and Password

You will need to provide a minimal amount of user information to enable DWD to create a DWD/Wisconsin User Name for you. DWD is required by state and federal law to keep user information you provide confidential. Please see the User Acceptance Agreement for additional information.

NOTE: An account not accessed within the past 26 months will be considered dormant and may be deleted without warning, following security best practices. If you need an account after the original is deleted, you will need to register for a new account and request the required access authorization.

Starting the Self Registration Process

To begin, you must read the User Acceptance Agreement below and click Accept at the bottom of the page to agree to the terms of the usage policy. If you do not agree to the terms, click Decline.

User Acceptance Agreement

Violators may be subject to prosecution, fines or other sanctions... [View More](#)

[Printer Friendly Version](#)

Registration-Service Provider Information:

Please enter your Service Provider Name and check the box if you are a new provider.

Service Provider Registration - Complete this registration ONLY if you are a Service Provider for DVR.

Company Information

Service Provider Name:

Accessibility Note: Answering 'Are you a new Service Provider Organization?' Yes will cause additional questions to be displayed and answering No will cause the questions to be hidden.

Are you a new Service Provider Organization? Yes No

If you are a new provider (someone who has not had a previous statewide service agreement with DVR) additional questions will be asked:

- Enter the total number of agency staff (not just those working with DVR consumers on statewide services.)
- Select all Managed Care Organizations in which you are a contracted provider. Select “No” if you do not have an MCO contract.
- Select all the counties in which you intend to provide statewide services.

Are you a new Service Provider Organization? Yes No

Total # of Staff:

Managed Care Organizations- Contract for Service: Yes No (Skip list if no)

Managed Care Organizations:

- Care Wisconsin First
- Comm. Care of Central WI
- Community Care
- Comm. Health Partnership
- iCare
- Lakeland Care District
- Milw. Cnty Dept. of Fam. Care
- NorthernBridges
- Southwest Family Care Alliance
- Western Wisconsin Cares

Counties Served:

<input type="checkbox"/> Adams	<input type="checkbox"/> Douglas	<input type="checkbox"/> Kewaunee	<input type="checkbox"/> Outagamie	<input type="checkbox"/> Shawano
<input type="checkbox"/> Ashland	<input type="checkbox"/> Dunn	<input type="checkbox"/> La Crosse	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> Sheboygan
<input type="checkbox"/> Barron	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Pepin	<input type="checkbox"/> Taylor
<input type="checkbox"/> Bayfield	<input type="checkbox"/> Florence	<input type="checkbox"/> Langlade	<input type="checkbox"/> Pierce	<input type="checkbox"/> Trempealeau
<input type="checkbox"/> Brown	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk	<input type="checkbox"/> Vernon
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Forest	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Portage	<input type="checkbox"/> Vilas
<input type="checkbox"/> Burnett	<input type="checkbox"/> Grant	<input type="checkbox"/> Marathon	<input type="checkbox"/> Price	<input type="checkbox"/> Walworth
<input type="checkbox"/> Calumet	<input type="checkbox"/> Green	<input type="checkbox"/> Marinette	<input type="checkbox"/> Racine	<input type="checkbox"/> Washburn
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Iron	<input type="checkbox"/> Menominee	<input type="checkbox"/> Richland	<input type="checkbox"/> Winnebago

Registrant Information:

The Registrant will serve as the initial point of contact for the statewide service agreement. The information entered here will be verified by the DVR contract specialist. This information should remain current.

- Enter the first name, last name and middle initial (if known) of the person.
- Enter the date the person started working with the service provider agency.
- Enter the locations where this individual will be working and receiving any communication from DVR.
- Enter the telephone
- Enter the business cell number (if available)

- Enter the email address; this address will be the main point of communication from DVR. Please keep this information current.
- Select the employment type, Full-time (40 hours) or Part-time (less than 40 hours)
- Use the down arrow to display the job title choices. If the title used does not appear, enter the title below in the space labeled Other Job Title.
- Enter the agency start date.
- Place any comments you wish to share with the Contract Specialist.

Registrant Information

First Name: irisdev

Middle Initial:

Last Name: irisdev

Address Line 1:

Address Line 2:

City:

State: ▼

ZIP Code: -

Telephone: - - Ext.

