

## FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400 Fax: 1-850-245-0875 Email: schoolchoice@fldoe.org School Choice Information Hotline: 1-800-447-1636



## SUPPORTED EMPLOYMENT SERVICE PROVIDER REQUEST TO PARTICIPATE Workforce Education Scholarship Pilot Program

Instructions: 1. Complete the first 2 sections of this form and fax or mail to this office.

2. Fax or mail copies of any required supporting documents to this office.

Name of Employ	/er	Feder	al Employer Identifi	cation Nu	ımber	
Street Address		City	State	Zip		County
Supervisor Name	e	Supervisor Pho	 one #	Superv	isor E-mail	
	r a nonprofit corporation un tion letter <u>must</u> be provided)	der s. 501(c)(3) of the	Internal Revenue	Code?		Yes□ No□
Does the Emplo	oyer serve Hardee County, I	DeSoto County, Manat	ee County, or Sara	asota Co	unty?	Yes□ No□
Does the Emplo	oyer provide supported emp	oloyment services in a	work setting to st	udents w	ith disabiliti	ies? Yes⊡ No⊡
If yes, list loc	cations:					
	Street Address	City	State	Zip	County	
	Street Address	City	State	Zip	County	
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	Street Address  Dyer contract with a private of information must be provided.		State	Zip	County	
If yes, School	oyer contract with a private ol information must be provid	school in Florida? ed below information for <u>all</u> con	ntracted schools. (	Copies o	f contracts n	Yes□ No□ nust be provided.)
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