



***“Your Career Starts Here”***  
**NJ Division of Vocational Rehabilitation Services**  
**Benefit Counseling Services New Vendor Application**

**Entity Information**

- A. Benefit Counseling Services Applicant Vendor Name:  
\_\_\_\_\_
  
- B. New Jersey Vendor Identification #: \_\_\_\_\_
- C. Tax clearance attached Y  N
- D. New Jersey DUNS #: \_\_\_\_\_
- E. Financial/Accountant Contact: \_\_\_\_\_
- F. Number of Years in Operation: \_\_\_\_\_
- G. Years Vending Services to DVRS: \_\_\_\_\_
- H. Address of Operation: \_\_\_\_\_
- I. Mailing address: \_\_\_\_\_
- J. (if different from above):  
\_\_\_\_\_
  
- K. County: \_\_\_\_\_
- L. Phone number: \_\_\_\_\_
- M. Email address: \_\_\_\_\_
- N. Web address (if applicable): \_\_\_\_\_
- O. Copy of Accreditation (if applicable): \_\_\_\_\_

**Entity Accreditation**

According to the New Jersey Administrative Code for Community Rehabilitation Programs (N.J.A.C. 12:51) 12:51 Subchapter 18 Accreditation of Rehabilitation Programs, CARF is the accrediting body and standard for vocational rehabilitation programs. It is a requirement to have an accreditation to vend vocational rehabilitation services. Information about CARF: [www.carf.org](http://www.carf.org)

Submit (a) A snapshot of the entity’s accreditation (b) Copy of the most recent Commission on Accreditation of Rehabilitation Facilities (CARF) report.

You may use an accrediting body that meets the criteria as an acceptable accreditation



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authority that sufficiently evaluates the entity’s vocational rehabilitation structure, programs, and services. Examples of accrediting bodies are Joint Commission (Jcaho) [jointcommission.org](http://jointcommission.org) and Council on Accreditation (COA) [coanet.org](http://coanet.org).

List all services that the entity is providing to NJ DVRS client/consumers. A two-year minimum of service delivery is required for some services (Examples of services: Vocational Evaluation, Placement, Supported Employment, Pre-ETS)



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**County(s) Entity Currently Serves as NJ Vocational Rehabilitation Services Vendor (Check all counties that apply)**

Atlantic	Cumberland	Mercer	Passaic
Bergen	Essex	Middlesex	Salem
Burlington	Gloucester	Monmouth	Somerset
Camden	Hudson	Morris	Sussex
Cape May	Hunterdon	Ocean	Union      Warren

**Are you an Employment Network (EN) or do you work with an Administrative Employment network (AEN)? Provide proof of ability to accept Ticket to work (TTW) (Required)**

**Type of Service at Application:**

- A. New vendor
- B. Expansion



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Indicate number of staff, names of staff and/or Administrative personnel per county(s):

Indicate additional language (s) other than English (i.e.: American Sign Language - ASL, Spanish)

ASL service providers must have passed the NJ DVRS mandatory Sign Language Communication Evaluation (SLCE) testing prior to approval, or will need to take the test within three months of service start date.

Name of Benefits Counselor	Benefit Counselor County(s)	Language (Other than English)

C. Please provide the following information for each Benefits Counselor).

Benefits Counselor Name: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Employed by WIPA or affiliated organization:     Yes     No

Benefits Planning Training Program:

Educational Institution: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Credential Type: CWIC  CPWIC  WIP

Credential Status: Full                  Provisional



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**C. County(s) Entity Proposes Services as NJ Benefits Counselor Vendor:**

Atlantic	Cumberland	Mercer	Passaic
Bergen	Essex	Middlesex	Salem
Burlington	Gloucester	Monmouth	Somerset
Camden	Hudson	Morris	Sussex
Cape May	Hunterdon	Ocean	Union      Warren

Benefits Counseling requires some face to face delivery of service. Please indicate only the counties in which you will be providing the face to face services.

**Additional Required Registrations:**

NJSTART vendor number: provide a screen shot as proof of registration

<https://www.njstart.gov/bsol>

For information about the Eligible Training Provider List (ETPL) [NJTopps@dol.nj.gov](mailto:NJTopps@dol.nj.gov)

To submit entity’s electronic application please email:

[Cheryl.vail@dol.nj.gov](mailto:Cheryl.vail@dol.nj.gov)

<https://www.nj.gov/labor/career-services/special-services/individuals-with-disabilities/>

Application Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_



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