Cell Phone: - -

E-mail Address: ryan.frommherz@dwd.wi.gov

Employment Type: Full-Time Part-Time

Job Title: ▼

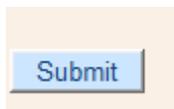
Other Job Title:

(NOTE: Only required if Job Title selected is Other.)

Effective Start Date: 

Comments:

Once finished, click on the Submit button, your information will be reviewed by the DVR Contract Specialist and an email granting access will be sent to you.



You will need to use your DWD login and password to access the rest of the site once permission has been given. Keep this information safe and secure.

Service Provider Main Page:

Each Tab is a different aspect of the DVR online service agreement. You can navigate to all tabs from the main page. It is suggested you complete the forms from left to right as information entered will transfer from one tab to the next.

Home Details Location Personnel Subcontractor Agreement Request For Assistance Accessibility Logout

Welcome to the DVR Statewide Service Provider System You are logged in. Help

You have accessed the online service agreement process for Statewide Service Providers. The first step in this process is a face to face meeting with your local Workforce Development Area Director for a local vetting interview. The interview and online completion may happen simultaneously.

The online process includes completion of information about your business and the services you intend to offer as well as required legal documents. Once all of the required forms are completed, your agreement will be submitted to the DVR Contract Specialist and DVR Administration for approval. You will receive an email notice of final approval and will be able to print your agreement.

NOTE: This process is NOT required unless you plan to provide at least one of the following: Benefits Analysis, Internship/Temporary Work, Job Coaching, Job Preparation/Development and Placement, Supported Employment or Vocational Evaluation services.

For information about provision of other services to DVR consumers contact the local DVR office. DVR website: <http://dwd.wisconsin.gov/dvr/>

Details Tab:

Tax ID/SSN#

Enter in your FEIN. This will associate your agreement with an existing DWD Finance Account.

Abbreviation Code:

You will be required to enter an Abbreviation Code within the Details Tab. The Abbreviation Code is used when submitting Statewide Service Reports to DVR and requires the following:

- Can be up to 10 characters
- At the discretion of the service provider main contact
- Must be unique. An error message will appear if code is already in use and a service provider will be required to select another code

Service Provider Information

Please complete the information below. Information provided will be shared with DVR Consumers and DVR staff. Keep this information updated as it will be your primary mode of communication. Select from all staff listed who will be the main point of contact for this DVR agreement. The main point of contact must also complete the personnel tab and designate home WDA location.

Tax ID/SSN #: On File

The individual listed will serve as the primary point of contact for the DVR Statewide Service Agreement. Use the drop-down arrow to select the main point of contact for your agency/service agreement. This will list all staff entered in the personnel tab once completed. Information about the main point of contact should remain current. WDA's displayed are from the registration page and are "read only."

Service Provider Name:

Main Contact:

Phone Number: (608) 237-1234

Cell Number:

Email Address: dr.who@tardis.net

Website:

WDA(s) Served:
(Display only, enter on Service Agreement)

<input checked="" type="checkbox"/> 01 Southeast	<input checked="" type="checkbox"/> 07 Northwest
<input checked="" type="checkbox"/> 02 Milwaukee County	<input checked="" type="checkbox"/> 08 West Central
<input checked="" type="checkbox"/> 03 Waukesha-Ozaukee-Washington	<input checked="" type="checkbox"/> 09 Western
<input checked="" type="checkbox"/> 04 Fox Valley	<input checked="" type="checkbox"/> 10 South Central/Dane
<input checked="" type="checkbox"/> 05 Lake Michigan/Northeast	<input checked="" type="checkbox"/> 11 Southwest
<input checked="" type="checkbox"/> 06 North Central	<input type="checkbox"/> 12 _Central Office

Counties Served:

- Review the list of counties, these will be transferred from the registration page select any additional counties in which you intend to provide statewide services.
- You may also remove any counties that have been incorrectly selected.

