

OREGON COMMISSION FOR THE BLIND
Request for Application (RFA) Addendum #3.2
for
Vocational training, Evaluation, and Development

RFA #585-1018-11

ORS 346.120(1)) grants the Commission independent contracting authority for providing services, programs and facilities for persons with visual impairments

Addendum #3.2 Issuance Date: May 1, 2023

Applications Accepted: At the issuing office, applications will be accepted through June 30, 2026.

Issuing Office: Oregon Commission for the Blind
535 SE 12th Ave
Portland, OR 97214

Contact: Cassie Richard
Cassie.richard@ocb.oregon.gov
971-673-1588

Any new vendor who wishes to provide services contained in this RFA Addendum #3.2 must be approved and have a signed contract with the Oregon Commission for the Blind (OCB). Any existing RFA vendor due for contract renewal will not need to reapply, but will need to submit required renewal paperwork including new criminal background forms for each staff member working with clients. Additionally, vendor will be required to provide proof of insurance at the levels as required by services provided.

The services provided in this RFA are services provided one-to-one with a client. The services are home-based provided at least partially in the client's home or the services are focused on community integration, allowing the client to work or become more independent in the community.

In compliance with the American with Disabilities Act, this document is available in alternate formats such as Braille, large print, digital recording, and electronic format. To request an alternate format call the Oregon Commission for the Blind at (971)673-1588.

**Request for Application (RFA) Addendum #3 for
Vocational training, Evaluation, and Development**

RFA #585-1018-11

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Sections III, IV, V, and VI are required to be submitted for consideration of the application. In Section IV, only submit the Attachment(s) which are applicable to the services that you are qualified and interested in providing. More than one of these attachments may be completed and submitted. Before filling out the Application (Form 120), be sure that you meet the minimum qualifications identified in Section IV for the services that you are applying to provide.

If applicant indicates they are an independent contractor an incomplete Section V's Exhibit C (independent contractor status) should not be submitted with the application. Exhibit C is included in this application for information purposes only to ensure that you will meet the requirements to be an independent contractor. If a contract is awarded, Exhibit C must be completed as a part of the contract.

SECTION I: GENERAL INFORMATION

Introduction

The Oregon Commission for the Blind is a state agency which provides vocational rehabilitation and independent living services statewide to eligible individuals who are legally blind or visually impaired. The OCB mission is to Empower Oregonians who are Blind to Fully Engage in Life

Purpose

The purpose of providing the adaptive rehabilitation skills evaluation and training services and the work evaluation, training and development services described in this RFA is to provide individualized services to eligible clients of the OCB who are legally blind or visually impaired, some of whom may have additional/multiple disabilities. OCB serves clients age 14 to adult, with no upper age limitation.

The services under this RFA would be provided one-on-one with a client. These services are home-based which means they are provided at least partially in the client's home, or the services are focused on community integration which allows the person to work or become more independent in the community.

Clients served by OCB will be referred from one of 3 possible programs:

1. Vocational Rehabilitation Program (VR): The primary focus of this program is to prepare clients to obtain or maintain employment. All services provided must relate to the individual's employment goal. This program serves adults of any age and youth as young as age 14 who are legally blind or who have a progressive eye condition that will likely lead to legal blindness within two years of eligibility determination. Individuals between the ages of 14 and 21 and enrolled in an educational program may be considered Potentially Eligible and/or Pre-employment Transition Services program clients and may also receive services provided under this RFA.

2. Independent Living Older Blind Program (ILOB): The primary focus of this program is to prepare clients to become more independent in their homes and communities. This program serves individuals age 55 or older who are legally blind or visually impaired.

3. Independent Living - Part B Program (IL Part B): The primary focus of this program is to prepare clients to become more independent in their homes and community. This program serves clients age 16 and above who are legally blind.

Outcomes

Program services under this RFA must be designed to produce positive, measurable outcomes in keeping with OCB's mission of empowering Oregonians who are blind to fully engage in life.

SECTION II: APPLICATION INSTRUCTIONS AND CONTRACT REQUIREMENTS

General Information

The guidelines and specifications contained in this RFA will be incorporated into all contracts awarded for home-based or community-based Disability Related Skills Training, Orientation and Mobility Skills Training, Adaptive Technology, Scripting and Adaptive Equipment, Job Readiness and Placement, and Small Business Development Consultation.

Submit all required information for each category of services you are applying to provide. The answers you provide will be used to match clients with contractors who best meet the identified needs of the client. Please read all information carefully before submitting your application. Incomplete applications will not be processed. The OCB will notify you if your application is incomplete. If you have any questions, please contact Cassie Richard at (971) 673-1588.

Application Requirements

All providers applying to provide the rehabilitation services described in this RFA must complete this application. You can obtain a copy of this RFA by contacting the OCB at the address listed at the end of this section, posted on the OCB website at www.oregon.gov/Blind, or through the state procurement site. For this information, please contact OCB through email, ocb.mail@ocb.oregon.gov or phone, (971) 673-1588. Registration in the state procurement site is required once the contract is approved and the system will provide automatic updates if there are changes to the current RFA. Once a complete application has been received in the Portland OCB Office, approximately 45 days will be required to process an application and notify the applicant whether the application has been approved.

