



# Indiana Division of Disability and Rehabilitative Services

Vocational Rehabilitation Claim Payment System  
Vendor Registration User Guide-Guardian/Participant Role

October 2018

## How to Complete a VR Vendor Account Request

### *Before Beginning:*

Use the checklist <https://www.in.gov/fssa/ddrs/5448.htm> to gather the prerequisite information to complete the process.

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

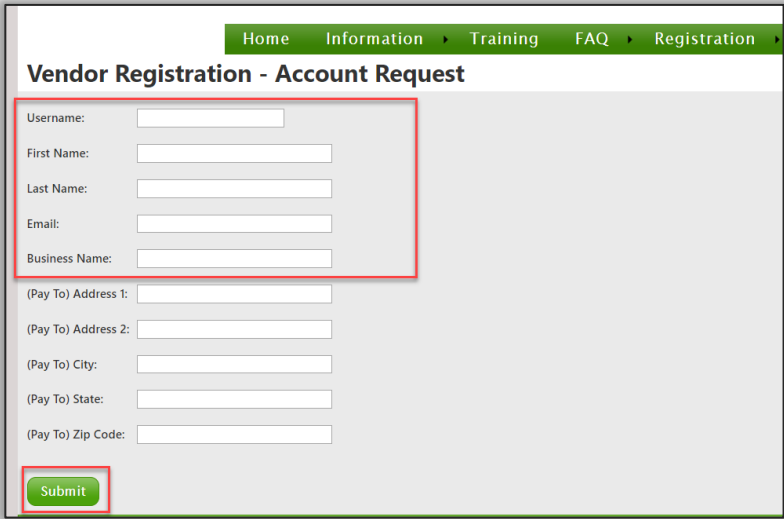


3. Select/Click on **Vendor Account Request**.



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.
  - a. The **Business Name** field can be your First Name, Last Name

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:

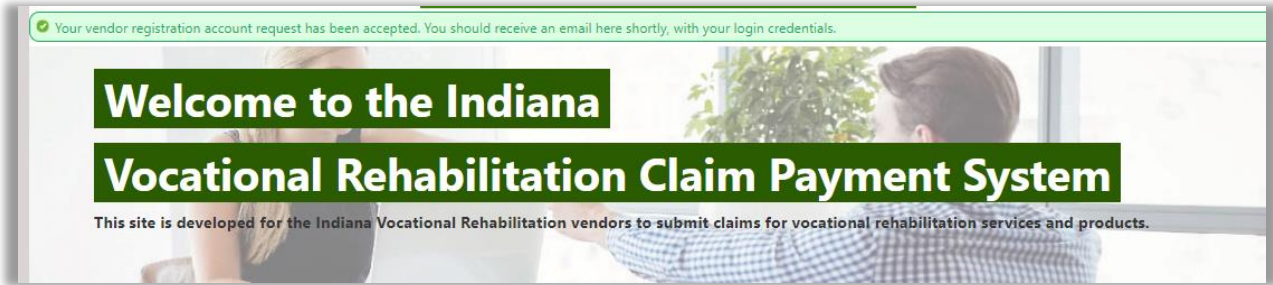
(Pay To) Address 2:

(Pay To) City:

(Pay To) State:

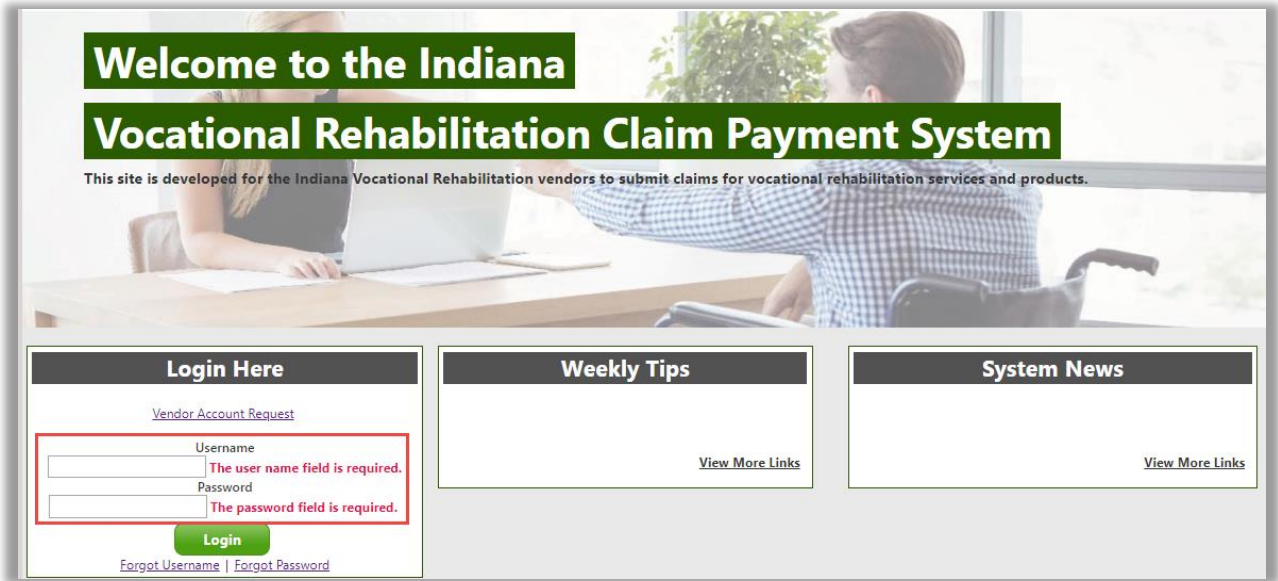
(Pay To) Zip Code:

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 main interface of the Vocational Rehabilitation Claim Payment System. At the top left is the logo for Indiana Vocational Rehabilitation, and at the top right is the logo for Public Consulting Group. A navigation bar contains links for Home, Information, Training, and Registration. A prominent green button labeled 'LOGIN' is located in the upper right. The main content area features a large green banner with the text 'Welcome to the Indiana Vocational Rehabilitation Claim Payment System'. Below this banner, there are three columns of content: a 'Login Here' section with input fields for 'Username' and 'Password', a 'Weekly Tips' section with a 'Business Checklist' and 'System Update', and a 'System News' section with a 'VR CPS Preferred Browser' notice. A red box highlights the 'Forgot Username' and 'Forgot Password' links at the bottom of the login section.