Counties Served:

<input type="checkbox"/> Adams	<input type="checkbox"/> Douglas	<input type="checkbox"/> Kewaunee	<input type="checkbox"/> Outagamie	<input type="checkbox"/> Shawano
<input type="checkbox"/> Ashland	<input type="checkbox"/> Dunn	<input type="checkbox"/> La Crosse	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> Sheboygan
<input type="checkbox"/> Barron	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Pepin	<input type="checkbox"/> Taylor
<input type="checkbox"/> Bayfield	<input type="checkbox"/> Florence	<input type="checkbox"/> Langlade	<input type="checkbox"/> Pierce	<input type="checkbox"/> Trempealeau
<input type="checkbox"/> Brown	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk	<input type="checkbox"/> Vernon
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Forest	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Portage	<input type="checkbox"/> Vilas
<input type="checkbox"/> Burnett	<input type="checkbox"/> Grant	<input type="checkbox"/> Marathon	<input type="checkbox"/> Price	<input type="checkbox"/> Walworth
<input type="checkbox"/> Calumet	<input type="checkbox"/> Green	<input type="checkbox"/> Marinette	<input type="checkbox"/> Racine	<input type="checkbox"/> Washburn
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Green Lake	<input type="checkbox"/> Marquette	<input type="checkbox"/> Richland	<input type="checkbox"/> Washington
<input type="checkbox"/> Clark	<input type="checkbox"/> Iowa	<input type="checkbox"/> Menominee	<input type="checkbox"/> Rock	<input type="checkbox"/> Waukesha
<input type="checkbox"/> Columbia	<input type="checkbox"/> Iron	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Rusk	<input type="checkbox"/> Waupaca
<input type="checkbox"/> Crawford	<input type="checkbox"/> Jackson	<input type="checkbox"/> Monroe	<input type="checkbox"/> St Croix	<input type="checkbox"/> Waushara
<input checked="" type="checkbox"/> Dane	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Oconto	<input type="checkbox"/> Sauk	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Dodge	<input type="checkbox"/> Juneau	<input type="checkbox"/> Oneida	<input type="checkbox"/> Sawyer	<input type="checkbox"/> Wood
<input type="checkbox"/> Door	<input type="checkbox"/> Kenosha			

Communities Served:

ABBOTSFORD	Remove
ABRAMS	Remove

Add Community:

You may select as many communities as you wish. This is intended to give DVR consumers an idea of where you will meet with them and where you have professional connections in the community listed.

- Click on the down arrow and highlight the selected community and then click the Add Community button to create a list.

Service(s) provided: Benefits Analysis

Services will be shown as “Read only” populated from the Agreement Tab and Managed Care Organizations and total staff will be populated from the Registration page.

Service(s) provided: (Display only, enter on Service Agreement)	<input checked="" type="checkbox"/> Benefits Analysis <input checked="" type="checkbox"/> Internship/Temporary Work <input checked="" type="checkbox"/> Job Coaching <input checked="" type="checkbox"/> Job Preparation, Development and Placement <input checked="" type="checkbox"/> Supported Employment <input checked="" type="checkbox"/> Vocational Evaluation
Managed Care Organizations- Contract for Service:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Managed Care Organizations:	<input type="checkbox"/> Care Wisconsin First <input type="checkbox"/> Comm. Care of Central WI <input type="checkbox"/> Community Care <input type="checkbox"/> Comm. Health Partnership <input checked="" type="checkbox"/> iCare <input type="checkbox"/> Lakeland Care District <input type="checkbox"/> Milw. Cnty Dept. of Fam. Care <input type="checkbox"/> NorthernBridges <input type="checkbox"/> Southwest Family Care Alliance <input type="checkbox"/> Western Wisconsin Cares
Total # of Staff:	<input type="text" value="1"/>

Staff/subcontractor information will be “Display Only” displayed once the Personnel and Subcontractor (as needed) tabs are completed.

Total # of Staff:	<input type="text" value="1"/>
Total # of Staff Working on Statewide Service Agreements:	1
FT/Job Title(s):	
PT/Job Title(s):	
Subcontractors:	0

Mission Statement (e.g. agency's purpose, goals, values, etc.),

Provider Professional Affiliations (e.g. Chamber of Commerce, Business Alliance Organization, Wisconsin Rehabilitation Association, Wisconsin APSE, etc.),

Areas of Expertise (e.g. Populations served, services offered, Industry/Employment type, etc.)

About the Agency (e.g. a brief history, other community services provided that may be of interest to DVR consumers, years in business, location(s), hours of operation, contact info, website, etc.)

Professional Credentials (e.g. Agency staff educational attainment, certifications and/or licenses)

Special Project or Pilot (e.g. Project Search, Walgreens REDI, Student/Youth Programs and/or other community-based projects of interest).