1. Application Evaluation

All applications will be evaluated by OCB using the following criteria. Applications passing the following required items will be approved for a contract:

Minimum Requirements in Evaluating RFA Application

Section Reference	Criteria
1) III	Application (Form 120) has been fully completed, signed, and dated
2) III & IV	If applicant possesses professional certification(s), copy of certification(s) has been included.
3) II & III	Applicant has submitted official proof of required professional liability coverage at minimum levels designated in Section II.
	Applicant has submitted official proof of required abuse and molestation liability coverage at minimum levels designated in Section II.
	Applicant has submitted official proof of required general liability coverage at minimum levels designated in Section II.
4) II & III	Applicant has submitted official proof of required automobile insurance (if planning to transport clients) at minimum levels designated in Section II.
5) IV	Attachment(s) in Section IV have been completed for services applicant is applying to provide.
6) IV	Applicant meets at least one requirement of employment, certification, or experience outlined in each service attachment submitted.
7) IV	If applicant does not possess the minimum work experience or certifications, applicant has passed an assessment by OCB demonstrating skills to perform desired services.
8) VI	Fair Credit Reporting Act (FCRA) Disclosure and Authorization has been completed <u>for each person</u> applying to provide services to OCB clients and is included in the RFA packet.
9) VI	OCB has submitted the FCRA Disclosure and Authorization for processing and has found <u>each person</u> applying to provide services fit to provide services to OCB clients.

2. Contract Process

Applicants must successfully meet all requirements stated in the RFA in order to contract with OCB. The OCB reserves the right to award a contract based solely upon information submitted. The OCB may also request additional information to clarify or answer questions OCB may have in conjunction with the written responses to this request. OCB may negotiate fees if applicant's fees do not appear to be competitive with other vendors providing the same service in the same geographical area.

All applicants and contractors must demonstrate a history of respectful and professional communication/behavior with and about the commission and its clients. This is to be determined by the Director of Vocational Rehabilitation Services or her designee. These communications/behaviors must be maintained in order to gain or retain contract approval from the agency.

All services must be provided in accordance with the specifications and requirements of an awarded contract between the Contractor and OCB. A copy of the contract specifications and requirements may be obtained by contacting the issuing office identified above. Applicants must agree to abide by the guidelines set forth in this application.

Approved contracts will be for a duration not to exceed 3 years with expiration dates set for June 30.

OCB reserves the right to enter into a new contract or amend any contract resulting from this application one or more times for changes in terms, conditions, time, money, services, or any combination of the foregoing. The OCB has no obligation to amend or extend the contract and will incur no liability for electing not to exercise its option.

3. Referrals

OCB will refer a client to a specific contractor for services by using a written authorization for service. OCB will refer a client to a contractor after consulting with the client and considering the qualifications and availability of providers as a part of client informed choice, as provided in The Rehabilitation Act of 1973, as amended, section 102 (b)(2)(B). Your responses to the questions in this Request will be part of any contract awarded and entered into OCB's Automated Case Management System, which allows OCB staff to match the needs of clients with contractors who can best meet the needs of the client. Information that you provide regarding your qualifications, experience, and rates of service may be shared with clients and clients may wish to meet with contractors for informational interviews in advance of making final determinations around the securing of services. These meetings are not billable to OCB, given that we will not yet be under contract, however they are optional for contractors (understanding that declining these

informational interviews may result in the client/OCB not selecting the vendor due to client not having enough information for informed choice).

The OCB cannot predict a case load for these services and does not represent that any particular volume of business will be offered to any applicant who qualifies to provide services, nor is there any guarantee that OCB staff will use the services of any applicant who is issued a contract by virtue of this RFA.

OCB reserves the right to close applications for any service listed if contracting capacity is obtained.

4. Services and Rates

Contracted services are used to purchase needed services for clients of the OCB ONLY when existing OCB staff are unable to provide these services directly due to qualifications/expertise, work load and/or time constraints. Contracted services require the prior written authorization from OCB staff responsible for the client's case plan or written authorization from the appropriate OCB Program Director for the referring program, in terms of types, amounts and duration of services to be provided. OCB will not reimburse for services outside the scope of the contract and authorization and will not reimburse the Contractor for services for which Contractor has not received prior written authorization from the OCB. OCB does not reimburse for travel involved with serving clients, however contractor may elect to adjust rates based on service areas where services will be provided if travel is required.

The OCB will pay the Contractor for the services listed in the contract at rates that do not exceed those rates described in the contract. A Contractor may submit an invoice to OCB for services only when the Contractor received a prior written authorization to perform such services, not to exceed the authorized dollar amount. OCB shall pay Contractor upon OCB's approval of Contractor's invoice submitted to OCB for completed Services, but only after OCB has determined that Contractor has completed, and OCB has accepted the completed Services in accordance with Sections II 4. "Services and Rates," II.5. "Reporting and Documentation," and II.8. "Other Contractor Responsibilities".

5. Reporting and Documentation

Contractors must provide the client's case manager with a written evaluation if an evaluation was authorized or monthly progress reports starting no later than forty-five (45) days after authorized services begin with the referred client.

As part of the monthly progress report, Contractors are required to submit a monthly written narrative which describes:

- a) services provided by contractor;
- b) progress or lack of progress client has made toward achieving service and plan goals;
- c) issues or concerns;
- d) future services planned and needed; and
- e) client attendance for each monthly report period.

Example included at end of application. Requirements and/or format may change during life of contract.

OCB may require Contractors to complete other additional documents necessary to track client progress.

Contractors shall submit invoices on a monthly basis together with required monthly progress reports that, together, describe the services provided and the cost for each service. Monthly reports and invoices are due by the 15th of the following month. The final report and invoice must be submitted no later than 31 days from service completion identified as the ending date on the final authorization.

