



# Indiana Division of Disability and Rehabilitative Services

Vocational Rehabilitation Claim Payment System  
Vendor Registration User Guide

September 10, 2018

## How to Complete a VR Vendor Account Request

### *Before Beginning:*

Review the vendor manual at <https://www.in.gov/fssa/ddrs/5448.htm>.

Use the checklist at <https://www.in.gov/fssa/files/Business-checklist1.pdf> to gather the prerequisite information to complete the process.

1. Navigate to <https://vrtps.fssa.in.gov/Public/Portal.aspx>
2. Select/Click on **Registration**.



3. Select/Click on **Vendor Account Request**.



4. Enter information in **the Username, First Name, Last Name, Email, and Business Name** fields. Information can also be entered in the non-required (Pay To) fields.
5. Select/Click on **Submit**.

Home Information Training FAQ Registration

### Vendor Registration - Account Request

Username:

First Name:

Last Name:

Email:

Business Name:

(Pay To) Address 1:

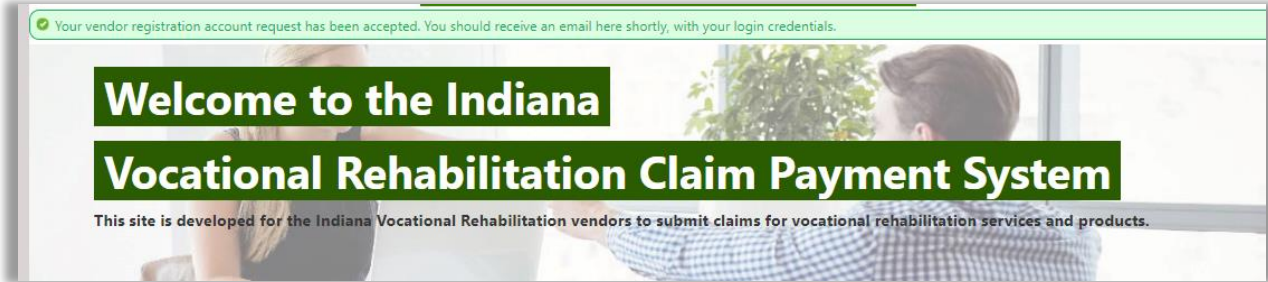
(Pay To) Address 2:

(Pay To) City:

(Pay To) State:

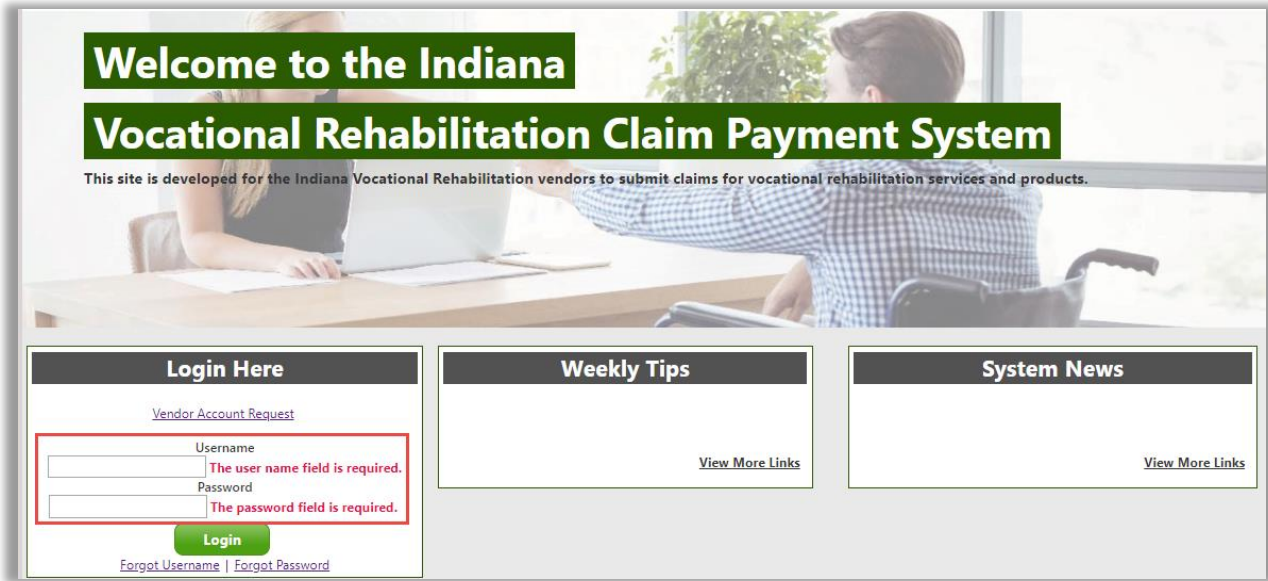
(Pay To) Zip Code:

A message stating “Your vendor registration account request has been accepted. You will receive an email shortly, with your login credentials.” If you do not see the e-mail in your Inbox check your spam folder.



