

Out-of-School Youth Employment Services New Vendor Application



"Your Career Starts Here"

Entity Information

Applicant Vendor Name _____

New Jersey Vendor Identification # _____ New Jersey D-U-N-S Number _____

Tax clearance attached Yes No Financial/Accountant Contact _____

Number of years in operation _____

Number of years providing services to students and youth age 16-24 with disabilities _____

Address of operation _____

Mailing address _____

Out-of-School Youth Employment Services (OSYES) activity location and address (if different from mailing address)

County _____ Vendor's website _____

Vendor's contact phone # _____ Email address _____

NJ Eligible Training Provider List

► You must verify that your entity is a New Jersey-approved training provider and is listed on the Eligible Training Provider List (ETPL). Provide your entity's **ETPL vendor number** (look it up [here*](#)) _____

** page accessible via Internet Explorer or Microsoft Edge browsers*

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: carf.org.

Alternately, you may use an accrediting body that meets the criteria as an acceptable accreditation authority that sufficiently evaluates the entity's vocational rehabilitation structure, programs, and services. Examples of other accrediting bodies are Joint Commission (Jcaho) jointcommission.org, Council on Accreditation (COA) coanet.org, and The Council on Quality and Leadership (CQL) c-q-l.org.

► **Submit** (a) A copy of the entity's accreditation *and* (b) copy of the most recent report.

Your entity has three years from vendor approval date to obtain and submit verification that you have started the process to obtain CARF or other acceptable accreditation. Your entity will not be permitted to vend Out-of-School Youth Employment Services past the three-year timeframe.

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

Check all counties where your entity currently provides vocational rehabilitation services

- | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Morris | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Essex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Ocean | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Passaic | <input type="checkbox"/> Union |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Hudson | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Salem | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cape May | | | | |

Describe your entity's experience providing Out-of-School Youth Employment Services for students with disabilities.

Type of Service at Application

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group |
| <input type="checkbox"/> New service | <input type="checkbox"/> Expansion of services |

Describe your entity's ability to manage the addition or expansion of services.

Out-of-School Youth Employment Services

Check the service(s) you intend to provide.

- Job exploration counseling
- Counseling and guidance services on comprehensive transition, vocational training, industry-recognized credential programs and post-secondary school training programs (i.e.; two- and four-year colleges)
- Work-based learning experiences, internships, apprenticeships
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy

Check the county(s) where you wish to provide services as a OSYES vendor in New Jersey

- | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Morris | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Essex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Ocean | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Passaic | <input type="checkbox"/> Union |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Hudson | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Salem | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Cape May | | | | |

Explain the rationale and need to provide OSYES:

The rationale for the need for service must be based on research, statistics, and understanding of the need to serve a specific demographic and specific population. Identify the unserved and underserved youth in the county(s) you propose to serve.

OSYES Coordinator Contact Information

Name _____ Title _____
Phone number _____ Email address _____

Describe Out-of-School Youth Employment Services (OSYES) at Application

Attach the information below for *each* Out-of-School Youth Employment Service you wish to supply.

- Summary of training, detailed curriculum program schedule, names of interest and/or ability tests and assessments (i.e.: online, paper, self-administered), materials, equipment, media, technology/devices/apps, handouts, social media)
- COVID-19 considerations for remote distance learning on virtual platforms such as Zoom, Facetime, Microsoft TEAMS, Google Meet, Go-to meeting, various secured training systems and medical recording, and the like.
- Styles of instruction (interactive, group discussions, lecture, activities). All materials, supplies, gear, clothing needed for programs such as work-based learning experiences, internships, apprenticeships will be of no cost to consumer
- Details about how you would address various learning styles and what methods you would use for each service.
- Timeline for services: Hours per lesson/topic. Maximum total hours and days for service
- Measurable goals and objectives for each program to be achieved by consumers. All goals must be measurable.
- Measures that will be used to evaluate the achieved service deliverables for each service
- Pre- and Post-Assessments
- Contact information for all skills trainers (work cell numbers and email addresses)
- Explanation of the youth referral process, recruitment, public relations and marketing strategies. All youth must have an open VR case with IPE developed in the NJ DVRS office before you can accept them into your program for services.
- Marketing materials.

ALSO Attach to your application:

- ▶ Professional Resumes for supervisors, and direct service staff (i.e.; skills trainers, employment specialists, job coaches).
- ▶ Documentation confirming education and experience of OSYES Staff; that is, diploma from an accredited college or university with an associate degree, bachelor's degree, or master's degree in human services, psychology, sociology, education or related field; resume indicating two years of experience working with people with disabilities, students, youth.

In the chart below, list the names of staff or skills trainers; county/ies where they work; and any language(s) other than English in which they are fluent (for example, 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 Skills Trainer | County(s) where Trainer works | Language(s) other than English |
|------------------------|-------------------------------|--------------------------------|
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The section below is required only for vendors applying to provide Work-Based Learning Experiences (WBLE), Internships, Apprenticeships in at least three employer/businesses

Community Employer/Business Partnerships

Describe current partnerships with community employer/businesses for work-based learning experiences, internships, apprenticeships.

► Attach partnership letters and commitment agreements for the businesses listed.

Is your entity offering a paid or unpaid internship? Paid - hourly wage is minimum wage or higher Unpaid

Name your partner businesses, their counties, internships and skills to be developed.

| Business Name | Worksite County | Internship Title(s) | Skill |
|---------------|-----------------|---------------------|-------|
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Additional Registration Requirement

► **NJSTART vendor number:** Register on njstart.gov/bsa and **provide a screen shot** as proof of registration.

For information about the Eligible Training Provider List (ETPL), email: NJTopps@dol.nj.gov

Email this application to: Toni.Scott@dol.nj.gov and copy Thomas.Zobelev@dol.nj.gov with subject line “OSYES new application”

Application Completed by _____ Title _____

Date Submitted _____