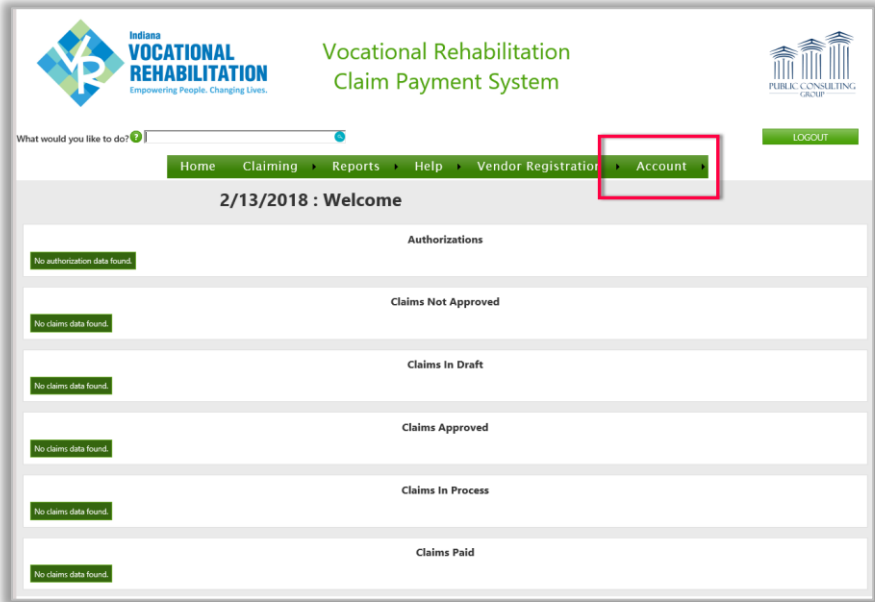
2. Enter information in the **Username** or **Email Address** fields and the Select/Click on **Reset Password**. It is suggested when possible for users to use the “Username” field, if users have multiple accounts with the same email, users will need to use the “Username” field or contact the Customer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

The screenshot shows the 'Forgot My Password' page. It features the same logos and navigation as the login page. The main heading is 'Forgot My Password'. Below the heading is a form with the instruction 'Enter your username or email address'. The form has two input fields: 'Username:' and 'OR Email Address:'. A green 'Reset Password' button is located below the input fields. A red box highlights the 'Reset Password' button.

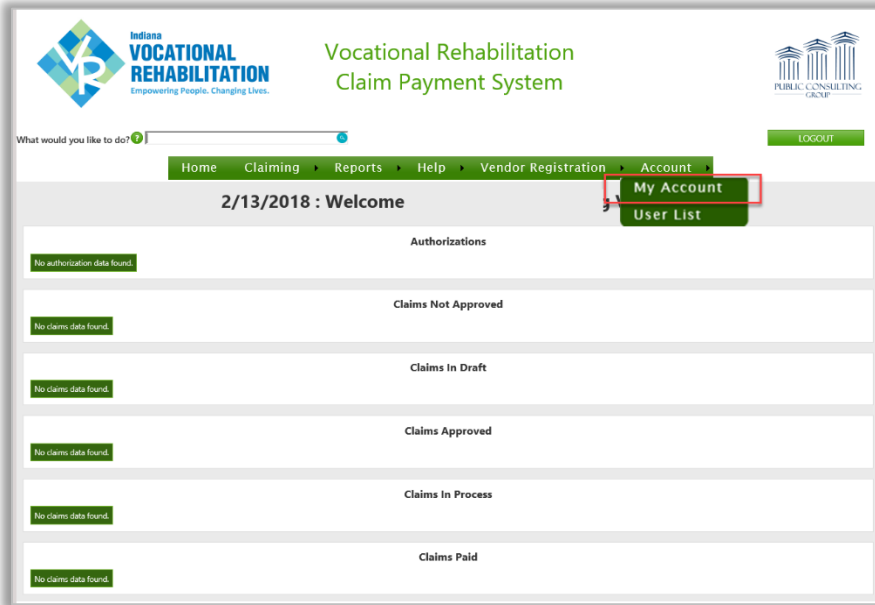
3. Login to the system with the password e-mailed to you.

