

# Indiana Division of Disability and Rehabilitative Services

Vocational Rehabilitation Claim Payment System  
Vendor Registration User Guide-Sole Proprietor/Individual

October 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 link below to gather the prerequisite information to complete the process.

<https://www.in.gov/fssa/files/Sole%20Proprietor%20Individual%20Checklist%2010152018.pdf>

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

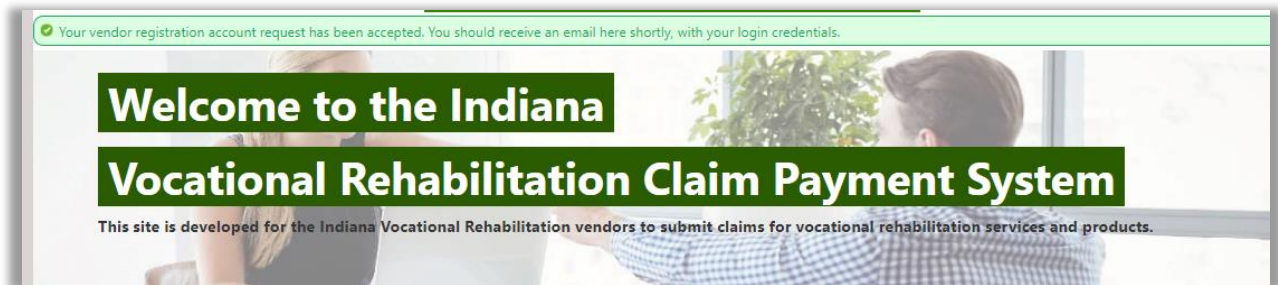
5. Select/Click on **Submit**.

The screenshot shows a web form titled "Vendor Registration - Account Request". At the top, there is a navigation bar with links for Home, Information, Training, FAQ, and Registration. The form fields are as follows:

- 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:

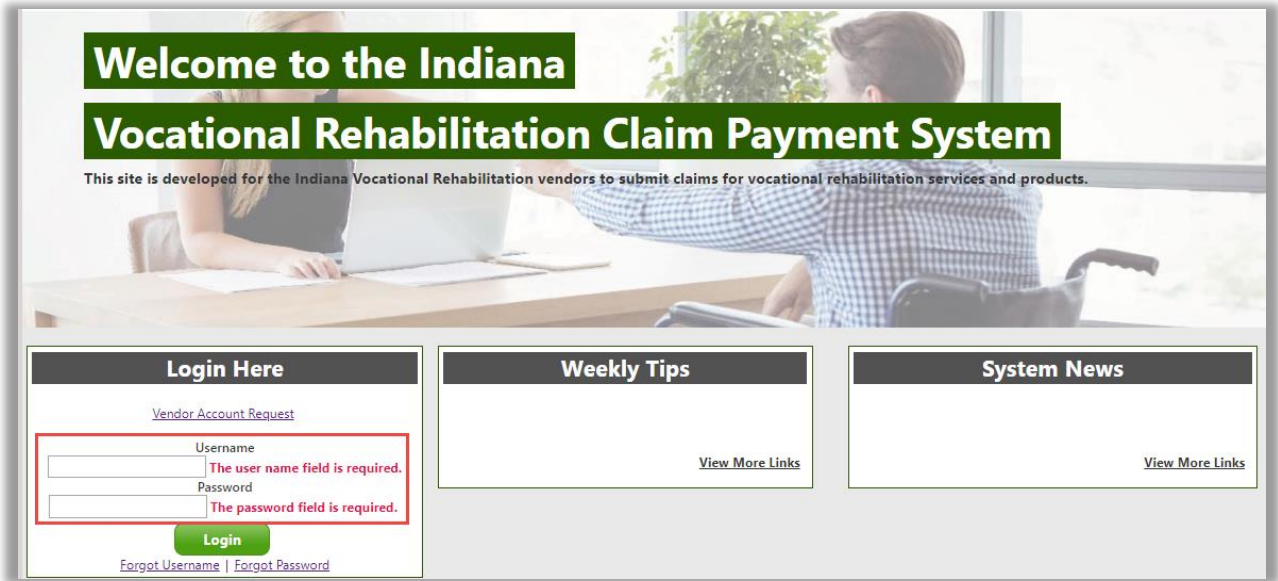
A green "Submit" button is located at the bottom left of the form area.

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. In the 'Login Here' section, the 'Forgot Password' link is highlighted with a red box. The 'Weekly Tips' section includes a 'Business Checklist' and a 'System Update' notice. The 'System News' section features a 'VR CPS Preferred Browser' notice.

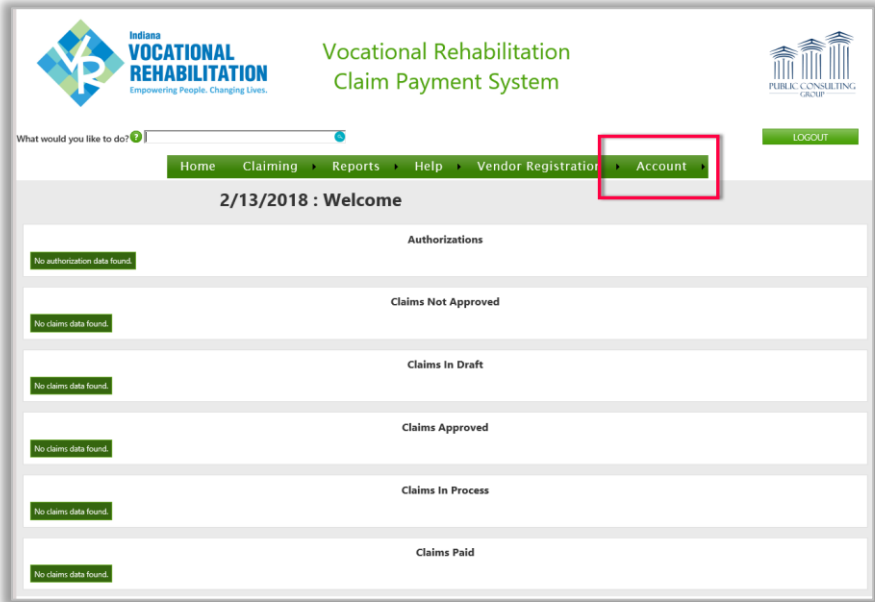
2. Enter information in the **Username** or **Email Address** fields and the Select/Click on **Reset Password**. It is suggested when possible for users to use the “Username” field, if users have multiple accounts with the same email, users will need to use the “Username” field or contact the Customer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