### How to Login

1. Enter information in the **Username** and **Password** fields, then Select/Click on the **Login** button.





## How to Recover a Lost Password

1. Select/Click on **Forgot Password** on the login screen.

The screenshot shows the login page of the Vocational Rehabilitation Claim Payment System. The page includes the Indiana Vocational Rehabilitation logo, a navigation menu, and a 'LOGIN' button. The main heading is 'Welcome to the Indiana Vocational Rehabilitation Claim Payment System'. Below this, there are three columns: 'Login Here' with fields for 'Username' and 'Password' and a 'Login' button; 'Weekly Tips' with sections for 'Business Checklist' and 'System Update'; and 'System News' with a section for 'VR CPS Preferred Browser'. A red box highlights the 'Forgot Password' link in the 'Login Here' section.

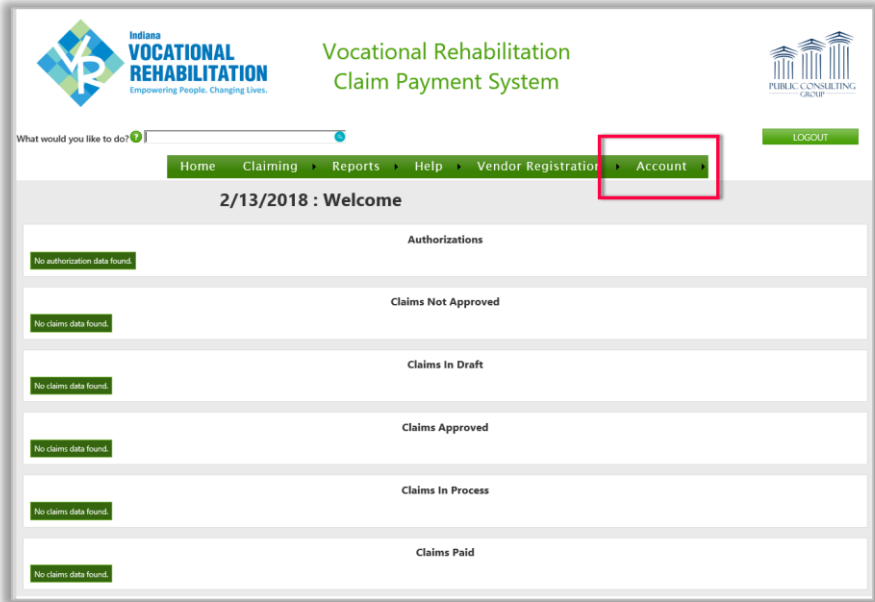
2. Enter information in the **Username** or **Email Address** fields and the Select/Click on **Reset Password**. It is suggested when possible for users to use the “Username” field, if users have multiple accounts with the same email, users will need to use the “Username” field or contact the Customer Service Center at 1-833-3061.

The screenshot shows the 'Forgot My Password' page. The page includes the Indiana Vocational Rehabilitation logo, a navigation menu, and a 'LOGIN' button. The main heading is 'Forgot My Password'. Below this, there is a form with fields for 'Username' and 'Email Address' and a 'Reset Password' button. A red box highlights the 'Reset Password' button.

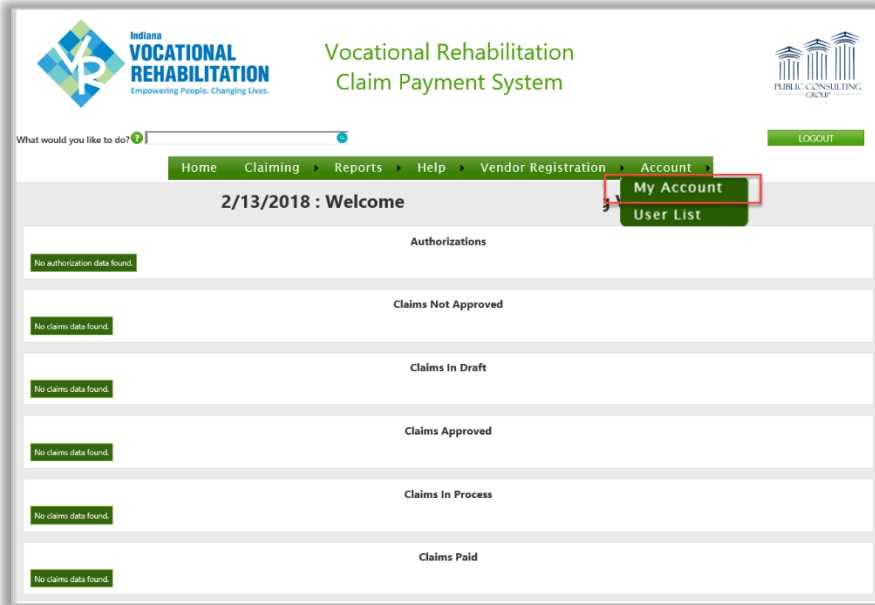
3. Login to the system with the password e-mailed to you.

# How to Reset Password (once logged in)

- 1. Select/Click on **Account**.



- 2. Select/Click **My Account**.