6. Consultation

There may be occasions when the contractor's presence is needed at a planning meeting or phone conference. This will be scheduled if needed by the OCB case manager and is considered a part of authorized services.

7. Interpreter Services

If interpretation or translation is needed to provide services, the contractor must notify the client's case manager so that these services may be referred and authorized.

8. Other Contractor Responsibilities

Contractors may be expected to meet with OCB regarding the terms of their contracts or to clarify services to be provided under the authorization. Contractors may also be expected to participate in Quality Assurance Surveys and monitoring activities that the OCB may require. Contractors are required to participate in mandatory trainings provided by OCB. These contractor responsibilities are considered part of doing business; therefore, the time the Contractor spends on these responsibilities will not be paid by the OCB.

If, during the course of a contract, any employee or agent of the Contractor who is authorized to provide services ceases employment with that contractor, the Contractor must notify OCB within 7 business days so that the person's name may be removed from the list of approved providers.

Additionally, if the Contractor hires any person to provide services under the contract, the new person must be approved prior to having contact with or providing services to any OCB client. Under no condition may any person who has not been pre-approved by OCB provide any services to OCB clients. Pre-approval includes a criminal records check and other information as deemed appropriate by the OCB. If approved, the key person(s) will be added to the contract through a formal amendment. In the event an unapproved key person provides services to OCB clients, payment will not be provided for services provided by the unapproved staff person.

9. Location of Services to be Provided

Services identified in this RFA are to be provided throughout the State of Oregon. The OCB tends to have the greatest need in areas where resources are more limited and in areas where there may be no public transportation options available where the client lives. Applicants must indicate on the application form in Section III the geographical areas for which they are submitting an application. It is the responsibility of the applicant to arrange and provide for the applicant's own transportation in providing services to OCB clients. Depending upon the services provided, it may be necessary to work with the client in the client's home or at another location agreed to by the applicant and client.

10. Insurance Requirements

In order to be fully approved as a contractor through this RFP process, a successful applicant must show evidence (certificate of insurance or official statement) of the following minimum levels of liability coverage before entering into a contract with OCB. The levels of insurance required are listed by the type of service provided. If a successful applicant is providing more than one category of service, and if there is a difference in the level of coverage between the services, the applicant must provide proof of insurance coverage at the single highest minimum amount displayed below for the services that the applicant has applied to provide. The proof of insurance must include documentation of the OCB as an additional insured entity. The applicant is responsible for providing the Oregon Commission for the Blind with copies of insurance when required insurance policies are changed or renewed. Applicant must notify OCB within 30 days of changes and renewal.

1) Workers' Compensation insurance required by OCB of Contractors with one or more workers, as defined by ORS 656.027:

Workers' Compensation: All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for

an exemption under ORS 656.126(2). Contractor shall require and ensure that each of its subcontractors complies with these requirements.

2) Required by Agency of contractors regardless of services provided:

Type: Commercial General Liability

Minimum Amount: \$1,000,000 per occurrence \$2,000,000 aggregate

Type Abuse & Molestation Insurance Minimum Amount:

Minimum Amount: \$1,000,000 per occurrence

Abuse & Molestation Insurance required if vendor will be meeting with client in-person without an OCB staff member present. Contractor must inform OCB if planning to provide remote services and/or meeting with client in-person only with OCB staff member present.

3) Required by Agency of contractors providing the following specific services:

Disability Related Skills Training

Type: Professional Liability Minimum Amount: \$500,000

Orientation & Mobility Skills Training

Type: Professional Liability Minimum Amount: \$1,000,000

Adaptive Technology

Type: Professional Liability Minimum Amount: \$500,000

Scripting and Adaptive Equipment

Type: Professional Liability Minimum Amount: \$500,000

Job Readiness and Placement Services

Type: Professional Liability Minimum Amount: \$1,000,000

Small Business Development Consultation

Type: Professional Liability Minimum Amount: \$1,000,000

4) Automobile Insurance required by the agency when transporting clients:

If the Applicant is planning to transport clients as a part of services provided under this RFA, the Applicant must provide proof of insurance for all of Applicant’s owned, hired, or non-owned vehicles:

Type: Bodily Injury/Death Minimum Amount: \$250,000
(combined single limit per occurrence)

Type: Bodily Injury/Death Minimum Amount: \$500,000
(aggregate limits for all claims per occurrence)

Type: Property Damage Minimum Amount: \$50,000
(combined single limit per occurrence)

Type: Property Damage Minimum Amount: \$100,000
(aggregate limits for all claims per occurrence)

No contractor may transport clients without the consent of the case manager authorizing services.

5) Contractors will have adequate insurance coverage as required by the OCB and shall maintain this coverage throughout the contract period:

Applicant will provide all required proof of insurance to the OCB within sixty (60) business days of notification of proposed award. Failure to present the required documents within sixty (60) business days may be grounds for rejection of the application.

If the applicant’s insurance covers the applicant’s employees of the company, the applicant must provide a statement listing the names of all employees covered under the policy.

11. Confidentiality

Confidentiality – Contractors shall hold client communications and records confidential in accordance with ORS 40.230, ORS 40.252, ORS 107.154 and ORS 179.505, except as required to perform its obligations pursuant to its Contract with OCB.

12. Application Submittal

All applications must include the following to be qualified and considered for evaluation:

Section III—Required: Completed and submitted by all applicants

Section IV—Required: Completed and submitted by all applicants. Service rates need to be completed by all, including relevant attachments for the service(s) you are applying to provide.

Section V: Exhibit C- Independent Contractor Certification – vendors for whom this is applicable must meet requirements in this form but completion and submittal of this form will be required only if a contract is awarded.

