



Supported Employment Training & Certification Pre-Approval Form

| Provider Contact Information (complete all sections that apply) | | | | |
|--|----------------|--|--|--|
| Agency/Organization | | | | |
| Legal Name: | | | | |
| Doing Business As (DBA) Name: | | | | |
| | | | | |
| Provider Contact Name: | Today's Date: | | | |
| Phone: | Email: | | | |
| Division of Vocational Rehabilitation Vendor: | No | | | |
| If yes, enter approved vendor #: | | | | |
| Health First Colorado (Colorado's Medicaid Program) and/or waiver service provider: 🛛 Yes 🛛 No | | | | |
| If yes, enter EIN #: | | | | |
| Training or Certification | | | | |
| Name of training: | | Anticipated Completion Date: | | |
| | | | | |
| If Other, please specify*: | | | | |
| | | Anticipated | | |
| Name of certification: | | Completion Date: | | |
| If Other, please specify*: | | | | |
| Attach current provider W-9 | | | | |
| * Attach supporting documents (only if seeking pre-approval for other training not listed – include detailed documentation | | | | |
| that all competencies are covered for required skills and knowledge) | | | | |
| Submit completed form and documentation to: <u>HCPF_Supported.Employment@state.co.us</u> | | | | |
| Terms and Conditions | | | | |
| To ensure statewide access to training funds, the Colorado Departr Department of Labor and Employment - Division of Vocational Reha certification per Home and Community Based Services (HCBS) M | bilitation (DV | (R) is currently allowing only one training and/or | | |
| Within 30 days of date of submission, you will receive an approval including a reason (not active in billing system, not an approved tra | | | | |
| If approved, you must email evidence of completion of the training and/or certification to the Department before the | | | | |

approved, you must email evidence of completion of the training and/or certification to the Department before the approval expiration date found in the approval letter. If your training/certification occurs in June, you must submit your completion documents by June 30 to be reimbursed within the state fiscal year.

If you need an extension to complete the training or to submit completion documents, you must get approval of the extension BEFORE the deadline. If you miss the deadline and do not have an extension, you will not be reimbursed.

Once we have evidence of successful completion, you will receive reimbursement within 30 days.

Questions? View www.colorado.gov/hcpf/supported-employment-program or contact HCPF_Supported.Employment@state.co.us

| Internal Use Only – Completed by Department Staff | | | | |
|---|------------|----------|--|--|
| Tracking Number: | □ Approved | □ Denied | | |
| Commente | | | | |
| Comments: | | | | |