# How to Reset Password (once logged in)

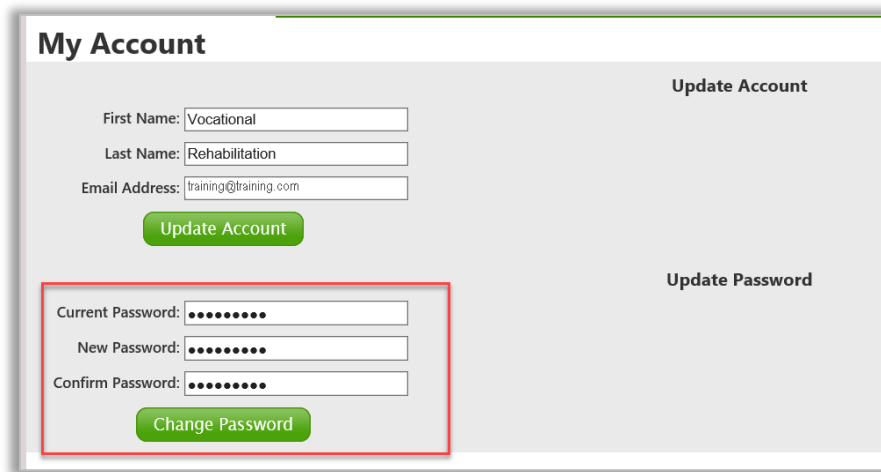
- 1. Select/Click on **Account**.



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



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



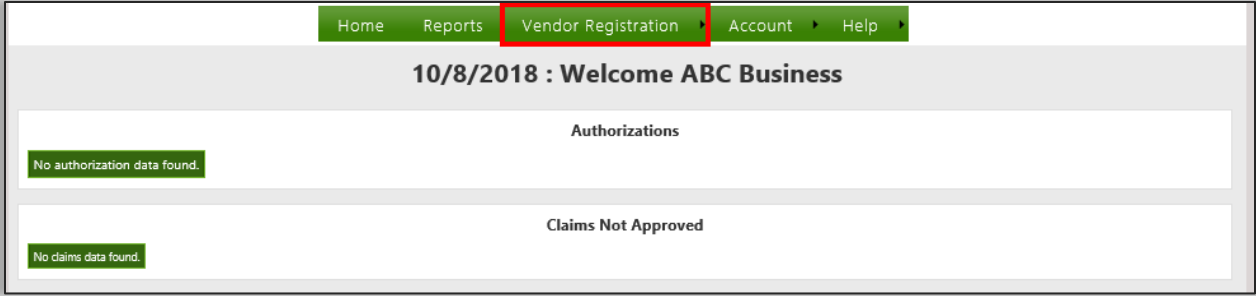
The screenshot displays the 'My Account' interface. It is divided into two main sections: 'Update Account' and 'Update Password'. The 'Update Account' section contains three text input fields: 'First Name' with the value 'Vocational', 'Last Name' with 'Rehabilitation', and 'Email Address' with 'training@training.com'. 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 'Update Password' section, including the three password input fields and the 'Change Password' button.

Passwords must comply with the following requirements:

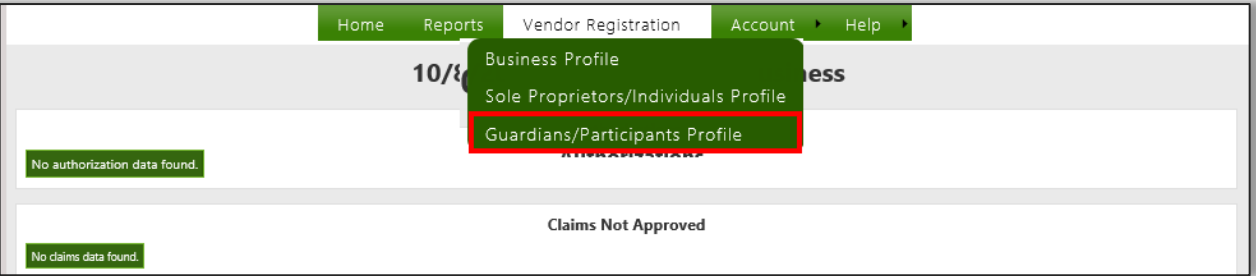
- Password must have at least 4 changes characters from your current password.
- Password must be between 8 and 50 characters long.
- Passwords cannot be a repeat.
- There must be no more than 3 consecutive alpha characters.
- Password cannot be a dictionary name or word.

## How to Complete Vendor Registration

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



- 2. Select/Click on **Guardian/Participant Profile**.  
**NOTE:** Please select the correct registration type to avoid a Not Approved reply from an Indiana FSSA staff.





## General Information Tab

1. Select/Click on the **General Information** tab.
2. Enter information in the **Business Name, Business Website, First Name, Last Name, FEIN/Federal ID/SSN, and Primary Contact Email** fields.

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information

Submit Registration

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: ABC Guardian *Required* | First Name: *Required* | Middle Initial:   
Last Name: *Required* | Doing Business As (DBA):   
FEIN/Federal ID/SSN: *Required* | Vendor Classification: Vendor Type 3  
Primary Contact Email: *Required*

3. Enter information in the **Secondary Contact** section (if applicable).

Secondary Contact

Contact Type:  | Contact First Name 2:  | Contact Last Name 2:   
Contact Title:  | Email 2:

4. Enter information in the **Pay To Address** section. The address entered in the Vendor Registration-Account Request process will prepopulate (if entered during the account request process). Enter information in the **First Phone Number** section.

Pay To Address

Address 1: 123 Some Steet *Required* | Address 2:   
City: Indianapolis *Required* | State: IN *Required* | Zip: 46201 *Required*  
Country: United States *Required*

First Phone Number

Area Code: *Required* | Phone Number: *Required* | Extension:

5. *Other Private Service Provider* will be automatically selected and cannot be modified. Select/Click on *Yes* or *No* in response to the **Outstanding Federal or State Tax Debt** drop-down menus.