Section VI—Required: completed and submitted by all applicants.

An electronic/accessible copy of the application is required and is to be submitted via email to ocb.mail@ocb.oregon.gov with a subject line of “RFA Processing”. Please note that signatures are required on the application and on the Criminal Records Request (Form 121). A scanned version is acceptable and should be sent to the same email address along with the electronic/accessible copy.

The OCB will not consider verbal or hand-written proposals. Scanned documentation must always be accompanied by an accessible, electronic version of each document (at the email noted above). This requirement is non-negotiable and is also evidence of contractor being able to communicate with clients in accessible formats.

Checklist of Items to Submit

Please check off items that you have included in your Request for Application packet.

Sections III, IV, and VI are required of all applicants.

___Section III: Application (Form 120) — completed, signed, and dated

___copy of license and certifications as applicable

___copy of liability insurance – type and amount as required by services provided or required of all vendors - has been provided **OR**

___will provide copy of liability insurance when RFA is tentatively approved

___copy of automobile insurance (if planning to transport clients)
has been provided **OR**

___copy of automobile insurance (if planning to transport clients) will be provided when RFA is tentatively approved

___Section IV: Attachments relevant to the services applying to provide

___Section VI: Criminal Records Request (Form 121)—completed, initialed, signed, and dated by each individual having contact or providing services to OCB clients.

___Electronic/accessible and scanned/signed copy of application has been provided via email to ocb.mail@ocb.oregon.gov with subject line “RFA Processing”

SECTION III: APPLICATION (FORM 120)

**STATE OF OREGON
OREGON COMMISSION FOR THE BLIND
Adaptive Rehabilitation Skills Evaluation & Training and
Work Evaluation, Training, & Development
Application**

The State of Oregon, acting by and through the Oregon Commission for the Blind (“OCB” or “Agency”), issues this Application for Home-Based or Community Integration Adaptive Rehabilitation Skills Evaluation and Training and Work Evaluation, Training, and Development services.

Type answers to questions below. Refer to the respective question number on all additional pages used for your application. Check your application carefully to make sure you have submitted all required information.

Incomplete applications will not be processed.

Applicant’s Name: _____

(Use registered business name or full legal name used for tax filing)

Business Designation (check one):

- Professional Corporation
- Partnership
- Limited Partnership
- Limited Liability Company
- Limited Liability Partnership
- Independent contractor
- Other: _____

3. Applicant’s Unique ID number: _____

Visit <https://sam.gov/content/entity-registration> to apply

4. Primary Contact Person

Name:

Title:

5. Mailing Address

Street or PO Box: -----

City, State, Zip: -----

6. Telephone #:

7. Fax#:

8. E-mail Address:

9. Federal Tax Identification Number:

10. Registered as a Minority-Owned Business: ___ Yes ___ No

11. Registered as a woman-owned business? ___ Yes ___ No

**12. Name and title of the person(s) authorized to represent the Applicant in any negotiations
and sign any Contract that may result:**

Name:

Title:

QUALIFICATIONS

Please answer the following questions as part of your application. If you have staff who will be providing direct services to OCB clients, you must provide the following information for **each staff person** providing these services **OR** submit a resume/personal statement that contains this information:

13. Education

Identify your highest level of education: _____

Name and location of the educational institution: _____

14. If you have previous employment experience related to the services for which you are applying as indicated in Section IV, list the name of the Employer, your job title, and start and end dates of employment:

Employer: _____

Job Title: _____

Start Date: _____

End Date: _____

Employer: _____

Job Title: _____

Start Date: _____

End Date: _____

15. List any active professional licenses or certifications that you have obtained:

Please attach a copy of the license or certification to your application and/or resume.

16. If applicable, describe your experience (paid or unpaid) providing service(s) marked in Section IV to individuals with vision loss.

17. Provide the name(s) and contact information of at least 2 people for OCB to contact as your references who have supervised your work or training or to whom you have provided services who can speak to your experience and skill at providing the services marked in Section IV Services. These references may include OCB staff. At least one must be a professional reference.

Name: _____
 Phone: _____
 Email: _____
 Relationship to applicant: _____

Name: _____
 Phone: _____
 Email: _____
 Relationship to applicant: _____

18. Language Proficiency: If you are proficient in languages other than English, indicate the language and your level of proficiency using the following scale:
 1=novice, 2=intermediate, 3=proficient

Level of Proficiency

Language	Speaking	Writing	Understanding	Interpreting
1.				
2.				
3.				
4.				

19. Liability Coverage: If you do not yet have liability coverage and choose not to purchase this coverage until you know that your application will be approved pending proof of liability insurance coverage, the OCB will notify you when your application is tentatively approved. You must obtain and provide evidence of the required liability coverage **within 60 days** of RFA tentative approval notification before a contract will be written.

Contractor staff will be working in-person with clients without the presence of OCB staff (necessitating need for abuse and molestation insurance).

OR

Contractor staff will be meeting only virtually or with an OCB staff member present.

Check all types of insurance for which you have active coverage at the required levels as outlined in this application.

I have active liability coverage at the required levels (attach certificate/evidence):

Commercial General Liability

Professional Liability

Abuse and Molestation

OR

I do not yet have active liability coverage for the following insurance types and wish to be contacted when my Request for Application has been tentatively approved pending proof of liability coverage so that I may purchase coverage at that time.

