



Division of Vocational Rehabilitation Contractor Applicant Checklist

Please use this checklist to show that you have submitted each required item.

Administrative Requirements

- Applicant Checklist (this form)
- Contractor Intake [DSHS 27-043 \(New Contractors Only\)](#)
- Contractor Information Update [DSHS 27-044A \(Current Contractors Only\)](#)
- Agreement on Nondisclosure of Confidential Information – Non-Employee [DSHS 03-374B](#)
- Applicant Certification and Assurances [DSHS 11-163](#)
- Additional Contractor Information [DSHS 27-175](#)
- Copy of OFM Statewide Payee Registration
- Copy of WA State Master Business License
- Copy of 501(c)(3) IRS letter designating your status as a nonprofit (if applicable)
- List of partners, members, directors, officers, and board members, including title, phone number, and e-mail. (not applicable to sole proprietors).
- Copy of Certificate of Insurance – conforming to minimum insurance requirements including identifying Department of Social and Health Services as “additionally insured” or “certificate holder”.

Management and Operations Requirements

- Code of Ethics and Standards of Practice Form [DSHS 05-252](#)
- Fire/Safety Inspection Certificate; OR
- Statement verifying that you do not own, lease, or rent premises where you provide services, but meet clients in public locations.
- Responses to Management and Operations Requirements from solicitation. (Policies and Procedures)

Technical Requirements

- Three Professional Letters References
- CRP Services and Qualifications [DSHS 11-164](#) - including accreditation/certification
- IL Services and Qualifications [DSHS 11-165](#)

□ Contractor Employee(s) to Provide IL Services DSHS 11-084