The screenshot shows the 'Business Classification' section with three radio buttons: 'Private Community Rehabilitation Program (CRP)', 'Public Service Provider', and 'Other Private Service Provider'. The 'Other Private Service Provider' option is selected and highlighted with a red box. Below this, the 'Outstanding Federal or State Tax Debt?' dropdown menu is also highlighted with a red box, with a yellow arrow pointing to it from a red 'Required' label.

6. 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.

The screenshot shows the 'Supporting Documentation' section with the message 'No registration documents found.' Below this, there is a 'Valid files: Any' dropdown menu with a red arrow pointing to it. To the right of the dropdown is a 'Browse...' button, followed by an 'Enter file name' text input field, and an 'Upload' button. Below these elements are two checkboxes: 'Uploaded Direct Deposit Form' and 'Uploaded IRS Form W-9'.

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

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

Name	Type	Uploaded Date	View	Delete
Direct Deposit	Completed Direct Deposit Form	10/16/2018 11:34 AM	View	Delete
IRS	Completed IRS Form W-9	10/16/2018 11:34 AM	View	Delete

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

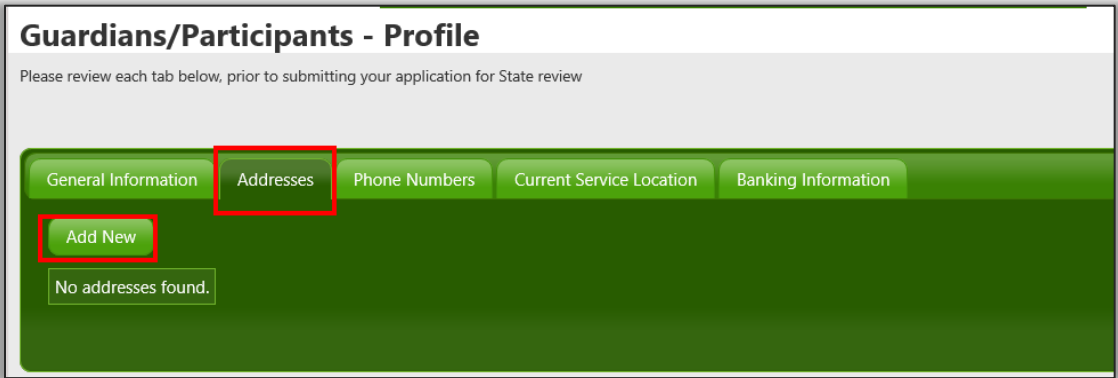
The screenshot shows the 'Supporting Documentation' section with a table of uploaded documents. Below the table, there is a 'Valid files: Any' dropdown menu with 'Business Entity Form from Secretary of State' selected. To the right of the dropdown is a 'Browse...' button, followed by an 'Enter file name' text input field, and an 'Upload' button. Below these elements are two checkboxes: 'Uploaded Direct Deposit Form' and 'Uploaded IRS Form W-9'. At the bottom left of the section, there is an 'Update' button highlighted with a red box.

**Document Requirements**

- Direct Deposit Form
- 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.



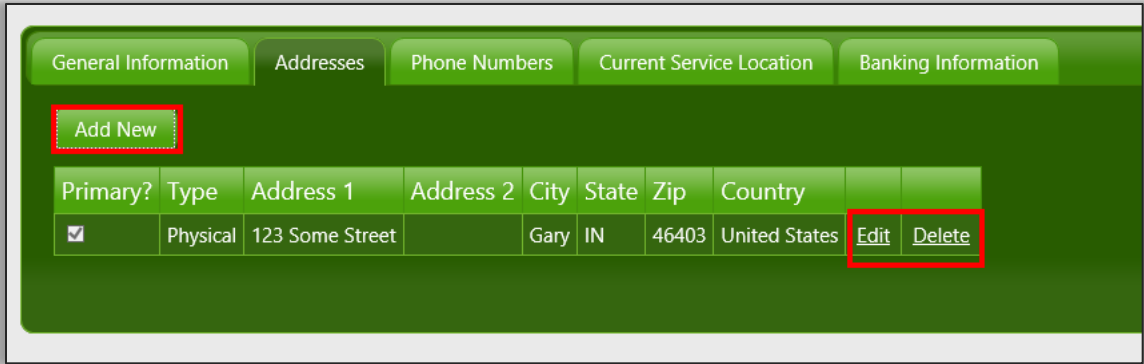
3. Enter **Vendor Address**. Select/Click on an **Address Type**, indicate if address is primary, and enter address details. Select/Click on the **Add** button.

The screenshot shows a dialog box titled "Add Vendor Address". It contains the following fields: "Address Type:" with a dropdown menu (highlighted with a red box), "Primary?" with a checkbox, "Address 1:" with a text input field, "Address 2:" with a text input field, "City:" with a text input field, "State:" with a text input field, "Zip:" with a text input field, and "Country:" with a dropdown menu showing "United States". At the bottom right, there are two buttons: "Cancel" and "Add" (highlighted with a red box).

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

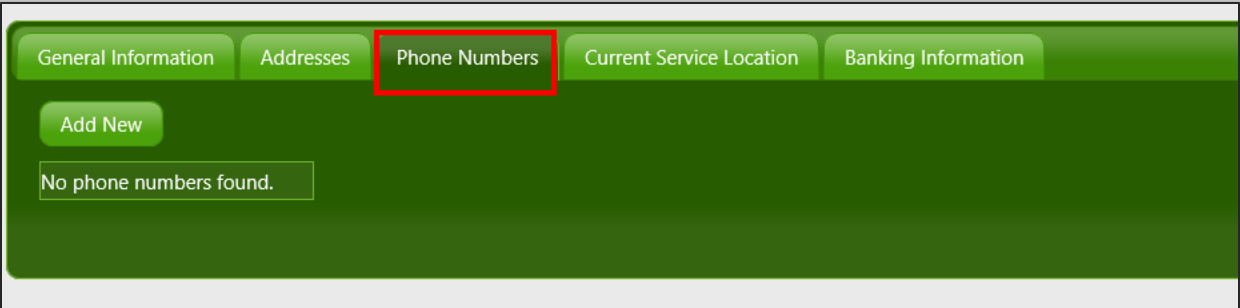
Select/Click on the **Edit** link to update or correct address information entered.