The screenshot shows the 'Forgot My Password' page. The 'Username:' and 'OR Email Address:' input fields are highlighted with a red box. The 'Reset Password' button is also visible.

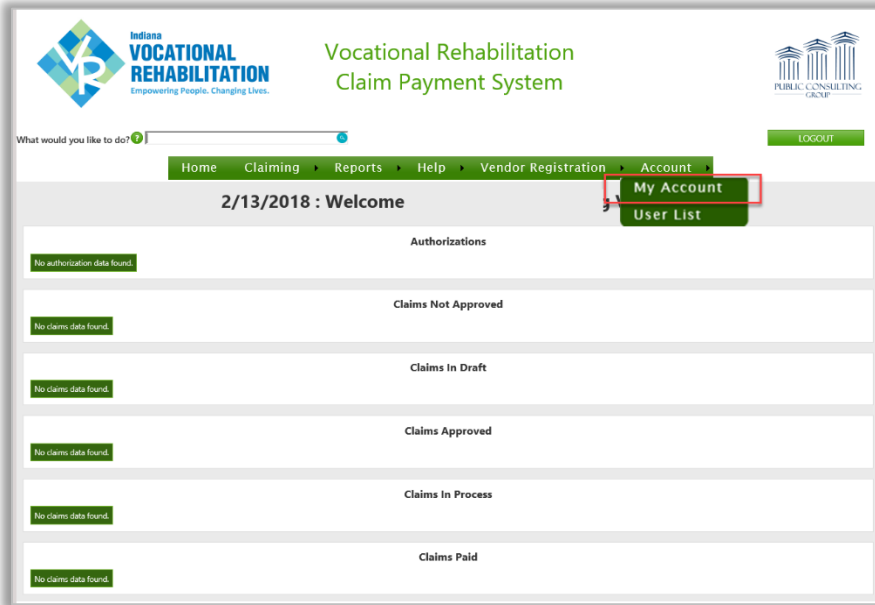
3. Login to the system with the password e-mailed to you.

# 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 shows a web interface titled "My Account". It is divided into two main sections: "Update Account" and "Update Password".

**Update Account Section:**

- First Name: Vocational
- Last Name: Rehabilitation
- Email Address: training@training.com
- Update Account button

**Update Password Section (highlighted with a red box):**

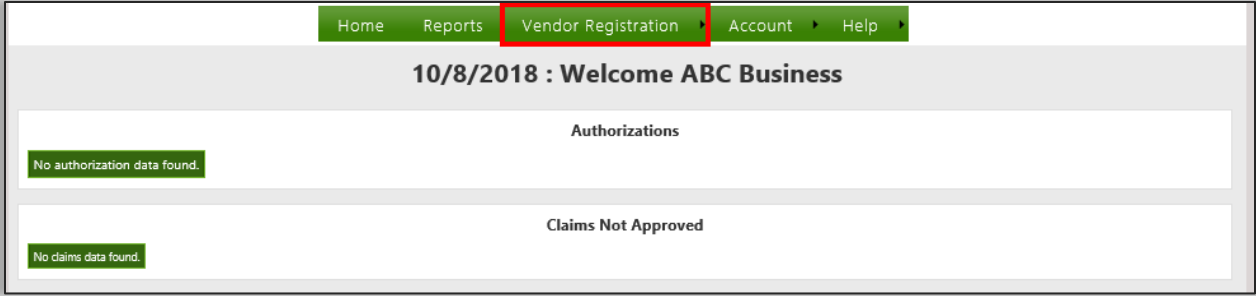
- Current Password: [masked]
- New Password: [masked]
- Confirm Password: [masked]
- Change Password button

Passwords must comply with the following requirements:

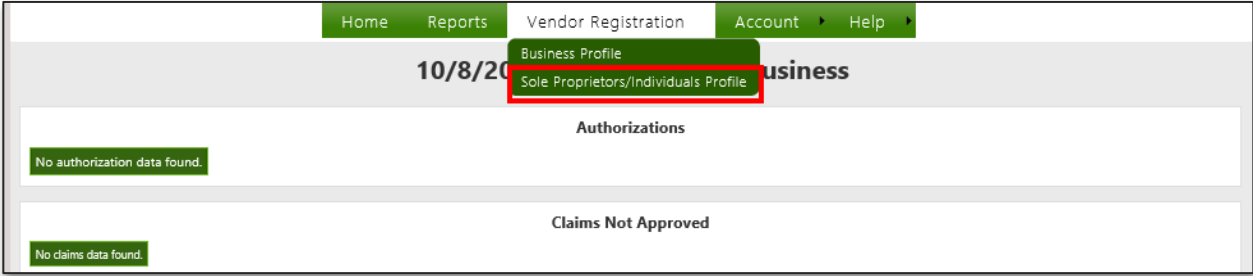
- Password must have at least 4 changes characters from your current password.
- Password must be between 8 and 50 characters long.
- Passwords cannot be a repeat.
- There must be no more than 3 consecutive alpha characters.
- Password cannot be a dictionary name or word.

