

# Sign Up to Facilitate "Be a Strong Advocate"

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Contact:

**Jim Kreatschman, Youth Transition Coordinator**

907-465-6931

1-800-478-2815

PO Box 115516

Juneau, AK 99811-5516

[jim.kreatschman@alaska.gov](mailto:jim.kreatschman@alaska.gov)

**Flat fee for teacher facilitating "Be a Strong Advocate" for a minimum of 5 students\*..... \$1,500.00**

- 5 to 7 sessions of discussion and activities towards building self-advocacy skills
- Each facilitator receives printed copies of the Be a Strong Advocate student workbook

## Steps in the process

1. Teacher returns Teacher Vendor application and W9 to Jim Kreatschman at [jim.kreatschman@alaska.gov](mailto:jim.kreatschman@alaska.gov)
2. Teacher returns DVR Request for Pre-ETS form for each student enrolled in Be a Strong Advocate (scanned is preferable). All forms should be complete, signed and arrive together.
3. Jim will issue an Authorization for Purchase (AFP). The AFP is DVR's version of a purchase order. This authorizes you to bill DVR for the services you provide.
4. Teacher conducts "Be a Strong Advocate" Activities following the Instructor Manual (PDF Download).
5. Teacher submits one invoice along with student exit surveys for each youth.

\*DVR can make exceptions for schools with smaller populations!

*Alaska Division of Vocational Rehabilitation*  
**Teacher Vendor Application**

Name: \_\_\_\_\_  
(Name as it appears on your IRS tax return)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **AK** Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
**(Circle any that apply)** Voice / TDD / Fax / Cell / Msg.

Email: \_\_\_\_\_ FAX \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is for the purpose of certifying teachers as paid vendors of the Alaska Division of Vocational Rehabilitation (DVR) to deliver JOBZ Club and/or S’Cool Store services to students with disabilities. To be considered complete the bottom portion should be completed by a school administrator (principal, special ed. director, etc.) and returned with a signed W9 to: **Jim Kreatschman, Youth Transition Coordinator** at [jim.kreatschman@alaska.gov](mailto:jim.kreatschman@alaska.gov)

DVR can purchase other services through its network of Certified Rehabilitation Providers (CRP). More information can be found at <http://www.labor.state.ak.us/dvr/>

**School Acknowledgment**

I support \_\_\_\_\_, as a teacher in good standing, application to become a vendor for the Division of Vocational Rehabilitation to provide JOBZ Club or S’Cool Store services to students with disabilities.

I further understand:

- JOBZ Club and S’Cool Store are after school activity to provide students with disabilities Pre-Employment Transition Services to help prepare them for transitioning from school to work.
- This teacher is receiving financial reimbursement from DVR for providing JOBZ Club and/or S’Cool Store services.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

For DVR use only: Approved by: _____ Date _____
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# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> </table>	<b>Social security number</b>																				or										<b>Employer identification number</b>																			
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<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 40px; vertical-align: bottom;"><b>Sign Here</b></td> <td style="width: 500px; height: 40px; vertical-align: bottom;">Signature of U.S. person ▶</td> <td style="width: 100px; height: 40px; vertical-align: bottom;">Date ▶</td> </tr> </table>	<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶		

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



State of Alaska  
 Department of Labor and Workforce Development  
 Division of Vocational Rehabilitation  
**Referral for Pre-Employment Transition Services**



**Student Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_ **\*SSN:** \_\_\_\_\_  
(\*Required)

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State: AK** **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Select all that apply:**  Student with disability  IEP  504 Plan

**Race (mark all that apply):**  American Indian or Alaskan Native  African American or Black  Asian  
 Native Hawaiian or Other Pacific Islander  Caucasian/White

**Ethnicity:**  Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

**I experience:**

- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum
- Blindness/Visual Impairment
- Brain Injury
- Deaf/Hard of Hearing
- Developmental/Intellectual Disability
- Emotional/Behavioral Condition
- Learning Difficulties
- Medical Disability
- Other: \_\_\_\_\_
- Physical Disability
- Speech/Language Difficulties

I am requesting Pre-Employment Transition Services from DVR based upon the criteria that I am a student with a disability who is potentially eligible for DVR services. I understand that in order to pursue services other than Pre-Employment Transition Services, I will need to complete an application and provide DVR with information needed to determine my eligibility. I understand that as a recipient of services from DVR, I have the right to seek advocacy services from the Client Assistance Program (CAP) at 1-800-478-1234 or [akpa@dlicak.org](mailto:akpa@dlicak.org). For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for the service provider to exchange information with DVR to verify services were provided to me. This consent is subject to revocation at any time except to the extent that the disclosure has already occurred. If not previously revoked, this consent will expire 1 year from date of signature. The confidentiality of personal information requested on this form and with this authorization is protected by AS 23.15.190, 8 AAC98.510 – 8 AAC 98.550, 8 AAC 98.990, and 34 CFR 361.88.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If student is under 18, a parent/guardian signature is required.)

**Parent/Guardian Name:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed) (Signature)

*\*\*\*By signing below, I affirm that the student named above experiences a disability per 34 CRF 361.5 (51)\*\*\**

**Verifier Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(CRP, Teacher, Service Provider)

**Comments:** \_\_\_\_\_

# Student Exit Survey

Name: \_\_\_\_\_

Please take a few minutes to complete this survey. Please mark the extent to which you agree or disagree with the following:

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
1. Be a Strong Advocate helped me understand my interests.				
2. Be a Strong Advocate helped me understand my strengths.				
3. Be a Strong Advocate helped me identify the supports I may need to meet challenges.				
4. Be a Strong Advocate taught me how to make SMART Goals.				
5. Be a Strong Advocate helped me build the confidence to talk about myself and my needs.				

Comments or suggestions to make Be a Strong Advocate better:

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