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

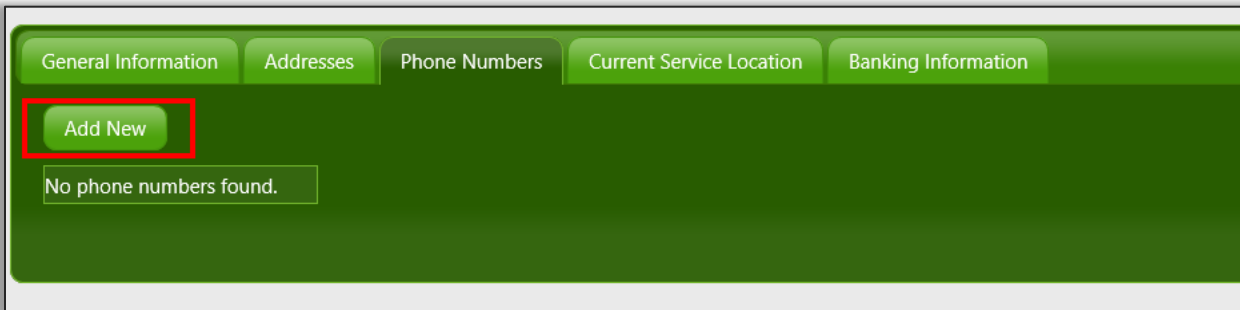


## Phone Numbers Tab

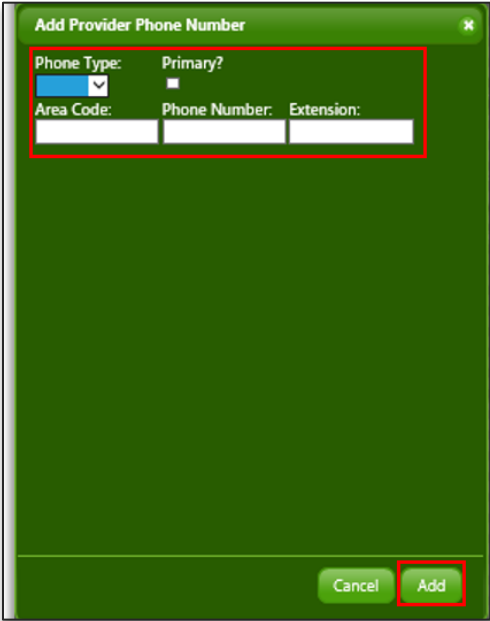
1. Enter Phone Number information. Select/Click on the **Phone Numbers** tab.



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



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 screenshot 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:

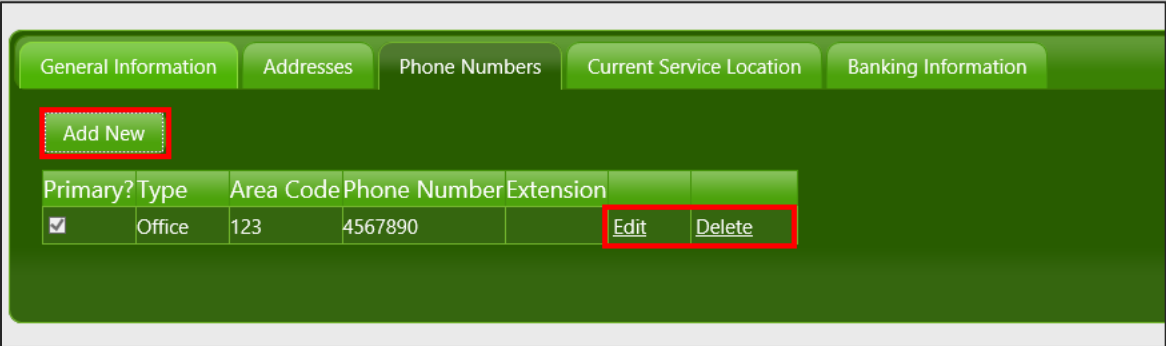
- Phone Type:** A dropdown menu with a blue arrow pointing down.
- Primary?:** A checkbox.
- Area Code:** A text input field.
- Phone Number:** A text input field.
- Extension:** A text input field.

The fields for "Phone Type", "Primary?", "Area Code", "Phone Number", and "Extension" are grouped together and highlighted with a red box. At the bottom right of the dialog, there are two buttons: "Cancel" and "Add". The "Add" button is highlighted with a red box.