## How to Complete Vendor Registration

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



2. Select/Click on **Sole Proprietor/Individuals 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, Doing Business As (DBA), FEIN/Federal ID/SSN, Vendor Classification, Primary Contact First Name, Primary Contact Last Name, Primary Contact Title and 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 applicable)

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

The screenshot shows a registration form with a green header and a dark green background. The 'General Information' tab is highlighted with a red box. A 'Submit Registration' button is in the top right. Below the header, a message states: 'Be advised - Changes to certain information must be verified by State of Indiana before payments will be released'. The form contains the following fields:

<b>Business Name</b> ABC Business <i>Required</i>	<b>Business Website:</b> 	<b>First Name:</b> <i>Required</i>
<b>Middle Initial</b> 	<b>Last Name:</b> <i>Required</i>	<b>Doing Business As (DBA):</b> 
<b>FEIN/Federal ID/SSN:</b> <i>Required</i>	<b>Vendor Bidder Number:</b> 	<b>Vendor Classification:</b> <i>Required</i> ▼
<b>Primary Contact First Name:</b> 	<b>Primary Contact Last Name:</b> 	<b>DUNS Number:</b> 
<b>Primary Contact Email:</b> <i>Required</i>		<b>Primary Contact Title:</b> 

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

The screenshot shows the 'Secondary Contact' section of the registration form, highlighted with a red box. It contains the following fields:

<b>Contact Type:</b> ▼	<b>Contact First Name 2:</b> 	<b>Contact Last Name 2:</b> 
<b>Contact Title:</b> 	<b>Email 2:</b> 	

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. Complete the **Business Classification Section**. *Other Private Service Provider* will be automatically selected and cannot be modified. 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.

**Business Classification**

Private Community Rehabilitation Program (CRP)  Public Service Provider  Other Private Service Provider

Current Vocational Rehabilitation Services Vendor?

Outstanding Federal or State Tax Debt?  *Required*

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.

**Supporting Documentation**

No registration documents found.

Valid files: Any

Business Entity Form from Secretary of State   Enter file name

- Uploaded Business Entity Form
- Uploaded Background Check
- 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.

**Supporting Documentation**

Name	Type	Uploaded Date	
Test document	Business Entity Form from Secretary of State	08/12/2018 05:04 PM	<input type="button" value="View"/> <input type="button" value="Delete"/>

Valid files: Any

Business Entity Form from Secretary of State   Enter file name

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

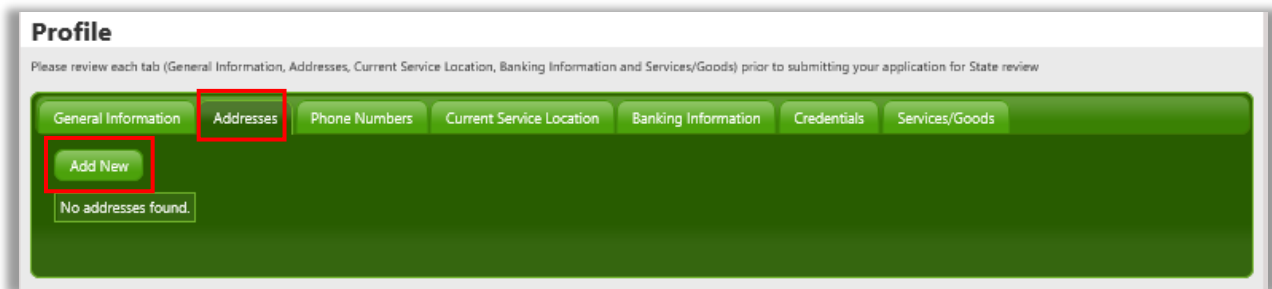
7. Select/Click on the **Update** button to save information entered.

**Document Requirements**

Vendor Type 1	Vendor Type 2	Vendor Type 3
Completed IRS W-9	Completed IRS W-9	Completed IRS W-9
Background Check	Background Check	
Direct Deposit	Direct Deposit	Direct Deposit

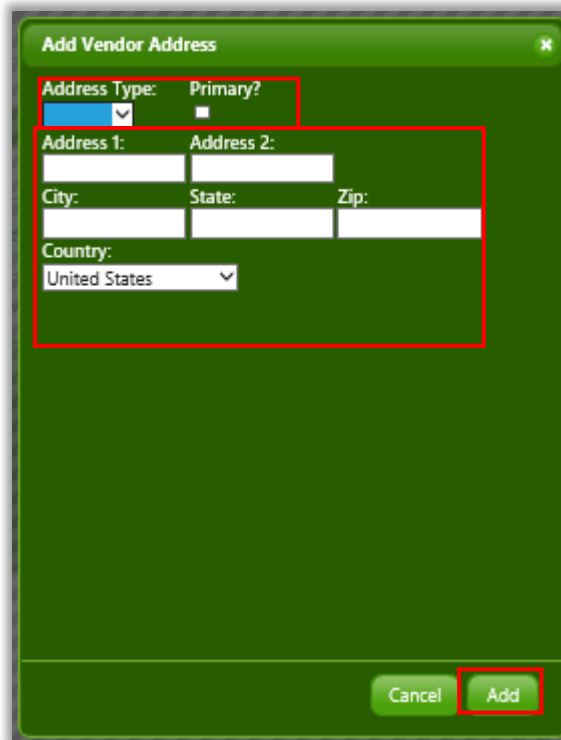
## Addresses Tab

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.