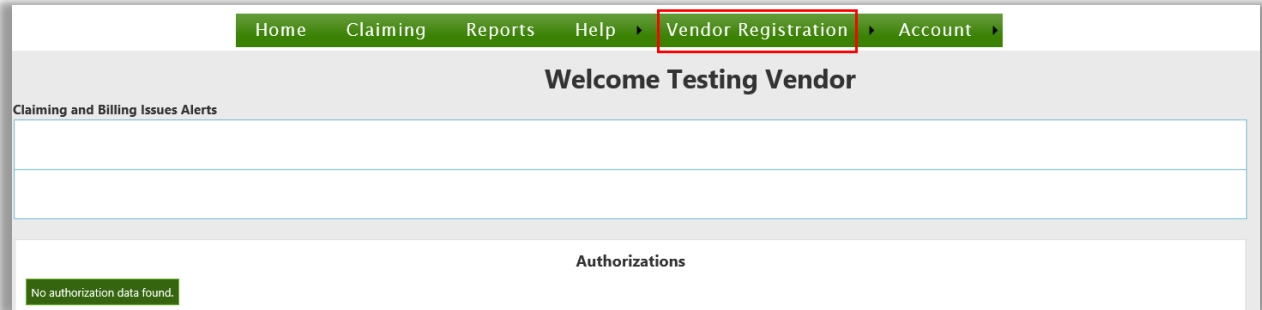


3. Enter information in the **Current Password**, **New Password** and **Confirm Password** fields, then Select/Click on **Change Password**.

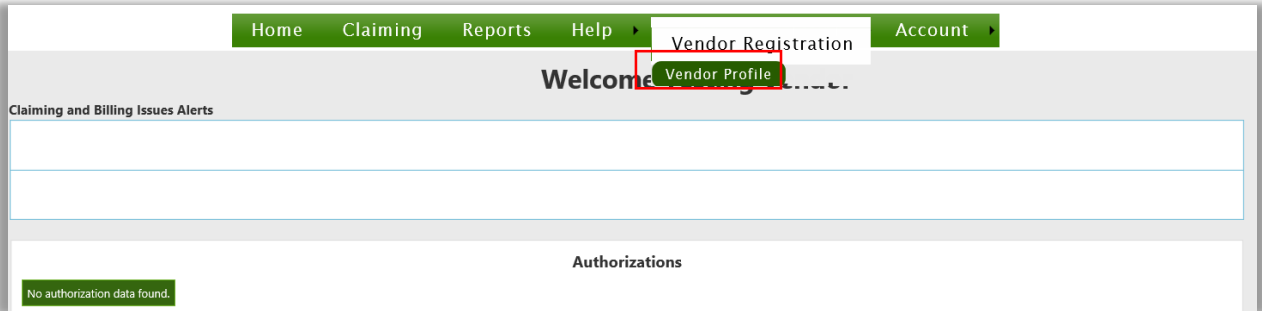
The screenshot displays the 'My Account' interface. It is divided into two main sections: 'Update Account' and 'Update Password'. The 'Update Account' section contains three text input fields: 'First Name' with the value 'Vocational', 'Last Name' with the value 'Rehabilitation', and 'Email Address' with the value 'training@training.com'. Below these fields is a green 'Update Account' button. The 'Update Password' section contains three text input fields: 'Current Password', 'New Password', and 'Confirm Password', all of which are filled with black dots. Below these fields is a green 'Change Password' button. A red rectangular box highlights the 'Current Password', 'New Password', and 'Confirm Password' fields and the 'Change Password' button.

# How to Complete Vendor Registration

- 1. Select/Click on **Vendor Registration**.



- 2. Select/Click on **Vendor Profile**.



## General Information Tab

1. Select/Click on the **General Information** tab.
2. Enter information in the **Business Name, Business Website, First Name, Last Name, Doing Business As (DBA), FEIN/Federal ID, Vendor Bidder Number, Vendor Classification, DUNS Number, Agency Primary Contact First Name, Agency Primary Contact Last Name, Agency Primary Contact Title and Agency Primary Contact Email** fields.

If you do not know your DUNS number you can find it at <https://www.dnb.com/duns-number/lookup.html>.

If you do not know your Bidder number you can find it at <https://www.in.gov/idoa/2464.htm>.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goodis) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goodis

Be advised - Changes to certain information must be verified by State of Indiana before payments will be released

Certification Status:  
Not Certified  
Approval Status:  
Not available at this time

Business Name: <b>required</b> SusanPCG	Business Website:	First Name:
Middle Initial:	Last Name:	Doing Business As (DBA):
PeopleSoft ID:	FEIN/Federal ID: <b>required</b>	Vendor Bidder Number: <b>required</b>
Vendor Classification: [dropdown] <b>required</b>	DUNS Number: <b>required</b>	
Primary Contact First Name: <b>required</b>	Primary Contact Last Name: <b>required</b>	Primary Contact Title: <b>required</b>
Primary Contact Email: <b>required</b>		

3. Enter information in the **Secondary Contact** section (*if applicable*). Enter information in the **Pay-To Address and First Phone Number** section.



The screenshot shows three sections of a green form with red borders. The first section, 'Secondary Contact', includes fields for Contact Type (a dropdown), Contact Title, Contact First Name 2, Email 2, and Contact Last Name 2. The second section, 'Pay-To Address', includes fields for Address 1 (marked 'required'), Address 2, City (marked 'required'), State (marked 'required'), Zip (marked 'required'), and Country (a dropdown set to 'United States'). The third section, 'First Phone Number', includes fields for Area Code (marked 'required'), Phone Number (marked 'required'), and Extension.