Commercial General Liability

Professional Liability

Abuse and Molestation

Please check one of the following if you anticipate the need to transport clients in your own vehicle as a part of providing services through this RFA. You will need to maintain automobile insurance coverage at a rate described in Section II under "Insurance Requirements":

I anticipate needing to transport clients occasionally as a part of services that I provide and have attached evidence of this coverage.

OR

I anticipate needing to transport clients occasionally as a part of services that I provide and will provide evidence of coverage **after I have been notified of my tentative RFA application approval.**

OR

I will not transport clients.

20. If you are applying as a non-profit agency or business or corporation, the following additional information is needed (or attach relevant published information):

- a) Attach a description of your agency or business. Include your organization's mission.
- b) Describe the geographical features of your office if you intend to include program- or office-based services with your home-based services. Include a description of the neighborhood, bus-line availability, accessibility, and any other information relevant to how clients will be able to access your services.

Statement of acceptance of the terms and conditions contained in the Application:

I hereby acknowledge and agree that I have read and understand all the terms and conditions contained in the Application.

I certify that the information I have provided is correct. I understand that any misrepresentations or incorrect information provided to OCB can result in disqualification of my application.

Authorized Signature: _____ Date: _____

Printed Name: _____

SECTION IV: Areas served, Key Persons, Services Provided, Service Rates and Vendor Qualifications

A) Areas Served

Indicate the Counties where services will be provided by checking to the left of the county listed below. If you will provide services in all counties in an area, place and X next to the “All” option:

Tri-County Region	Northern Region	Southern Region	Central/Eastern Oregon
<input type="checkbox"/> Clackamas	<input type="checkbox"/> Benton	<input type="checkbox"/> Coos	<input type="checkbox"/> Baker
<input type="checkbox"/> Multnomah	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Curry	<input type="checkbox"/> Crook
<input type="checkbox"/> Washington	<input type="checkbox"/> Columbia	<input type="checkbox"/> Douglas	<input type="checkbox"/> Deschutes
<input type="checkbox"/> All in this region	<input type="checkbox"/> Lane	<input type="checkbox"/> Jackson	<input type="checkbox"/> Gilliam
	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Josephine	<input type="checkbox"/> Grant
	<input type="checkbox"/> Linn	<input type="checkbox"/> Klamath	<input type="checkbox"/> Harney
	<input type="checkbox"/> Marion	<input type="checkbox"/> All in this region	<input type="checkbox"/> Hood River
	<input type="checkbox"/> Polk		<input type="checkbox"/> Jefferson
	<input type="checkbox"/> Tillamook		<input type="checkbox"/> Lake
	<input type="checkbox"/> Yamhill		<input type="checkbox"/> Malheur
	<input type="checkbox"/> All in this region		<input type="checkbox"/> Morrow
			<input type="checkbox"/> Sherman
			<input type="checkbox"/> Umatilla
			<input type="checkbox"/> Union
			<input type="checkbox"/> Wallowa
			<input type="checkbox"/> Wasco
			<input type="checkbox"/> Wheeler
			<input type="checkbox"/> All in this region

___ I am open to serving clients across the state on a case-by-case basis.

___ Applicant staff will exclusively be meeting virtually or with an OCB staff present for in-person appointments.

B) Key Persons

List each employee or agent of the applicant who will work directly with OCB clients. List staff by type of service being provided. OCB requires that each person on this list submit to and pass a Criminal Records Check, as described in the FCRA Disclosure Statement and Authorization, before that person will be authorized to provide services under this RFA.

Name	Title	Client facing (Y/N)

If additional space needed please attach add rows to table or provide a list in this format with the application.

If an intern is listed here, describe how the intern will be supervised.

C) SERVICES AND RATES – Please check the service category for which you are applying to provide services. Please also provide rates and the relevant attachments. Each category below contains various services deemed a subservice by OCB. OCB will maintain a list of services under each category and make it available to applicants and contracted vendors upon request. The list is subject to change. An applicant or contracted vendor may elect to not provide specific services at any point in the application process or contract period.

Disability-Related Skills Training - Attachment A

___ Orientation and Mobility Skills Training – Rate: \$ _____

___ Communication Training – Rate: \$ _____

___ Techniques of Daily Living – Rate: \$ _____

Orientation and Mobility Training - Attachment B

___ Orientation and Mobility Skills Training – Rate: \$ _____

Adaptive Technology – Attachment C

___ Computer and Adaptive Technology – Rate: \$ _____

___ Software Configuration and Installation – Rate: \$ _____

Scripting and Adaptive Equipment Support and Maintenance – Attachment D

___ Scripting – Rate: \$ _____

___ Adaptive Equipment Support and Maintenance – Rate: \$ _____

Job Readiness and Placement Services – Attachment E

___ Job Development – Rate: \$ _____

___ Job Coaching – Rate: \$ _____

Small Business Development Consultation – Attachment F

___ Small Business Development – Rate: \$ _____

Any of the above services may be provided to individuals participating in pre-employment transition services (Pre-ETS).

SERVICES PROVIDED AND VENDOR QUALIFICATIONS

Complete and submit only the Section IV attachments below which apply to the services that you are qualified and interested in providing.

ATTACHMENT A: Disability-Related Skills Training

The OCB is establishing a list of individuals to provide Disability-Related Skills Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals for individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Disability-Related Skills Training are those that assist the client in advancing skills allowing them to live independently. Services include skills training allowing the individual to take care of their needs and their home necessary to achieve independence. Low vision assessments are included in this service umbrella.