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 'Addresses' tab is highlighted with a red box. Below the tabs, there is a green 'Add New' button, also highlighted with a red box. Below the button, the text 'No addresses found.' is displayed.

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.

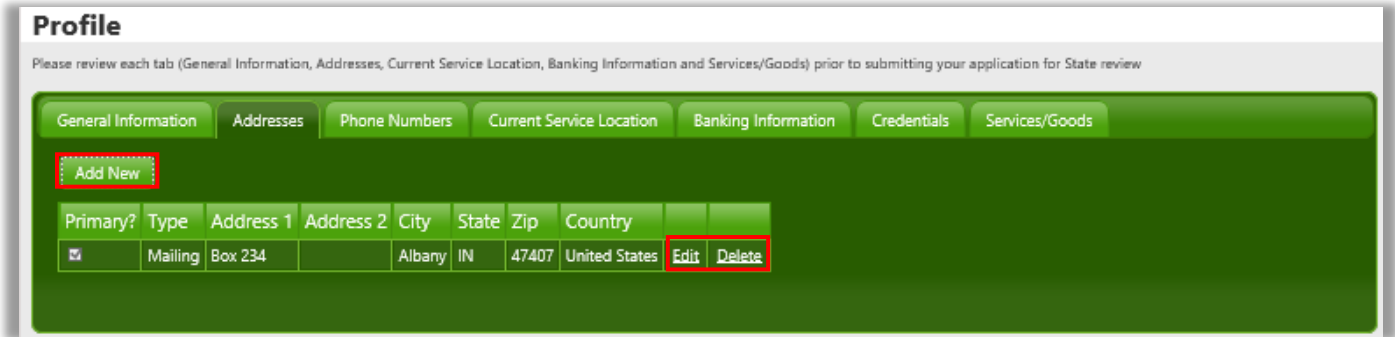


The screenshot shows the 'Add Vendor Address' form. The form has a title bar with a close button. The form fields are: 'Address Type:' with a dropdown menu, 'Primary?' with a checkbox, 'Address 1:' with a text input field, 'Address 2:' with a text input field, 'City:' with a text input field, 'State:' with a text input field, 'Zip:' with a text input field, and 'Country:' with a dropdown menu showing 'United States'. The 'Add' button at the bottom right is 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.

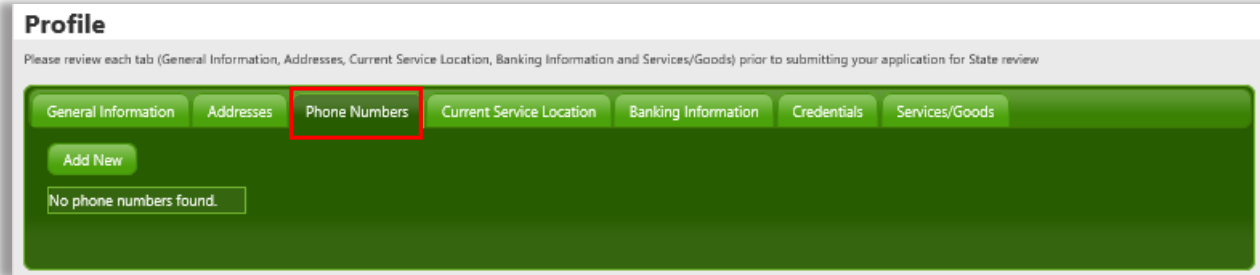
Select/Click on the **Edit** link to update or correct address information entered.

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

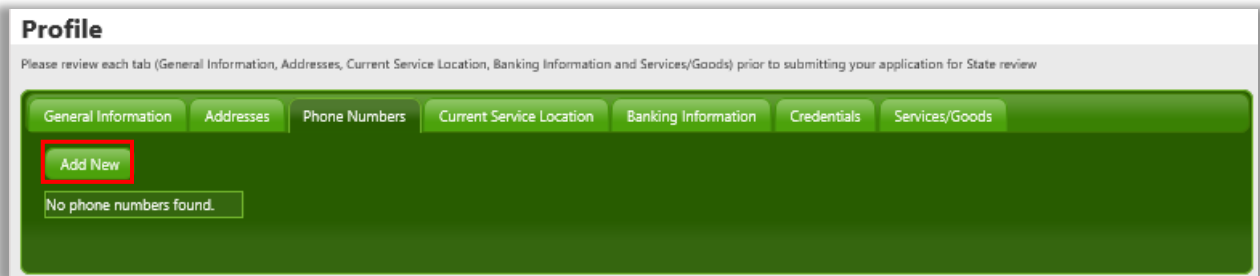


## Phone Numbers Tab

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 'Add Provider Phone Number' dialog box contains the following fields and controls:

- Phone Type:** A dropdown menu with a blue arrow pointing down.
- Primary?:** A radio button.
- Area Code:** A text input field.
- Phone Number:** A text input field.
- Extension:** A text input field.
- Buttons:** 'Cancel' and 'Add' buttons at the bottom right.