4. Complete the Business Classification Section. Select/Click on a **Business Classification**. Select/Click on Yes or No in response to both the **Current Vocational Rehabilitation Services Vendor** and **Outstanding Federal or State Tax Debt** drop-down menus.

The screenshot shows the 'Business Classification' section of the form. It features three radio button options: 'Private Community Rehabilitation Program (CRP)', 'Public Service Provider', and 'Other Private Service Provider'. Below this are two dropdown menus: 'Current Vocational Rehabilitation Services Vendor?' and 'Outstanding Federal or State Tax Debt?'. Red boxes highlight the dropdown menus.

5. Upload registration documents in the Supporting Documentation section. Select/Click on the arrow in the **Valid files: Any** drop-down menu to choose a **Document Type**. Select/Click on **Browse**. Enter a **File Name**, then select/click on the **Upload** button.

Please refer to the Vendor Registration Manual at <https://vr cps.fssa.in.gov//Public/Documents/ImportantLink/VR%20Services%20Manual%20-%20Version%204.0.pdf> to determine which documents are required for upload based on the Vendor Classification Type selected in Step 2.

The screenshot shows the 'Supporting Documentation' section. It displays a message 'No registration documents found.' Below this is a 'Valid files: Any' dropdown menu with a red box around the arrow. To the right of the dropdown is a 'Browse...' button with a red box around it. Further right is an 'Enter file name' text input field with a red box around it, followed by an 'Upload' button with a red box around it. Below these elements is a list of document types: 'Uploaded Business Entity Form', 'Uploaded Background Check', and 'Uploaded IRS Form W-9'. At the bottom left is an 'Update' button.

Select/Click on the **View** button to view the uploaded document.

Select/Click on the **Delete** button to remove the uploaded document.

Supporting Documentation

Name	Type	Uploaded Date	
Test document	Business Entity Form from Secretary of State	08/12/2018 05:04 PM	<a href="#">View</a> <a href="#">Delete</a>

Valid files: Any

Business Entity Form from Secretary of State  Browse... Enter file name

- Uploaded Business Entity Form
- Uploaded Background Check
- Uploaded IRS Form W-9

6. Select/Click on the **Update** button to save information entered.

Supporting Documentation

Name	Type	Uploaded Date	
Test document	Business Entity Form from Secretary of State	08/12/2018 05:04 PM	<a href="#">View</a> <a href="#">Delete</a>

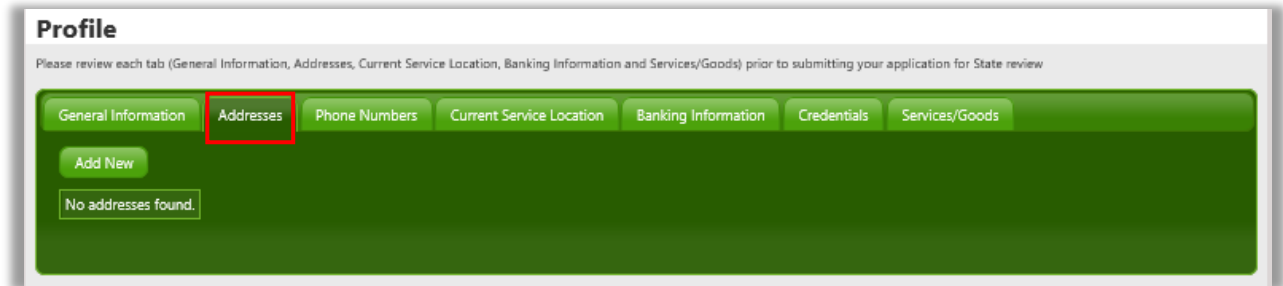
Valid files: Any

Business Entity Form from Secretary of State  Browse... Enter file name

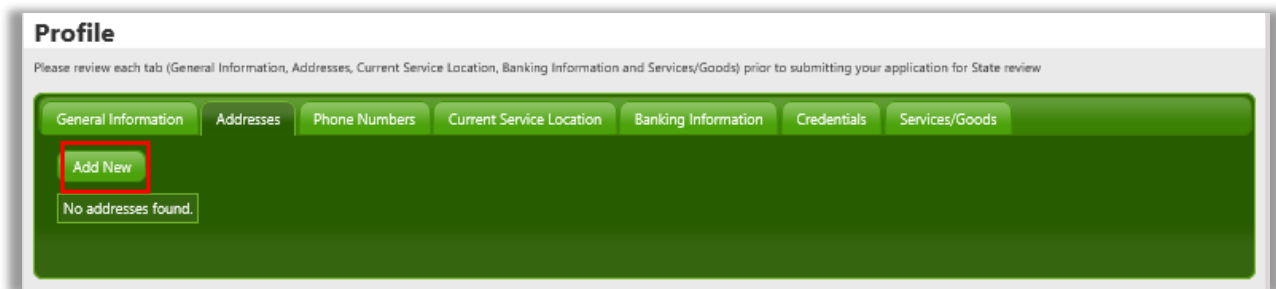
- Uploaded Business Entity Form
- Uploaded Background Check
- Uploaded IRS Form W-9

## Addresses Tab

1. Enter Address information. Select/Click on the **Addresses** tab. Each vendor must enter at least one physical address.