PART 2: Requirements for persons applying to provide Independent Living Skills Evaluation and Training Services – Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment A. Please mark all requirements below that you meet:

Employment for at least 6 months within the last 5 years as a Rehabilitation Teacher for individuals who are blind or visually impaired;

OR

Currently certified in Rehabilitation Teaching from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Independent Living Skills with demonstrated ability of observing, assessing, and evaluating client's functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of accepted instruction methods, principles, and techniques for

adaptive daily living skills; evaluating functional near and distance vision; communicating and teaching people from a variety of backgrounds; reading and analyzing medical and psychiatric reports; knowledge of non-optical aids, illumination and its effect on functional vision; and low vision aids evaluation and training AND successfully passing an assessment provided by OCB.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

Please provide additional information here:

PART 3: Supplemental Questions for persons applying to provide Independent Living Skills Evaluation and Training Services. Your responses may assist clients in determining whether you may be a good match in providing services to them.

Please briefly describe your preferred teaching style(s) and how you use these to fit individual needs.

- 1) If applicable, what kind of equipment do you have available to use for low vision assessments or to demonstrate specific skills (for example, equipment or applications used for adaptive cooking techniques)?

- 2) If you teach meal preparation, describe any skills and knowledge you have in nutrition or specialized diets (for example, healthy life styles, diabetes management, etc.).

ATTACHMENT B: Orientation & Mobility Skills Evaluation & Training

The OCB is establishing a list of individuals to provide Orientation and Mobility Skills Evaluation and Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Orientation & Mobility Skills Evaluation and Training gives the client the skills and confidence to comfortably navigate their environment through increased awareness and adaptive techniques.

PART 2: Requirements for persons applying to provide Orientation & Mobility Skills Evaluation and Training Services – Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment B. Please mark all requirements below that you meet:

Employment for at least 6 months within the last 5 years as an Orientation and Mobility instructor working with individuals who are blind or visually impaired;

OR

Currently certified in Orientation and Mobility from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Orientation and Mobility with demonstrated ability of observing, assessing, and evaluating clients' functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of orientation and mobility instruction methods, principles, and techniques; evaluating functional near and distance vision; communicating and teaching people

from a variety of backgrounds; reading and analyzing medical and psychiatric reports AND successfully passing an assessment provided by OCB.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

Please provide additional information here:

PART 3: Supplemental Questions for persons applying to provide Orientation & Mobility Skills

Evaluation and Training Services. Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) If you have expertise in evaluating and training clients in mobility related electronic devices or applications, identify the name of the devices and/or applications used.

- 2) Please describe your experience in providing Orientation & Mobility Skills Evaluation and Training to someone who is deaf-blind, to someone who is a wheel chair user or to someone who has other co-occurring barriers to learning/travel.

ATTACHMENT C: Adaptive Technology

The OCB is establishing a list of individuals to provide Adaptive Technology Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Adaptive Technology allows the client to increase ability to use adaptive technology to live independently.

PART 2: Requirements for persons applying to provide Adaptive Technology – Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment C. Please mark all requirements below that you meet:

Employment for at least 6 months within the last 5 years as a Rehabilitation Teacher for Individuals who are blind or visually impaired;

OR

Currently certified in Rehabilitation Teaching from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Adaptive Technology skills including a computer and adaptive technology instructor with demonstrated ability of observing, assessing, and evaluating client's functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques for technology and/or communication. This includes using knowledge of accepted instruction methods, principles, and

techniques for alternative communication systems such as Braille and large print; evaluating functional near and distance vision; communicating and teaching people from a variety of backgrounds; reading and analyzing medical and psychiatric reports; knowledge of non-optical aids, illumination and its effect on functional vision; and low vision aids evaluation and training AND successfully passing an assessment provided by OCB.

If applying to be a computer and adaptive technology provider, please describe experience in this role?

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

Please provide additional information here:

PART 3: Supplemental Questions for persons applying to provide Adaptive Communication Skills Evaluation and Training Services. Your responses may assist clients in determining whether you may be a good match in providing services to them.

Communication

- 1) Describe your experience evaluating individuals' ability to communicate using tactile means or adaptive devices.

2) List the communication devices for the blind in which you have expertise in providing training to others:

Computer and Adaptive Technology

1) Please list Braille displays for which you have provided evaluation or training:

2) Please describe your experience configuring scanners with appropriate OCR programs.

3) Please describe your experience conducting evaluation and/or training with Apple products, including VoiceOver or Magnification. Also describe your experience evaluating/training with Android products.

4) What other areas of computer support can you provide (for example, wireless networking, remote access/meetings (Zoom MS Teams, JAWS Tandem, etc.), virus/spam troubleshooting)?

Attachment E: Scripting and Adaptive equipment support and maintenance

The OCB is establishing a list of individuals to provide Computer Technology Skills Evaluation and Training as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in any three of the Agency's programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Software support and adaptive equipment support and maintenance includes installation and configuration of software **in which interaction with the client is necessary**. Scripting allows the client to access technology necessary to their skills training, job search, and employment.

PART 2: Requirements for persons applying to provide Software support and adaptive equipment support and maintenance – Minimum Requirements

___1 year of experience within the last 3 years working with software designed for individuals experiencing vision loss.

OR

___1 year of experience within the last 3 years performing equipment maintenance and repair for hardware

If limited experience providing hardware support for adaptive devices please describe below past hardware support including hardware and timeline for consideration:

OR

___1 year of experience within the last 3 years in performing professional Screen reader (e.g. JAWS or Supernova) scripting

If limited experience with JAWS or Supernova scripting please describe below past scripting experiences including software and timeline for consideration:

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

PART 3: Supplemental Questions for persons applying to provide Scripting and Adaptive equipment support and maintenance. Your responses may assist clients in determining whether you may be a good match in providing services to them.