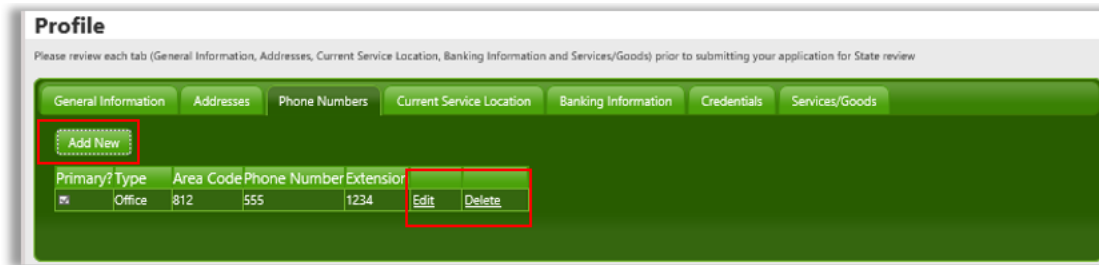
The 'Phone Type' dropdown, 'Primary?' radio button, and the three input fields are grouped together and highlighted with a red box. The 'Add' button is also highlighted with a red box.



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 Sole Proprietor/Individual currently serves.*

**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"/>	CLINTON

2. Select/Click on the checkbox to select a **County Name**, then select/click on the **Add** button. *Multiple County Names can be selected.*

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 checked="" type="checkbox"/>	BOONE
<input checked="" type="checkbox"/>	BROWN
<input checked="" type="checkbox"/>	CARROLL
<input type="checkbox"/>	CASS
<input type="checkbox"/>	CLARK

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

The screenshot shows a web interface titled "Profile" with a sub-header: "Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review". Below this are several tabs: "General Information", "Addresses", "Phone Numbers", "Current Service Location", "Banking Information", "Credentials", and "Services/Goods". The "Current Service Location" tab is active. It is divided into two sections: "All Unassociated Service Locations" and "Current Associated Service Locations".

**All Unassociated Service Locations**

County Name
ALLEN
BARTHOLOMEW
BROWN
CARROLL
CLARK
CLINTON
CRAWFORD

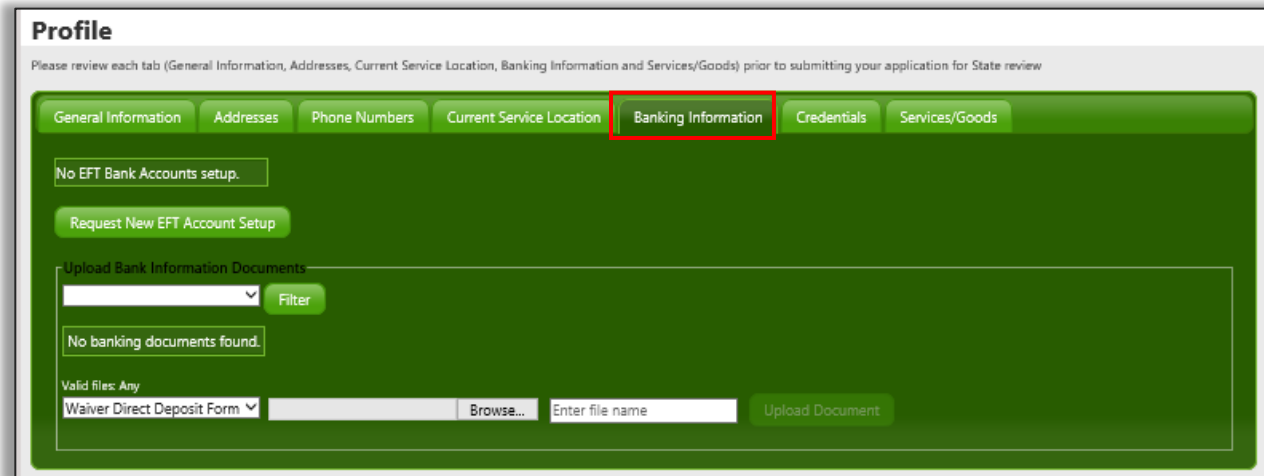
**Current Associated Service Locations**

County Name	Action
ADAMS	<a href="#">Delete</a>
BENTON	<a href="#">Delete</a>
BLACKFORD	<a href="#">Delete</a>
BOONE	<a href="#">Delete</a>
CASS	<a href="#">Delete</a>
CLAY	<a href="#">Delete</a>

An "Add" button is located between the two tables. The "Delete" links in the "Current Associated Service Locations" table are highlighted with a red box.