2. Select/Click on the **Add New** button.



- 3. Enter **Vendor Address**. Select/Click on an **Address Type**, indicate if address is primary, and enter address details. Select/Click on the **Add** button.

**Add Vendor Address**

Address Type:  Primary?

Address 1:  Address 2:

City:  State:  Zip:

Country:  United States

Cancel Add

Multiple addresses can be added to a vendor’s Address tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct address information entered.

Select/Click on the **Delete** link to remove address information entered.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

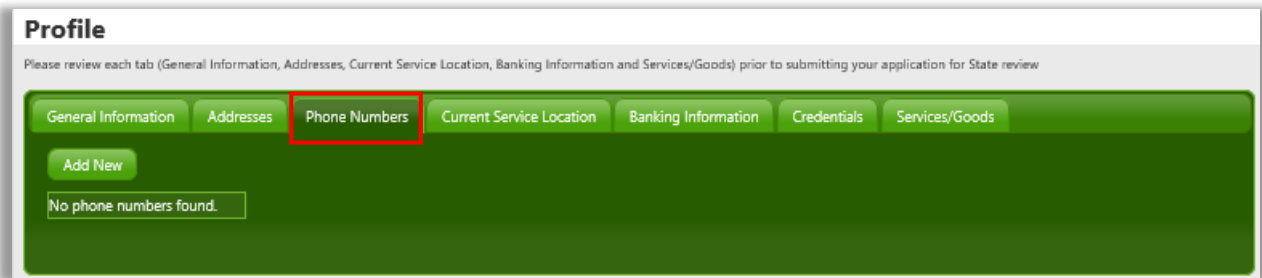
General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

Add New

Primary?	Type	Address 1	Address 2	City	State	Zip	Country		
<input checked="" type="checkbox"/>	Mailing	Box 234		Albany	IN	47407	United States	<a href="#">Edit</a>	<a href="#">Delete</a>

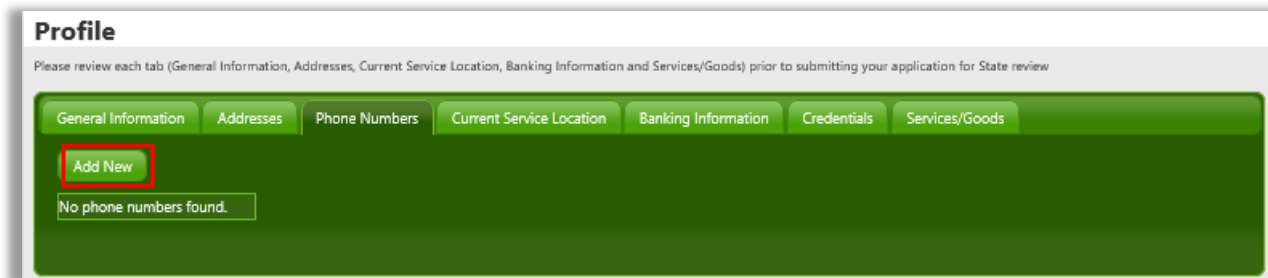
## Phone Numbers Tab

1. Enter Phone Number information. Select/Click on the **Phone Numbers** tab.



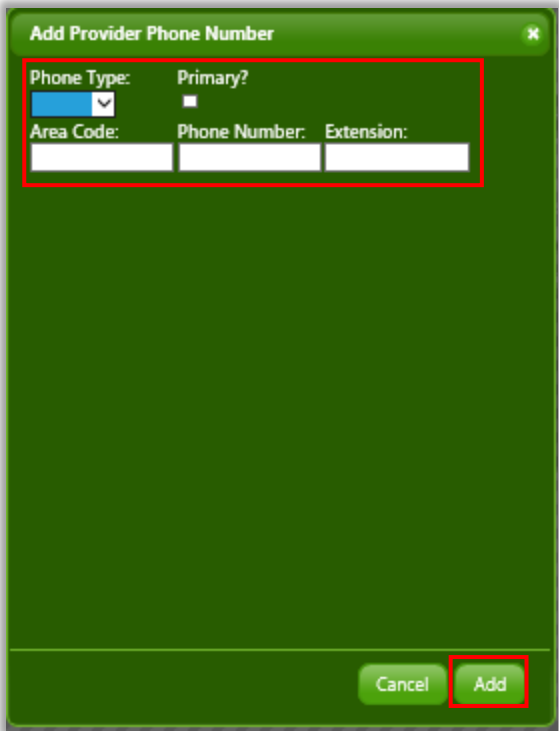
The screenshot shows the 'Profile' page with a navigation bar containing tabs for 'General Information', 'Addresses', 'Phone Numbers', 'Current Service Location', 'Banking Information', 'Credentials', and 'Services/Goods'. The 'Phone Numbers' tab is highlighted with a red box. Below the navigation bar, there is an 'Add New' button and a message box that says 'No phone numbers found.'

2. Select/Click on the **Add New** button.



The screenshot shows the 'Profile' page with the 'Phone Numbers' tab selected. The 'Add New' button is highlighted with a red box. The message box below still says 'No phone numbers found.'