Adaptive equipment support and maintenance

- 1) Please describe your experience providing software support for screen readers (e.g. JAWS, Supernova, etc.).

- 2) Please describe your experience, if any, providing software support for Apple products.

- 3) Please describe your experience, if any, providing software support for Android products.

Scripting

1) Please describe scripting experience with screen readers (e.g. JAWS, Supernova, etc.).

2) Please describe other scripting experience as applicable.

Adaptive Equipment repair and maintenance

1) Please describe your experience performing equipment maintenance and repair for adaptive devices. In addition, list Braille displays with which you are familiar.

2) Please describe your experience configuring refreshable Braille displays.

3) Please describe your experience with digital OCR software and hardware products.

ATTACHMENT E: Job Readiness and Placement Services

The OCB is establishing a list of individuals with expertise in providing Job Development services to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in the Agency's VR program.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Job Readiness and Placement Services include those in which the Contractor works with the client to find competitive integrated employment opportunities commensurate with the client's interest, knowledge, and skills. These services as defined in this application also include interacting with employers on behalf of a client to meet the employer needs and the client's Individualized Plan for Employment (IPE) goal. Included in job development services is Progressive Employment/career exploration. Progressive Employment/career exploration services include activities that expose clients to a variety of employment options and assist the client in identifying and pursuing an appropriate and individualized vocational goal that is congruent with the client's interests, skills, aptitudes, knowledge, and abilities.

PART 2: Requirements for persons applying to provide Job Development Services - Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment G. Please mark all requirements below that you meet:

Employment for at least 6 months within the last 5 years as a Vocational Rehabilitation Counselor, Vocational Counselor, or Job Developer, Job Coach with experience working with individuals who are blind, visually impaired, or disabled;

OR

Currently certified as a Rehabilitation Counselor from an accredited organization such as the Commission on Rehabilitation Counselor Certification as a Certified Rehabilitation Counselor (CRC), the Certified Insurance Rehabilitation Specialist (CIRS), or the Certification of Disability Management Specialists Commission as a Certified Disability Management Specialist (CDMS);

OR

___ Currently certified as a Vocational Evaluator with experience in working with individuals who are blind, visually impaired, or disabled;

OR

___ Experience for at least 1 year within the last 5 years related to job development or job coaching working with individuals who are blind, visually impaired, or disabled.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

Please provide additional information here:

PART 3: Supplemental Questions for persons applying to provide Job Development Services.

Your responses may assist clients in determining whether you may be a good match in providing services to them.

Job Development

- 1) Describe the types of jobs you have developed or placed people in over the past year and indicate the kind of barriers/disabilities these individuals experienced.

- 2) Describe how you have used creativity/innovation in your approach to job development.

- 3) During normal economic times, what has been the average number of weeks that it has taken you to place an individual with a disability in a job where the job has been mutually agreeable to the employee and employer?

- 4) Describe what steps you have taken to ensure a good job match for the employee and employer.

- 5) Describe any success that you have had in placing individuals in rural environments or in hard-to-place industries.

Job Coaching

- 1) Please describe your experience providing job coaching for individuals who are blind, visually impaired, or disabled;

- 2) Please describe how you use creativity/innovation in your approach to job coaching.

ATTACHMENT F: Small Business Development Consultation

The OCB is establishing a list of individuals with expertise in providing Small Business Development Consultation services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in the Agency's VR program.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Small business development consultation services include those designed to assist clients to successfully achieve their self-employment goal as outlined in their Individual Plan for Employment (IPE). These services may include but are not limited to feasibility assessments, labor market research, business plan development, etc.

PART 2: Small Business Development Consultation Services – Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this attachment. Please mark all requirements below that you meet:

Previous employment for at least 3 years in the past 5 years as a Business Owner or Business Consultant;

OR

Related experience in small business development for at least 5 years within the past 7 years.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved. If you do not meet any of the criteria listed above please describe any specialized training that you have received including the name and location of the training organization and training dates in the space below. OCB retains the right to request additional information regarding ability to provide services before approving this application.

Please provide additional information here:

PART 3: Supplemental Questions for persons applying to provide Small Business Development Consultation Services. Your responses may assist clients in determining whether you may be a good match in providing services to them.

Respond to the following questions if you are applying to provide **Small Business Development Services**:

- 1) If you have ever owned a business, please describe the type of business, size, etc.

- 2) Describe the extent to which you have knowledge and experience of state, county, metro, and IRS rules regarding business licenses for self-employment.

- 3) Describe the extent to which you have knowledge of business finances such as business taxes, profit/loss statements, accounting procedures/tracking methods, and inventory control.

- 4) Describe the extent to which you have knowledge of funding sources for small businesses.

- 5) Describe the extent to which you have knowledge of writing and analyzing business plans.

SECTION V: INDEPENDENT CONTRACTOR CERTIFICATION

The following Independent Contractor information is provided so you can evaluate whether or not you meet independent contractor requirements. **You do not need to complete and submit this form at the time of application.** If you are awarded a contract, the following form will be included in the contract, at which time you will certify that you meet the requirements to be an independent contractor.

EXHIBIT C INDEPENDENT CONTRACTOR CERTIFICATION (Required regardless of corporate status.)