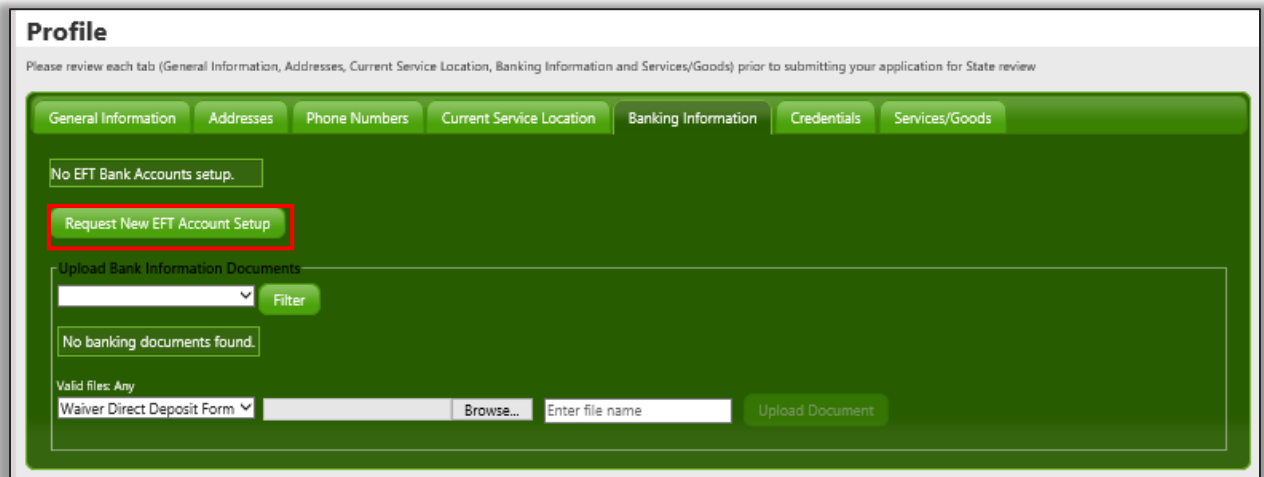
## Banking Information

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



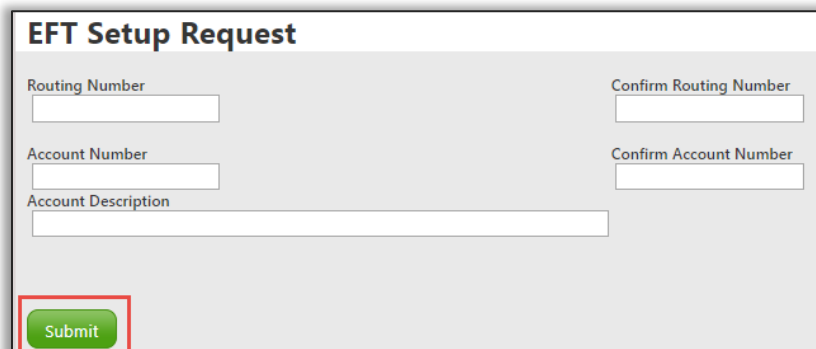
The screenshot shows the 'Profile' page with a navigation bar containing tabs: General Information, Addresses, Phone Numbers, Current Service Location, **Banking Information** (highlighted with a red box), Credentials, and Services/Goods. Below the tabs, the text reads 'No EFT Bank Accounts setup.' and a green button labeled 'Request New EFT Account Setup' is visible. There is also a section for 'Upload Bank Information Documents' with a search filter and a message 'No banking documents found.' At the bottom, there is a file upload section 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 Sole Proprietor/Individual 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 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 'EFT Setup Request' form contains the following fields:

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

At the bottom left of the form, there is a green 'Submit' button highlighted with a red box.

### 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

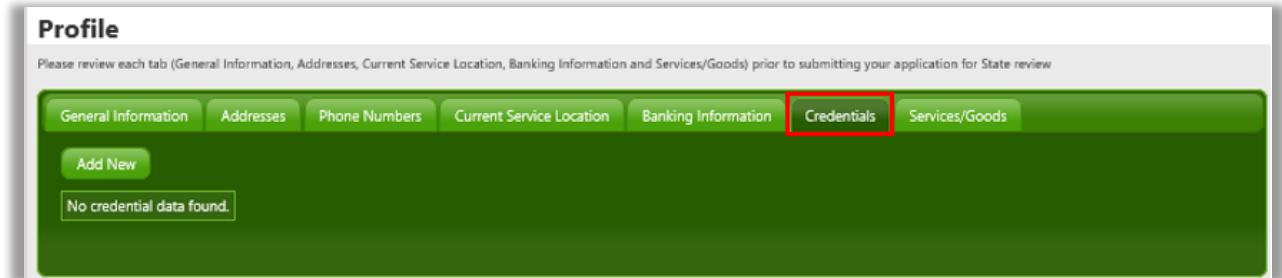
Below the table, there is a section for 'Valid files: Any' with a dropdown menu showing 'Waiver Direct Deposit Form'. To the right of the dropdown are three input fields: 'Browse...' (highlighted with a red box), 'Enter file name' (highlighted with a red box), and 'Upload Document' (highlighted with 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).

## Credentials Tab

1. Enter Credential Information (*if applicable*). Select/Click on the **Credentials** tab. Depending on the Services/Goods provided, credentials may be required.

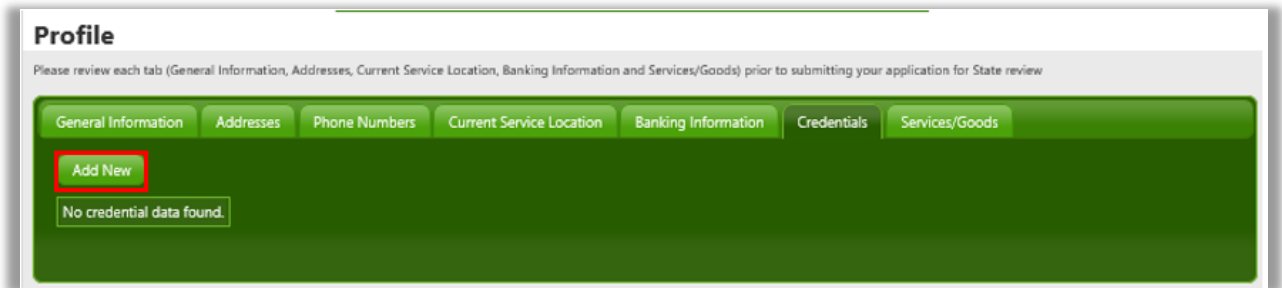
See the Vendor Registration Manual

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



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 'Credentials' tab is highlighted with a red box. Below the tabs is an 'Add New' button and a message box stating 'No credential data found.'

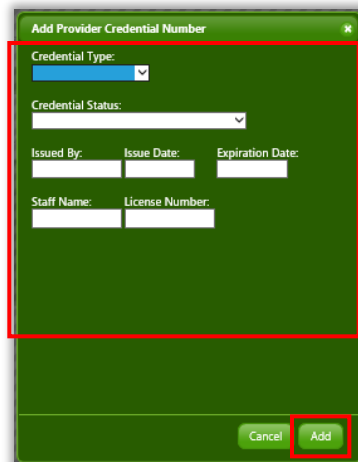
2. Select/Click on **Add New**.