3. Enter **Vendor Phone Number**. Select/Click on an **Phone Type**, indicate if phone number is primary, and enter phone number details. Select/Click on the **Add** button.



The image shows a dialog box titled "Add Provider Phone Number" with a close button (X) in the top right corner. The dialog contains the following fields:

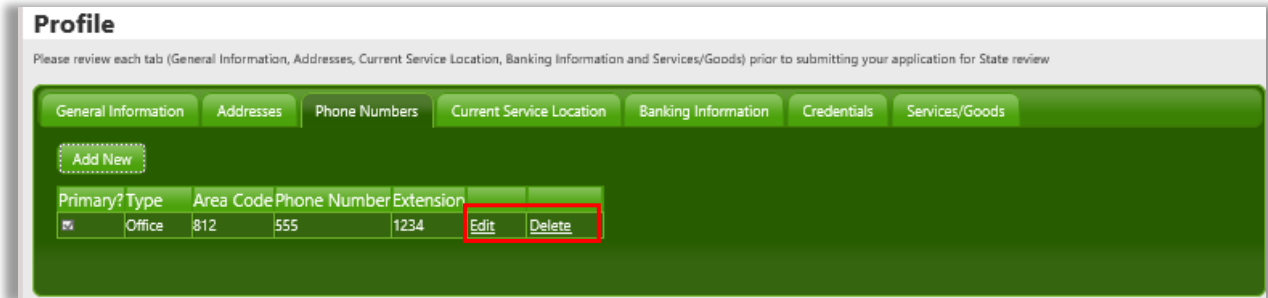
- Phone Type: A dropdown menu with a blue arrow pointing down.
- Primary?: A checkbox.
- Area Code: A text input field.
- Phone Number: A text input field.
- Extension: A text input field.

At the bottom of the dialog, there are two buttons: "Cancel" and "Add". The "Add" button is highlighted with a red box.

Multiple phone numbers can be added to a Vendor’s **Phone Numbers** tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct phone information entered.

Select/Click on the **Delete** link to remove phone information entered.



The image shows a "Profile" page with a navigation bar containing tabs: "General Information", "Addresses", "Phone Numbers", "Current Service Location", "Banking Information", "Credentials", and "Services/Goods". Below the tabs is an "Add New" button. A table displays phone number information with columns: "Primary?", "Type", "Area Code", "Phone Number", "Extension", "Edit", and "Delete". The "Edit" and "Delete" buttons for the first row are highlighted with a red box.

Primary?	Type	Area Code	Phone Number	Extension	Edit	Delete
<input checked="" type="checkbox"/>	Office	812	555	1234	Edit	Delete



## Current Service Location Tab

1. Add Current Service Location information. Select/Click on the **Current Service Location** tab. At least one service location must be entered.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | **Current Service Location** | Banking Information | Credentials | Services/Goods

All Unassociated Service Locations | Current Associated Service Locations

<input type="checkbox"/> County Name
<input type="checkbox"/> ADAMS
<input type="checkbox"/> ALLEN
<input type="checkbox"/> BARTHOLOMEW
<input type="checkbox"/> BENTON
<input type="checkbox"/> BLACKFORD
<input type="checkbox"/> BOONE
<input type="checkbox"/> BROWN
<input type="checkbox"/> CARROLL
<input type="checkbox"/> CASS
<input type="checkbox"/> CLARK
<input type="checkbox"/> CLAY
<input type="checkbox"/> CLUNTON

Add

1. Select/Click on the checkbox to select a **County Name**, then select/click on the **Add** button.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | **Current Service Location** | Banking Information | Credentials | Services/Goods

All Unassociated Service Locations | Current Associated Service Locations

<input type="checkbox"/> County Name
<input type="checkbox"/> ADAMS
<input type="checkbox"/> ALLEN
<input type="checkbox"/> BARTHOLOMEW
<input type="checkbox"/> BENTON
<input type="checkbox"/> BLACKFORD
<input type="checkbox"/> BOONE
<input type="checkbox"/> BROWN
<input type="checkbox"/> CARROLL
<input type="checkbox"/> CASS
<input type="checkbox"/> CLARK
<input type="checkbox"/> CLAY
<input type="checkbox"/> CLUNTON

Add

Select/Click on the **Delete** link to remove a county.

### Profile

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

All Unassociated Service Locations

County Name
ALLEN
BARTHOLOMEW
BROWN
CARROLL
CLARK
CLINTON
CRAWFORD

Add

Current Associated Service Locations

County Name	Delete
ADAMS	Delete
BENTON	Delete
BLACKFORD	Delete
BOONE	Delete
CASS	Delete
CLAY	Delete

## Banking Information

1. Select/Click on the **Banking Information** tab.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | **Banking Information** | Credentials | Services/Goods

No EFT Bank Accounts setup.

**Request New EFT Account Setup**

Upload Bank Information Documents

Filter

No banking documents found.

Valid files: Any

Waiver Direct Deposit Form  Browse... Enter file name  Upload Document

2. Select/Click on the **Request New EFT Account Setup** button.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | **Banking Information** | Credentials | Services/Goods

No EFT Bank Accounts setup.

**Request New EFT Account Setup**

Upload Bank Information Documents

Filter

No banking documents found.

