



"People helping people help themselves"

Vocational Rehabilitation Services Pre-ETS User Registration

Please email the completed form to fssa.pre-ets@fssa.in.gov with Subject: User Registration.

Contractor Name (check one):

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Aspire | <input type="checkbox"/> Bona Vista | <input type="checkbox"/> Easter Seals Crossroads |
| <input type="checkbox"/> Easter Seals ARC | | <input type="checkbox"/> New Horizons |
| <input type="checkbox"/> Opportunity Enterprises | | <input type="checkbox"/> PEAK Community Services |
| <input type="checkbox"/> Stone Belt | | <input type="checkbox"/> Sycamore Services |

Agency Name: _____

Last Name: _____ MI: _____ First Name: _____

Email: _____

Phone Number: _____

Role (check one):

- Contractor Lead Agency Lead Pre -ETS Consultant

Contractor Lead: Check this box if this registration is for the lead contact person for this grant (i.e., the main point of contact for the agency to whom the contract is assigned).

Agency Lead: Check this box if this registration is for the lead person for one of the collaborating agencies.

Pre-ETS Consultant: Check this box if this registration is for a consultant working directly with students in a school system.

NOTE: If the registrant can fit in more than one category, choose the highest of the 3 categories. For example, if an individual could register as both an agency lead and a pre-ETS consultant, they would check agency lead, or if they could register as a contractor lead or an agency lead, they would choose contractor lead.

NOTE: If a temporary contractor lead or agency lead needs to be assigned (e.g., if someone is going on vacation) send an email to fssa.pre-ets@fssa.in.gov with contact information and amount of time needed for the temporary lead and we will make a temporary adjustment to permissions.