The narrative statements are intended to be viewed by DVR Staff and Consumers to give them additional information to select your agency for a specific service or service(s). There is a limit of 1000 characters for each section.

Mission Statement:

Provider Professional Affiliations:

Text Limit: 1000 | Text Entered: 0

Save Button to save all entries made. It will also show who saved information with time stamp. You can cancel changes by selecting the Cancel Changes button.

Last Updated By: Doctor Who

Last Updated Date: 11/12/2012 12:56:42 PM

Save Cancel Changes

Location Tab:

Use this tab to list at least one Service Location per county served. Service Locations must be public, confidential, and accessible. Examples include an office, public library, local job center, etc. It will also show you all entries made to date including previous inactive locations. If you are approved to work in another

county during a service agreement period, you must enter a new location to account for that county.

- To add a new location record, click on the **Add New Location** box.
- To edit a previous location record you may click on the underlined **Location Name**.

Location Details

Please list all of your business locations where DVR consumers are served separately.

[Add New Location](#)

<u>Location Name</u>	<u>Address</u>	<u>City Name</u>	<u>Active</u>
Satellite Office	123 Main Street	Big Bend	Y
Audrey's Coffee Shop-Main Office	Somewhere Ln	Fitchburg	Y

[View All](#)

- Enter the unique name of the location.
- Enter the street address on the address line 1.
- Enter any other information i.e. suite, post office box etc. on address line 2.
- Enter the city.

Service Provider

Service Provider Location Information

Active:

Location Name:

Address Line 1:

Address Line 2:

City:

- Enter the county from the service location dropdown menu.
- Enter the state
- Enter the zip code plus four (if known)
- Enter the main telephone number for this location

Save Button to save all entries made. The record will also show who saved the information with time stamp.

Service Location: ▼

State: ▼

ZIP Code:

Telephone Number:

Last Updated By:

Last Updated Date:

Inactivating a location:

If you choose to inactivate a location, uncheck the active box at the top of the entry. The location will continue to be listed, but will be inactive.

Personnel List/Tab:

Use this tab to enter ALL agency personnel that will have direct contact with DVR Consumers, administration, processing of reports, and/or fiscal duties. Agency personnel should be entered in the online account prior to working with DVR consumers or consumer related information. Enter an effective end date for agency personnel no longer employed by the agency or working with DVR consumers as soon as the end date is known.

- To add a new personnel record, click on the **Add New Personnel** button.
- To edit a personnel record, you may click on the underlined personnel **Name**.

Personnel List

Please complete the record for ALL staff that have direct contact with DVR consumers, reporting or fiscal procedures.

<u>Name</u>	<u>Job Title</u>
<u>Who, Doctor</u>	ADMINISTRATION-MANAGEMENT

1 Personnel found.

[View All](#)

- Enter the first name, last name and middle initial (if known) of the person.
- Enter the date the personnel started working with the service provider agency.
- Select ALL locations where this individual will be working with DVR consumers by using the down arrow to highlight each location. Once highlighted click on **Add location** to include the location(s) in the record.

Service Provider Personnel Information

Personnel Information

First Name:

Middle Initial:

Last Name:

Effective Agency Start Date: 

Effective Agency End Date: 

Locations: No Locations



- Enter date of birth for this individual. This number will be viewed after saving as “On File” for security reasons. It may be used as tool for individual verification and audit of criminal background check information.
- Enter the business telephone number
- Enter the business cell number (if available)
- Enter the individual email address
- Select the employment type, Full-time (40 hours) or Part-time (less than 40 hours)
- Use the down arrow to display the job title choices. If the title used does not appear, enter the title below in the space labeled Other Job Title.
- Enter the educational background by clicking on the down arrow to display the choices.

Date of Birth: 

Telephone: - - Ext.

Cell Phone: - -

E-mail Address:

Employment Type: Full-Time Part-Time

Job Title: 

Other Job Title:
(NOTE: Only required if Job Title selected is Other.)

Educational Background: 

- Enter any related professional affiliations that the individual maintains. These can include professional organizations, community or civic groups related the working with DVR consumers. There is a 1000-character limit.
- Enter any related training, certifications or educational credentials that the individual maintains. These can include educational attainment, state or national licenses, short term training specific to disability type or

employment training that may be relevant to the work done with DVR consumers. There is a 1000-character limit.