This screenshot is identical to the previous one, but the 'Add New' button is highlighted with a red box.

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. The required Credential Type fields depend on type of credential (license, accreditation, certification). Select/Click on the **Add** button.

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



The screenshot shows a dialog box titled 'Add Provider Credential Number'. It contains the following fields: 'Credential Type' (a dropdown menu), 'Credential Status' (a dropdown menu), 'Issued By:' (a text input field), 'Issue Date:' (a date input field), 'Expiration Date:' (a date input field), 'Staff Name:' (a text input field), and 'License Number:' (a text input field). At the bottom right, there are 'Cancel' and 'Add' buttons, with the 'Add' button highlighted by a red box.



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

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

**Sole Proprietors/Individuals - Profile**  
Please review each tab below, prior to submitting your application for State review

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

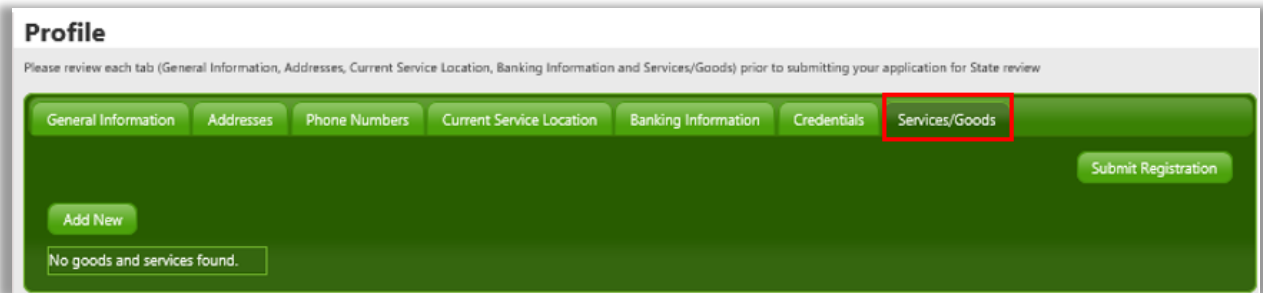
[Add New](#)

Credential Type	Credential Status	Issued By	Issue Date	Expiration Date	Staff Name	License Number		
Accreditation	Current – Current/Prereq No	IN	10/1/2018	11/1/2021	Training	123456	<a href="#">Edit</a>	<a href="#">Delete</a>

## Services/Goods Tab

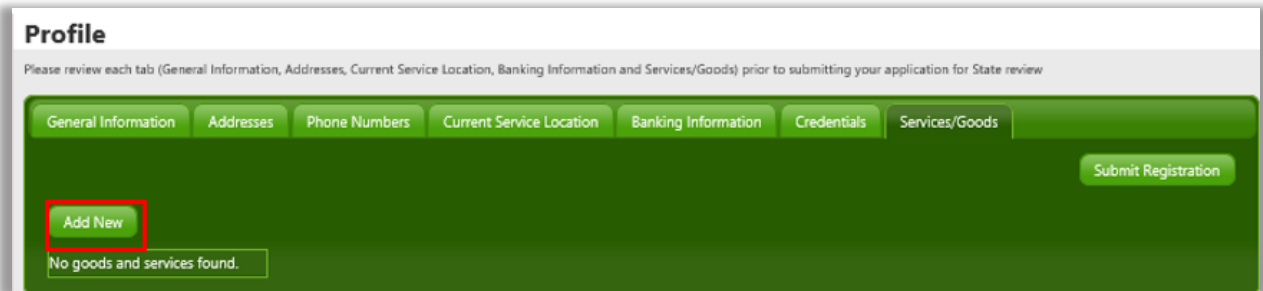
**Sole/Proprietors/Individuals must enter ALL services/goods they are currently approved to offer. Services/Goods not entered will not receive authorization.**

1. Select/Click on the **Services/Goods** tab. At least one services/good must be entered.



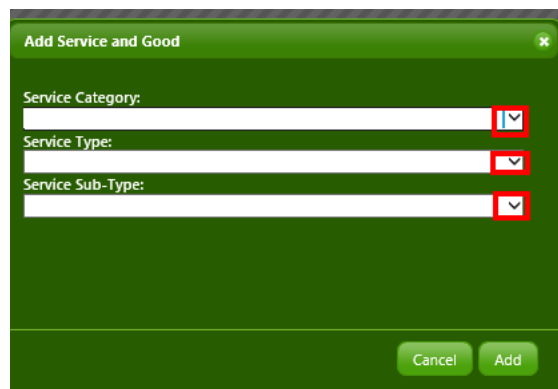
The screenshot shows the 'Profile' page with a navigation bar containing tabs for General Information, Addresses, Phone Numbers, Current Service Location, Banking Information, Credentials, and Services/Goods. The 'Services/Goods' tab is highlighted with a red box. Below the tabs is a 'Submit Registration' button and an 'Add New' button. A message box at the bottom states 'No goods and services found.'

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



The screenshot shows the 'Profile' page with the 'Services/Goods' tab selected. The 'Add New' button is highlighted with a red box. The 'Submit Registration' button and the 'No goods and services found.' message are also visible.

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



The screenshot shows the 'Add Service and Good' dialog box. It contains three dropdown menus: 'Service Category', 'Service Type', and 'Service Sub-Type'. Each dropdown menu has a red box around its arrow icon. At the bottom of the dialog are 'Cancel' and 'Add' buttons.