Valid files: Any

Waiver Direct Deposit Form  Browse... Enter file name  Upload Document

3. Enter banking information in the **Routing Number, Confirm Routing Number, Account Number, Confirm Account Number, Account Description, Contact Email Address, and Confirm Contact Email Address** fields.

4. Select/Click on the **Submit** button.

### EFT Setup Request

Routing Number	<input type="text"/>	Confirm Routing Number	<input type="text"/>
Account Number	<input type="text"/>	Confirm Account Number	<input type="text"/>
Account Description	<input type="text"/>		

**Submit**

#### Upload Waiver Direct Deposit Form

*The Waiver Direct Deposit Form includes submittal of documentation from a banking institution indicating that the vendor is not permitted to obtain a checking account.*

1. Select/Click on **Browse**. Enter a **File Name** then select/click on the **Upload** button

Upload Bank Information Documents

Filter

No banking documents found.

Valid files: Any

Waiver Direct Deposit Form

2. Enter information in the **First Name**, **Middle Name** (if applicable), **Last Name** and **Date Bank Signed Waiver** fields, then select/click on the **Save** button.

Upload Bank Information Documents

Filter

Name	Type	Uploaded Date	
Training	Waiver Direct Deposit Form	02/16/2018 05:30 PM	<input type="button" value="View"/> <input type="button" value="Delete"/>

Business Entity Form from Secretary of State Valid files: Any (\*.\*)

Waiver Direct Deposit Form

First Name:  Middle Name:  Last Name:

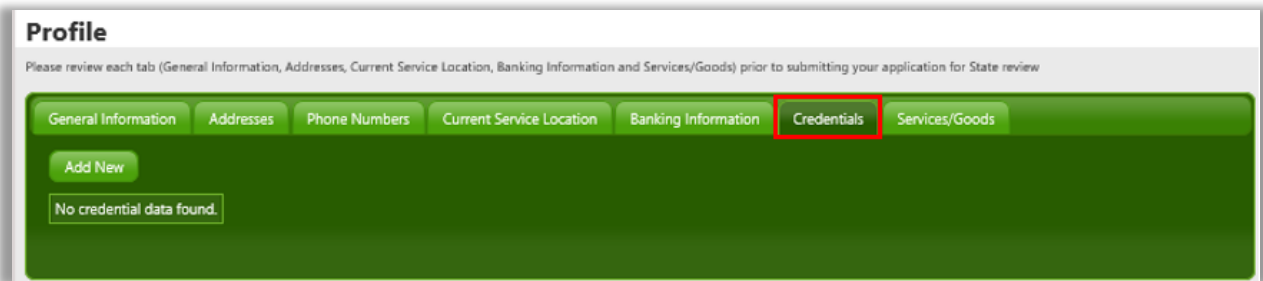
Date Bank Signed Waiver:

## Credentials Tab

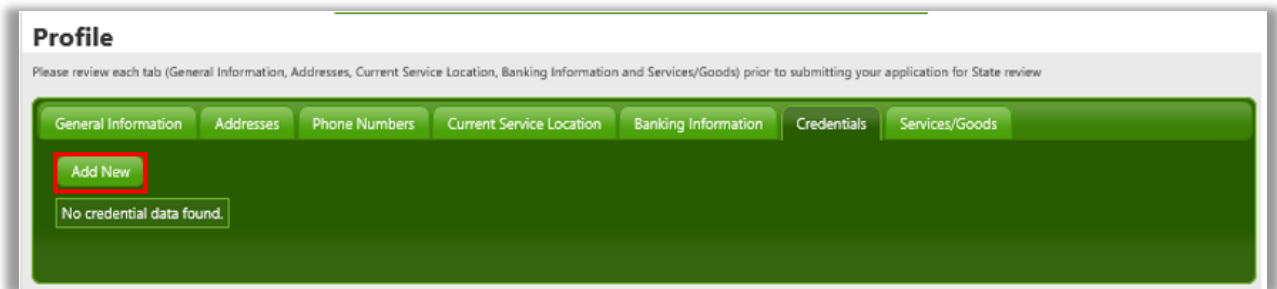
1. Enter Credential Information (*if applicable*). Select/Click on the **Credentials** tab.

See the Vendor Registration Manual

(<https://www.in.gov/fssa/files/VR%20Services%20Manual%20-%20Version%204.0.pdf>) page 3 for information on credentials.



2. Select/Click on **Add New**.



3. Select/Click on a **Credential Type**. Select/Click on a **Credential Status**. Enter information in the **State Issued By**, **Issue Date**, **Expiry Date**, **Staff Name** and **License Number** fields. Select/Click on the **Add** button.

**Add Provider Credential Number** [X]

Credential Type: [v]

Credential Status: [v]

Issued By: [ ] Issue Date: [ ] Expiration Date: [ ]

Staff Name: [ ] License Number: [ ]

[Cancel] [Add]

Multiple **Credentials** can be added to a Vendor’s **Credentials** tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct credentials information entered.

Select/Click on the **Delete** link to remove credentials information entered.

**Profile**

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review.