Professional Affiliations:

Specialized training, certification or credential(s):

Text Limit: 1000 | Text Entered: 0

- Select the individual service categories that this individual will provide.
- Personnel that are providing administrative or supervisory functions should NOT make a selection.
- **DO NOT** select any services that the provider agency is not or will not provide. Selection of a non-approved service will appear as an error when submitting your agreement.

Service(s) provided to DVR Consumers:

- Work Incentive Benefits Analysis
- Internship/Temporary Work
- Systematic Instruction
- Job Preparation, Development and Placement
- Supported Employment
- Vocational Evaluation
- IPS Supported Employment
- Eligibility Pilot
- Customized Employment

- Enter number of consumers personnel can work with at one time:

Number of Consumers Can Serve:

Training and criminal background check dates are required for ALL personnel identified in the service agreement. Information about available training is posted on the DVR Service Provider website. All dates must be entered or a system

error will occur when trying to submit your agreement. Do not send completion certificates to DVR, they will not be retained or returned.

- Use this format when entering the training dates DD/MM/YYYY.
- DVR Statewide Service Provider Training is required for all personnel. New Service Provider Personnel only need to complete the technical specification training videos for services they provide to DVR consumers. For example, personnel only providing job development services will only be expected to complete the one job development training video. Once required trainings are completed, date of completion can be entered within the DVR Statewide Service Provider Training Date section of the Personnel Profile in the online service provider account:



The image shows a screenshot of a web form titled "DVR Statewide Service Provider Training". Below the title, there is a label "DVR Statewide Service Provider Training Date:" followed by a text input field containing the date "01/18/2018" and a calendar icon to its right.

- Personnel that do not work directly with DVR consumers or complete DVR statewide reports are not required to complete any of the technical specifications training e.g. staff **ONLY** overseeing invoicing/billing (other training requirements still apply i.e. (IT) Security Awareness and Ethics. However, the system will still require a date within the DVR Statewide Service Provider Training Date section of the Personnel Profile. Please enter the same date that is used for the DVR IT Security Awareness training.
- Enter the date of the DVR (Information Technology) I.T. Security Awareness Training using the format: DD/MM/YYYY.
 - Enter the most recent date of a criminal background check using the format: DD/MM/YYYY. Information conducting a background check is provided on the DVR service provider website. An annual background check is required each calendar year. DVR will conduct audits of criminal background checks and verification may be requested. If a criminal background check reveals any findings related to DVR work, (see website for a listing) the provider should contact the WDA Director or DVR Contract Specialist.
 - Enter the most recent date of an Ethics Course using the format: DD/MM/YYYY. Information about Ethics training is provided on the DVR service provider website. An Ethics course will need to be completed every 5 calendar years.

DVR Statewide Service Provider Training

DVR Statewide Service Provider Training Date: 

!! Number of Consumers Can Serve:

DVR IT Security Awareness

Basic-Date: 

Advanced-Date: 

Criminal Background Check

CBC Date: 

Ethics Course

Ethics Course Date: 

- Check the fiscal responsibility box if this agency staff has a responsibility to complete invoices or payments from DVR.
- Check the Credential for Vocational Evaluation box if this agency staff will provide vocational evaluation services that include psychometric testing.

NOTE: A copy of the Vocational Certification must be sent to the DVR Contract Specialist for vocational evaluation services to be approved as a service. Personnel who plan to supervise others performing psychometric testing must provide a copy of their certification to DVR and designate specific staff that will perform psychometric testing.

- Information about the person and date of the previous entry will be displayed.
- Select Save when you wish to save any changes.
- Select close if you do not wish to save changes to the page. If changes have been made you will be asked if you wish to save instead of close via an error message.

Fiscal Responsibility:

Credential for Vocational Evaluation:

Last Updated By:

Last Updated Date:

Subcontractor:

The Provider retains responsibility for fulfillment of all terms and conditions of the Service Agreement with any subcontracted agency. All subcontracted agencies must be identified. The Provider certifies that by signing the Agreement, the subcontractor is qualified to provide the services as required in the technical specifications.

Service Providers are strongly cautioned to review necessary legal definitions of a subcontractor relationship. The Internal Revenue Service has information that may be relevant and has many published guidance documents.