1. I am free from direction and control over the means and manner of providing the services, subject only to the right of the person for whom the services are provided to specify the desired results;
2. I am licensed under ORS Chapters 671 or 701 to provide the services, if such license is required under ORS Chapters 671 or 701.
3. I am responsible for obtaining other licenses or certificates necessary to provide the services.
4. I am customarily engaged in an independently established business because **three (3)** of the following requirements are satisfied: *(Contractor to mark those which apply)*
 - A. I maintain a business location:
 - 1) that is separate from the business or work location of the person for whom the services are provided; **or**
 - 2) is in a portion of my residence, and that portion is used primarily for business.
 - B. I bear the risk of loss related to the business or the provision of services as shown by factors such as:
 - 1) Entering into a fixed-price contract;
 - 2) Being required to correct defective work;
 - 3) Warranting the services provided; or
 - 4) Negotiating indemnification agreements, or purchasing indemnification liability insurance, performance bonds or errors and omissions insurance.
 - C. I provide contracted services for two or more different persons within a 12-month period, or routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
 - D. I make a significant investment in the business, through means such as:
 - 1) Purchasing tools or equipment necessary to provide the services;
 - 2) Paying for the premises or facilities where the services are provided; or
 - 3) Paying for licenses, certificates or specialized training required to provide the services.
 - E. I have the authority to hire other persons to provide or to assist in providing the services and have the authority to fire those persons.

SECTION VI: CRIMINAL BACKGROUND/FAIR CREDIT REPORTING ACT DISCLOSURE

APPLICANT: Please read the following statement and complete the attached Authorization Form. Detach and retain this Disclosure statement for your records.

Fair Credit Reporting Act Disclosure Statement (FORM 121)

This notice is required by and given to you under the federal Fair Credit Reporting Act, 15 USC §§ 1681-1681u (FCRA). The Oregon Commission for the Blind (OCB), when considering your application to enter into a contract with OCB as an independent contractor and when making a decision whether to offer you a contract, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the FCRA, which applies to you. As an applicant to enter into an independent contractor relationship with OCB, you are a “consumer” with rights under the FCRA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for purposes of establishing an independent contractor relationship. For the purposes of the OCB, **a consumer report will consist of a criminal background check only.**

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as the OCB.

If the OCB obtains a “consumer report” about you, and if the OCB considers any information in the “consumer report” when making a decision related to a contract that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided a copy of the “consumer report.” You may also contact the Federal Trade Commission about your rights under FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

In accordance with Oregon law, if the OCB requests a consumer report, the purpose will be to obtain information on aspects of your background *other than your creditworthiness, credit standing, or credit capacity*. The OCB does not use creditworthiness, credit standing, or credit capacity in making contracting decisions.

AUTHORIZATION

ALLOWING THE OCB TO OBTAIN MY CONSUMER CREDIT REPORT

For Purposes of Conducting a Criminal Records Check ONLY

By my signature below, I authorize the OCB to obtain, in connection with the OCB's consideration of my, or my employer's, application to enter into an independent contractor relationship with OCB, one or more consumer reports from one or more consumer reporting agencies. I understand and acknowledge that in accordance with Oregon law, the OCB may request the consumer report to obtain information on aspects of my background other than my creditworthiness, credit standing, or credit capacity. I understand that the OCB does not use creditworthiness, credit standing, or credit capacity in making independent contractor decisions.

I hereby acknowledge that I have read and received a document entitled "FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT" that informed me that the OCB may obtain a copy of my consumer credit report for establishing an independent contractor relationship. I understand that my consumer report may be used by the OCB for to establish an independent contractor relationship with my employer or me.

Initial here: _____ to demonstrate that you have received and read the Statement.

Please provide the following information:

Name (last, first, middle): _____

Driver's License or Other ID # and state of issuance: _____

Gender: M___ F___ Non-binary/X___ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

List ALL other name(s) used (maiden, previous married name(s), aliases, legal name change, assumed names):

Applicant Name (please print name): _____

Signature: _____ Date: _____

Oregon Commission for the Blind
Community Resource Provider (CRP)
Job Development Monthly Progress Report

Purpose: This monthly progress report is to be completed monthly for each client with which a CRP is serving. The detail provided in this form is critical to tracking activities and progress toward achieving employment goals. Please complete and return to client's assigned vocational rehabilitation counselor and Business.Relations@ocb.oregon.gov

Vendor name:	
Client Name:	Date (Month/Year):
Authorization Number:	Authorized Hours:
Counselor:	Actual Hours:

PROGRESSIVE EMPLOYMENT ACTIVITY LOG

Date	PE Activity	Employer Name	City

SUMMARY OF SERVICES PROVIDED

Date	Billable Time	Activity	Outcome

Review of Progress

List goals and progress made toward each.

Issues and/or Concerns

Describe any issues or concerns surrounding client’s progress toward employment goals. This section is especially important if little progress is reported in the above section.

Plan for Future Services

Based on current progress and issues/concerns, describe proposed services to be rendered.

Client Attendance

Describe client’s attendance at scheduled activities this month.

Oregon Commission for the Blind
Community Resource Provider (CRP)

Monthly Progress Report

Key for filling out Monthly Progress Report:

Progressive Employment Activity log – This portion of the report replaces the former Excel spreadsheet OCB used to track progressive employment activities.

PE Activities:

- Informational Interview
- Company Tour
- Work Experience
- Job Shadow
- Work Assessment

Summary of Activities – This portion of the report details the monthly activities including date and billable time. This section should include narrative about the activity (type, location, details) and outcome. If this section is not thorough and detailed the VRC may ask you to include additional information. If a cancellation or no show occurred please indicate with the date (cancellation or now shows are not billable).