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

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

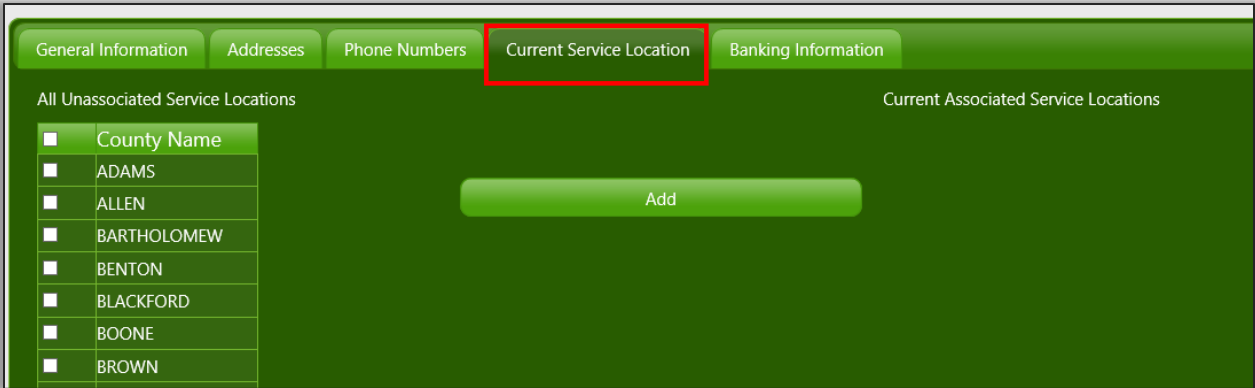
Multiple phone numbers can be added to a Vendor's **Phone Numbers** tab by selecting/clicking on the **Add New** button and repeating the previous steps.



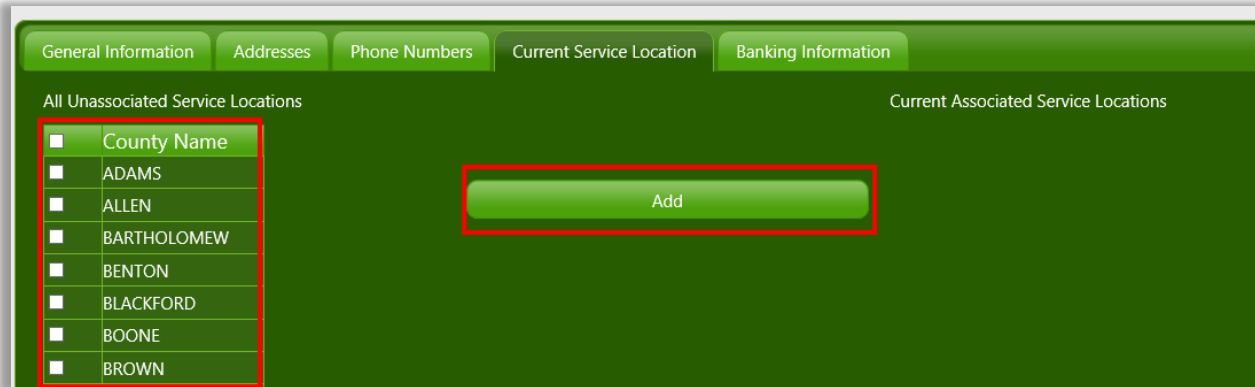


### Current Service Location Tab

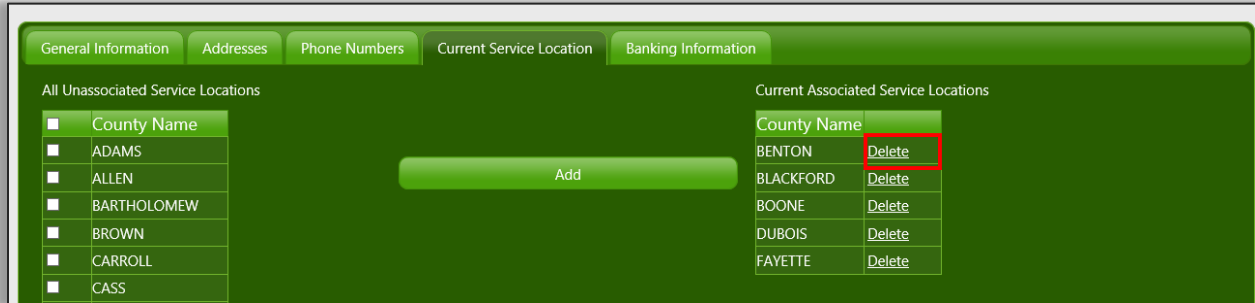
1. Add Current Service Location information. Select/Click on the **Current Service Location** tab. At least one Service Location must be entered. A *Service Location* is any Indiana county that a Guardian/Participant currently resides in.



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

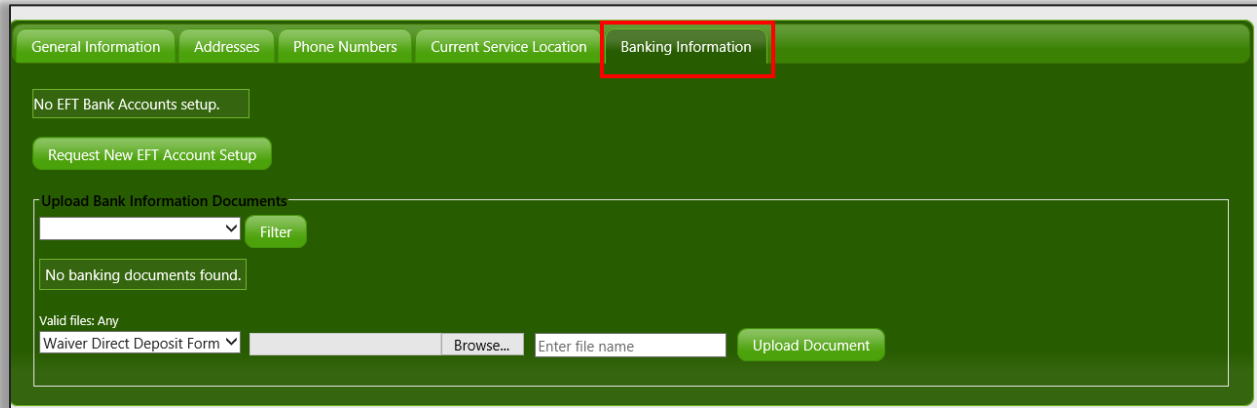


Select/Click on the **Delete** link to remove a county.