Information may be found at:

<http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Independent-Contractor-Defined>

All DVR purchase authorizations will be issued to and payments made to the Provider, not the subcontracted agency. Failure to identify a subcontractor and complete the steps identified below may result in the termination of the service agreement with the Service Provider.

Subcontractors must meet all training and criminal background check requirements before working with DVR consumers or consumer related information. ALL subcontractors must be listed in the online account and complete the steps identified below or be subject to the termination of the service agreement.

To **REMOVE** subcontractors from your agreement, add an effective end date. The subcontractor will remain listed as inactive.

Training Requirements:

Subcontractors are required to complete the trainings located at:

https://dwd.wisconsin.gov/dvr/service_providers/training.htm. Training completion dates must be entered in the online service agreement account in the subcontractor record.

Criminal Background Check:

Subcontractors are required to have a criminal background check completed prior to working with DVR consumers or consumer related information. Criminal background check resources are available at:

<https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information>

DVR's Criminal Background Check Policy requires the following:

- Completed on an annual basis (within the calendar year) for all subcontractors providing consumer services and billing.

- Review of the Wisconsin Sexual Offender List and certify that its employees and agents are not on the List: <https://appsdoc.wi.gov/public>
- Any criminal findings that are included in the DVR Criminal Background Check Policy, must be reported to DVR immediately and plans for mitigation may need to be developed, approved and implemented prior to personnel working with DVR Consumers.

It is strongly encouraged that subcontractors review the DVR Service Provider information so that they may be fully informed of their responsibilities and to assist in the provision of quality services to DVR consumers.

Service Agreements:

This tab will allow each service provider to complete their service agreement, access reference documents which comprise the service agreement, sign required documents and complete required documentation for subcontractors.

DVR service agreements are typically approved from July 1 through June 30 (state fiscal year). If a provider wishes to enter into an agreement after July 1, the start date for service agreements is negotiable and dependent on completion of a face to face interview with a WDA director, completion of the online documents, required training and DVR approvals.

There are various dates displayed to provide information about the approval process to each provider. The interview date is completed by the local WDA Director and should reflect a date in which a face to face interview took place. The WDA Decision Date will show when the WDA completed its approval, the Contract Decision Date will show when your agreement was reviewed and approved by the Contract Specialist and the Management Date displays when DVR Management reviewed and approved your agreement.

- To review an existing agreement, click on the underlined and dated entry.
- To add a new agreement, click on the light blue box titled “Add New Agreement”



The begin date and end date information is populated from another page and is “read only”.

- Select the WDA’s you wish to serve by clicking the small box to the left of each listing.
- Select the services in which you wish to provide by clicking the small box to the left of the listing. The WDA Director will have final approval of services provided.

WDA(s) Served:	<input type="checkbox"/> 01 Southeast <input type="checkbox"/> 02 Milwaukee County <input type="checkbox"/> 03 Waukesha-Ozaukee-Washington <input type="checkbox"/> 04 Fox Valley <input type="checkbox"/> 05 Lake Michigan/Northeast <input type="checkbox"/> 06 North Central	<input type="checkbox"/> 07 Northwest <input type="checkbox"/> 08 West Central <input type="checkbox"/> 09 Western <input checked="" type="checkbox"/> 10 South Central/Dane <input type="checkbox"/> 11 Southwest
Service(s) provided:	<input type="checkbox"/> Work Incentive Benefits Analysis <input type="checkbox"/> Internship/Temporary Work <input checked="" type="checkbox"/> Systematic Instruction <input checked="" type="checkbox"/> Job Preparation, Development and Placement <input type="checkbox"/> Supported Employment <input type="checkbox"/> Vocational Evaluation <input type="checkbox"/> IPS Supported Employment <input type="checkbox"/> Eligibility Pilot <input checked="" type="checkbox"/> Customized Employment	

Electronic Signature Documents:

The documents provided are the formal signature documents for the service agreement with DVR. Clicking [-] will cause the section to collapse. Clicking [+] will cause the section to expand. Clicking a checkbox below will cause the associated section to collapse.

Once you have read each section, you may click on the box that reads “I have read and understand the above terms and conditions”, this will collect your electronic signature and will cause the associated section to collapse. Once you have reviewed and electronically signed sections, you can save your signature by clicking on the light blue “save” button.

Clicking [-] will cause the section to collapse.
 Clicking [+] will cause the section to expand.
 Clicking a checkbox below will cause the associated section to collapse.