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | **Credentials** | Services/Goods

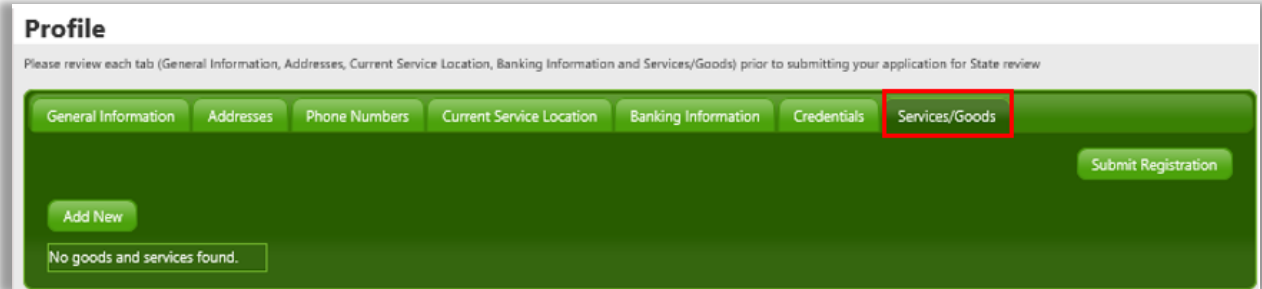
[Add New]

Credential Type	Credential Status	Issued By	Issue Date	Expiration Date	Staff Name	License Number		
Accreditation	Active	test	7/31/2018	8/4/2021			[Edit]	[Delete]

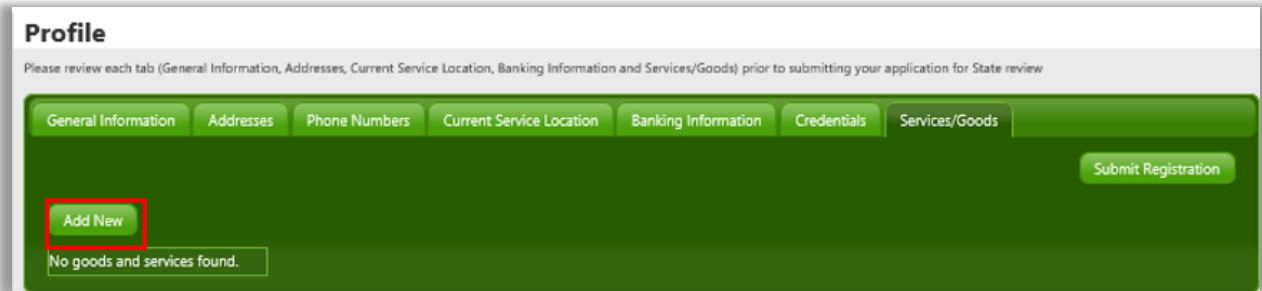


## Services/Goods Tab

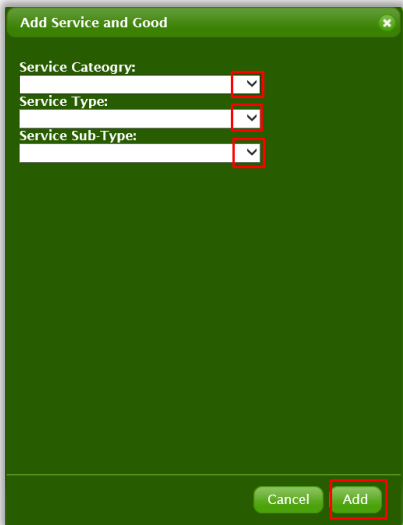
1. Select/Click on the **Services/Goods** tab.



2. Select/Click on the **Add New** button.



3. Enter Services/Goods information. Select/Click on a **Service Category**, **Service Type** and **Service Sub-Type** and select/click on the **Add** button.



Select/Click on the **Delete** link to remove a service/good. Add all services your agency will be claiming for.

**Profile**  
Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

Submit Registration

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Diagnostic and Evaluation	Assessment - MRI and X-rays *Licensure and/or Certification Required	Other (Specify with narrative box)	Training	9/10/2018	Delete
Treatment Services	Medication & Supplies	Other (Specify with narrative box)	Training	9/10/2018	Delete

4. Select/Click on the **Submit Registration** button. **REGISTRATION IS NOT COMPLETE UNTIL YOU CLICK ON SUBMIT REGISTRATION.**

**Profile**  
Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

Submit Registration

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Diagnostic and Evaluation	Assessment - MRI and X-rays *Licensure and/or Certification Required	Other (Specify with narrative box)	Training	9/10/2018	Delete
Treatment Services	Medication & Supplies	Other (Specify with narrative box)	Training	9/10/2018	Delete

5. **Almost finished, please read the agreement and acknowledge that you agree!**

*If you do not see the agreement look for red text exemplifying missing items, then make corrections and submit again.*

*The red text will be specific to the fields that require corrections, here is an example:*

**Profile**

All vendor types must upload "Completed IRS Form W-9" before submitting.  
At least one Physical address is required in order to submit successfully.  
Must select and add at least 1 service location.  
Must add at least 1 service and good.

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

**CONGRATS your registration has been submitted. Indiana FSSA staff will review your registration. The approval process can take up to 4 to 6 weeks. Once the registration review is completed, the primary contact will receive an auto-generated email from [VRNOREPLY@fssa.in.gov](mailto:VRNOREPLY@fssa.in.gov).**