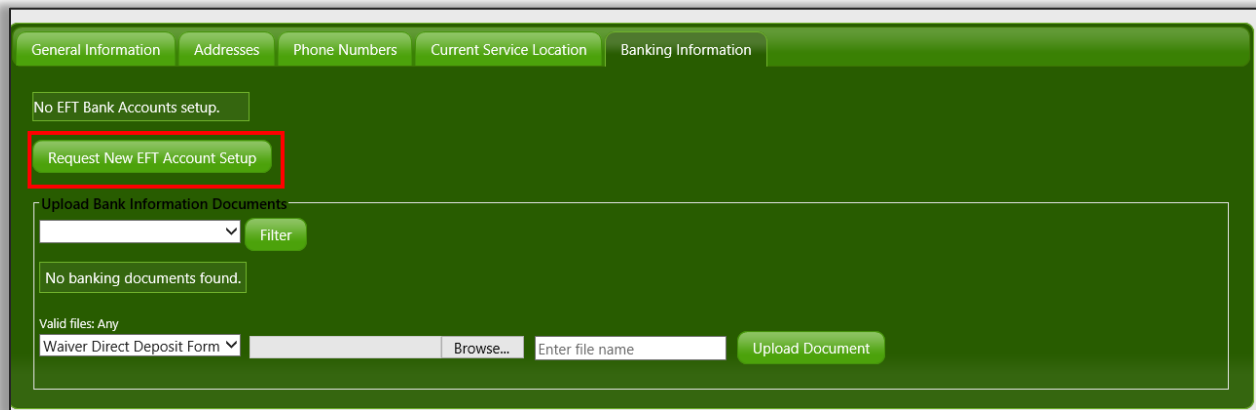
## Banking Information

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



The screenshot shows the 'Banking Information' tab selected in a green navigation bar. Below the navigation bar, there is a message 'No EFT Bank Accounts setup.' and a green button labeled 'Request New EFT Account Setup'. Underneath, there is a section for 'Upload Bank Information Documents' with a dropdown menu, a 'Filter' button, and a message 'No banking documents found.'. At the bottom, there is a section for 'Valid files: Any' with a dropdown menu set to 'Waiver Direct Deposit Form', a 'Browse...' button, an 'Enter file name' input field, and an 'Upload Document' button.

2. Select/Click on the **Request New EFT Account Setup** button to add banking information. The Request New EFT Account Setup is required, unless a Guardian/Participant is submitting a Waiver Direct Deposit Form to receive payments by check.



This screenshot is identical to the previous one, but the 'Request New EFT Account Setup' button is highlighted with a red rectangular box.

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. *The Direct Deposit form is uploaded in the General Information tab.*



The screenshot shows the 'EFT Setup Request' form. It contains several input fields: 'Routing Number', 'Confirm Routing Number', 'Account Number', 'Confirm Account Number', and 'Account Description'. At the bottom left, there is a green 'Submit' button highlighted with a red rectangular box.

Select/Click on the **Edit EFT Request** link to update or correct banking information entered.

Bank Name	Account Description	
JPMORGAN CHASE BANK	JPMORGAN CHASE 3456	<a href="#">Edit EFT Request</a>

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

### 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

The screenshot shows the 'Upload Bank Information Documents' section. At the top, there is a search bar with a dropdown menu and a 'Filter' button. Below this, a message states 'No banking documents found.' Underneath, there is a section for 'Valid files: Any' with a dropdown menu showing 'Waiver Direct Deposit Form'. To the right of the dropdown are three input fields: 'Browse...' (highlighted with a red box), 'Enter file name' (highlighted with a red box), and 'Upload Document' (highlighted with a red box).

- 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.

The screenshot shows the 'Upload Bank Information Documents' section. At the top, there is a search bar with a dropdown menu and a 'Filter' button. Below this, there is a table with the following data:

Name	Type	Uploaded Date	
Training	Waiver Direct Deposit Form	10/10/2018 02:26 PM	View Delete

Below the table, there is a section for 'Valid files: Any' with a dropdown menu showing 'Waiver Direct Deposit Form'. To the right of the dropdown are three input fields: 'Browse...' (highlighted with a red box), 'Enter file name' (highlighted with a red box), and 'Upload Document' (highlighted with a red box). Below this, there are three input fields for 'First Name:', 'Middle Name:', and 'Last Name:'. Below these fields is a 'Date Bank Signed Waiver:' field with a red 'Required' label. To the right of the 'Last Name' field is a 'Save' button (highlighted with a red box).