[\[-\] Department of Workforce Development-Division of Vocational Rehabilitation Service Agreement Signature Form](#)

1. This Agreement is entered into by and between the State of Wisconsin, Department of Workforce Development, Division of Vocational Rehabilitation (DVR), and the above-named Provider upon the completed signature of the DVR’s authorized representative.
2. Whereby the Division of Vocational Rehabilitation agrees to direct the purchase and the Provider agrees to furnish to authorized DVR consumers the specified rehabilitation services in compliance with the service program technical specifications (Attachment #7) and the current DVR statewide fee schedule during the Agreement period indicated above.

Additional fields are required as part of the following electronic signature documents:

Certification Regarding Lobbying:

If your provider intends to perform lobbying activities, an additional form describing those activities must be obtained from the DVR Contract Specialist and completed as part of the agreement.

Certification Regarding Drug-Free Workplace Requirements:

Select locations from the drop-down list (previously entered in the locations tab) where DVR work will be performed. If there are locations where DVR will be performed not listed in your agreement please check the box that reads “There are workplaces on file that are not identified here.” This is a likely scenario for most providers who work in the community at large.

Forms:

In addition to the electronic signature documents, there are reference documents that comprise the remainder of the statewide service agreement. Those reference documents are listed here and are hyperlinked. You can simply click on the document and it will open for you in another window for your reference. It is strongly suggested that you review and become familiar with the contents of these documents. Your agency should retain a printed copy for your records and reference.

The screenshot shows a web interface with three tabs: 'Agreement', 'Forms', and 'Sub Contractors'. The 'Forms' tab is currently selected. Below the tabs is a section titled 'Required Service Agreement Reference Documents'. This section contains a list of links:

- Agreement for Services
- Agreement Standard Terms and Conditions
- Instructions for Certification Regarding Debarment, Suspension and other Responsibility Matters
- Technical Specifications: http://dwd.wisconsin.gov/dvr/service_providers/tech_specs/default.htm

Subcontractors:

The documents provided are the formal signature documents for the use of subcontractors in a service agreement with DVR. Clicking [-] will cause the section to collapse. Clicking [+] will cause the section to expand. Clicking a checkbox below will cause the associated section to collapse.

Once you have read each section, you may click on the box that reads “I have read and understand the above terms and conditions”, this will collect your electronic signature and will cause the associated section to collapse. Once you have reviewed and electronically signed all sections, you can save your signature by clicking on the light blue “save” button.

Submit:

I have read and understand the above form.

Further information may be found at, <http://www.doj.state.wi.us/dles/cib/crimback.asp>.

NOTE: If the provider is a single person owner, a copy of the background check must be sent with the certification form.

Checking this box is considered an electronic signature. By checking this box, I agree that I am the legal representative for the service provider indicated. I acknowledge and verify that I have read and understand all forms, certifications and reference documents that comprise a service agreement with the State of Wisconsin, Department of Workforce Development, Division of Vocational Rehabilitation.

[Next Tab »](#)

By pressing submit your completed agreement will be forwarded for approval by DVR. If there are required fields missing you will be provided with a list to finish before you can submit your agreement. Once your agreement is submitted and approved the main contact selected on the Details page will receive a confirmation email. The approval process may take some time depending on individual provider circumstances.

[Save](#) [Close](#) [Submit](#)

Note: Documents for submission to DVR Contract Specialist:

- Copy of Certificate of Insurance (only New Service Providers)
- Copy of Criminal Background Check for all new personnel and/or existing personnel with a criminal conviction since the last criminal background check.
- Copy of Vocational Evaluation Certification (as necessary)
- Disclosure of Lobbying Activities Form (as necessary)

When completed fax, mail or email (**PREFERRED**) Service Provider Agreement forms to:

DVR Contract Specialist
Division of Vocational Rehabilitation
PO Box 7852
Madison, WI 53703-7852
dvrserviceproviders@dwd.wisconsin.gov
FAX to 608-266-1133

Printing of the Service Agreement:

You may print the electronic signature documents by use of "Print Screen" On most personal computers this is done with use of "alt" and "print screen" simultaneously which should allow you to print your documents.

Approval of the Service Agreement:

Once your statewide service agreement is approved, the main point of contact will receive an email notification.

(Revised: 01/2018)