## Submit Registration

1. Select/Click on the **General Information** tab, then select/click the **Submit Registration** button  
**REGISTRATION IS NOT COMPLETE UNTIL SUBMIT REGISTRATION IS SELECTED.**

**Guardians/Participants - Profile**  
Please review each tab below, prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information

Bank Name	Account Description	
JPMORGAN CHASE BANK	JPMORGAN CHASE 3456	Edit EFT Request

Request New EFT Account Setup

**Guardians/Participants - Profile**  
Please review each tab below, prior to submitting your application for State review

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information

Submit Registration

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

2. Select/Click **Agree** the Vendor Provider Agreement

**Vendor Provider Agreement**

**VENDOR OBLIGATIONS**

- The Vendor shall abide by all of the terms and conditions set forth in the VR Services Manual.
- The Vendor shall renew his or her Vendor registration annually and in accordance with the VR Services Manual.
- The Vendor shall comply with all applicable Federal and State laws pertaining to the provision of VR services, including, without limitation, laws applicable to accessibility, discrimination and unfair employment practices.
- The Vendor shall notify VR at [VRVendor@fssa.in.gov](mailto:VRVendor@fssa.in.gov) within ten (10) calendar days of any change in status of the Vendor's license, certification, accreditation or permit to provide services in the State of Indiana. The Vendor shall notify VR at [VRVendor@fssa.in.gov](mailto:VRVendor@fssa.in.gov) immediately if vendor is debarred or suspended from providing services.
- The Vendor shall perform its duties as an independent contractor.
- The Vendor shall not provide services to any individual who is related to or has a financial interest or business relationship with the Vendor.
- The Vendor shall abide by set begin and end dates as indicated on the Authorization for services. Vendor shall perform work as indicated on the Authorization for services.
- The Vendor shall submit to VR any claim for services rendered within ninety (90) calendar days of the date the service was provided. The

Cancel | Agree

If the Vendor Agreement does not appear please refer to the 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:

**Guardians/Participants - Profile**

Please enter a valid phone number and area code.  
Select Yes or No for Outstanding Debt.

Please review each tab below, prior to submitting your application for State review

**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).

**Guardians/Participants - Profile**

- Provider profile successfully updated!
- Your application was submitted successfully.

Applications that are submitted successfully will have an updated Approval Status of *Pending Review* and an inactive **Submit Registration** button until Indiana FSSA staff approves or not approves the application.

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information

Submit Registration

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

Certification Status:  
Certified  
Approval Status:  
PendingReview



## Post Approval

Indiana FSSA staff can modify information to a service vendor's profile after approving a submitted registration.

Areas that can be modified after a registration is approved include...

- Current Service Locations
- Banking Information
- SSN
- Pay to Address (on General Information screen)

A message indicating the modification will appear and The Approval Status is updated to *"Not Available At This Time"* in the VR-CPS. The service vendor must resubmit the registration.

**Guardians/Participants - Profile**

Please review each tab below, prior to submitting your application for State review

Service location(s) were deleted since last approval.

General Information | Addresses | Phone Numbers | Current Service Location | Banking Information

Submit Registration

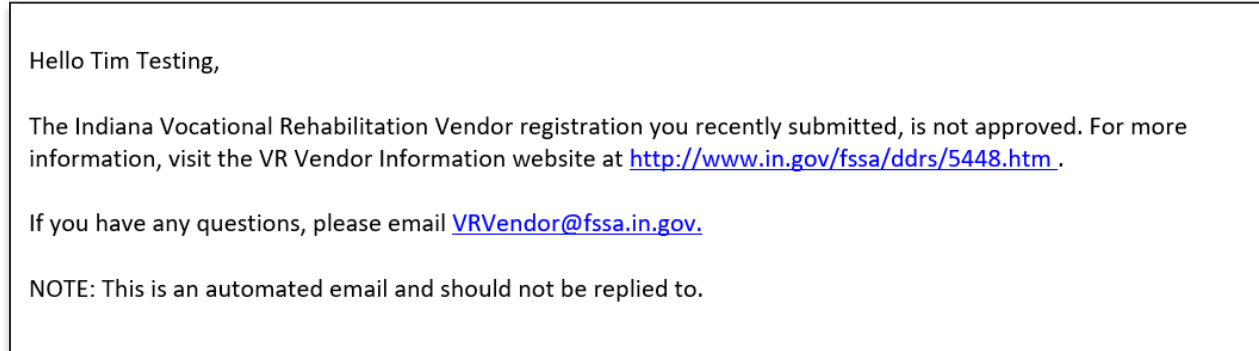
Be advised - Changes to certain information must be verified by State of Indiana before payments will be released

Certification Status:  
Not Certified

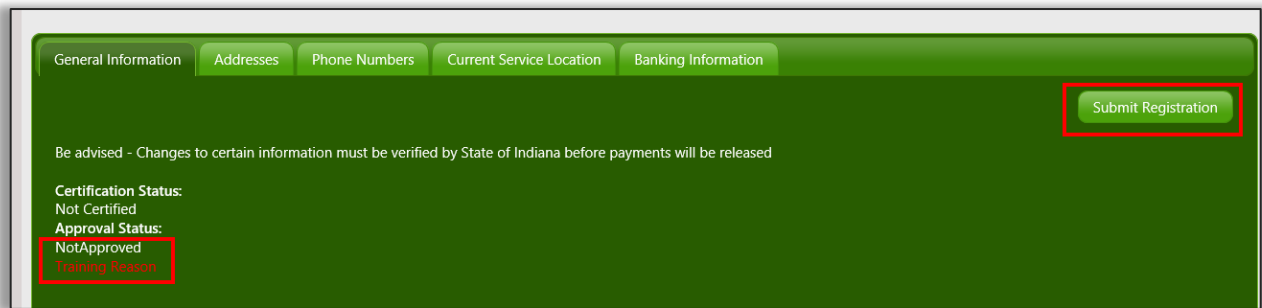
Approval Status:  
Not available at this time

## Not Approved

If a Guardian/Participant's registration is not approved the primary contact will receive a Not Approved email.



1. The Guardian/Participant must log into the VR-CPS to review Not Approved reasons indicated in red font. After edits are addressed in the VR-CPS the vendor can resubmit the registration - Select/Click **Submit Registration** and agree to the **Vendor Profile agreement**.



2. Select/Click **Agree** the Vendor Provider Agreement