4. Enter information in the **Other Description** field (if applicable).

The screenshot shows a green dialog box titled "Add Service and Good". It contains several dropdown menus: "Service Category" (Support Services), "Service Type" (Reader Services), and "Service Sub-Type" (Other (Specify with narrative box)). Below these is a text input field for "Other Description" which is highlighted with a red rectangle. At the bottom right are "Cancel" and "Add" buttons.

5. Click/Select **Add**.

This screenshot shows the same "Add Service and Good" dialog box, but now the "Other Description" field contains the text "Training". The "Add" button at the bottom right is highlighted with a red rectangle.

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

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

**Sole Proprietors/Individuals - Profile**  
Please review each tab below, prior to submitting your application for State review

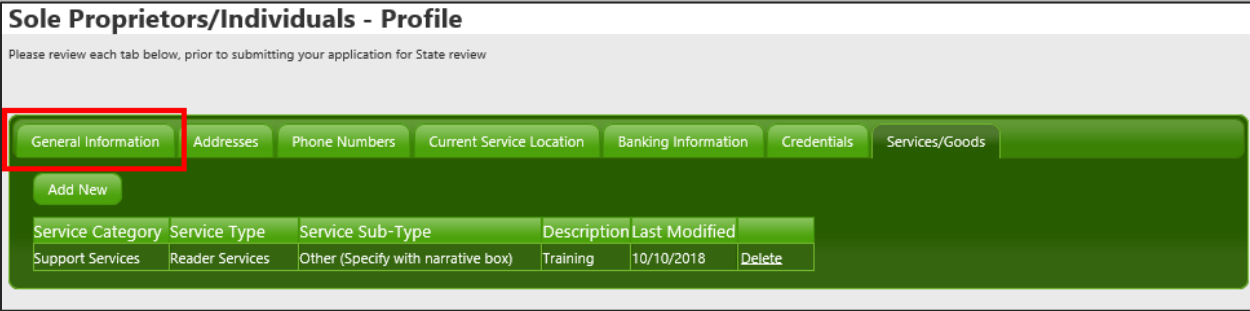
General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Support Services	Tutoring Services	Other (Specify with narrative box)	Training	10/11/2018	Delete

## 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.**

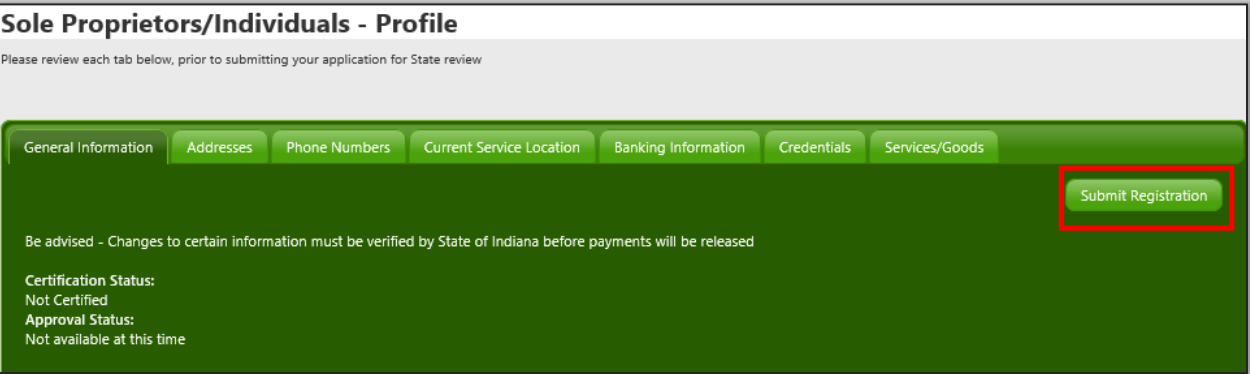


**Sole Proprietors/Individuals - Profile**  
Please review each tab below, prior to submitting your application for State review

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

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Support Services	Reader Services	Other (Specify with narrative box)	Training	10/10/2018	Delete



**Sole Proprietors/Individuals - Profile**  
Please review each tab below, prior to submitting your application for State review

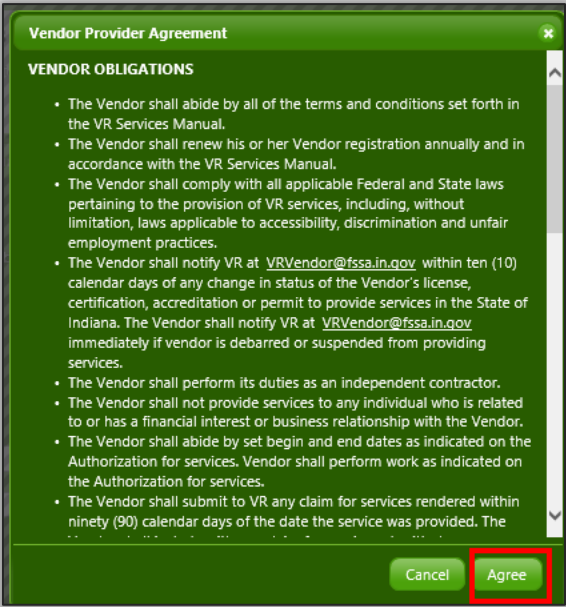
General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods

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:

**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).**

**Sole Proprietors/Individuals - 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.

**Sole Proprietors/Individuals - Profile**

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

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

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...

- Services/Goods
- Current Service Locations
- Credential Information
- 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.

### Sole Proprietors/Individuals - Profile

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

Services and Goods were added since last approval.

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

Submit Registration

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

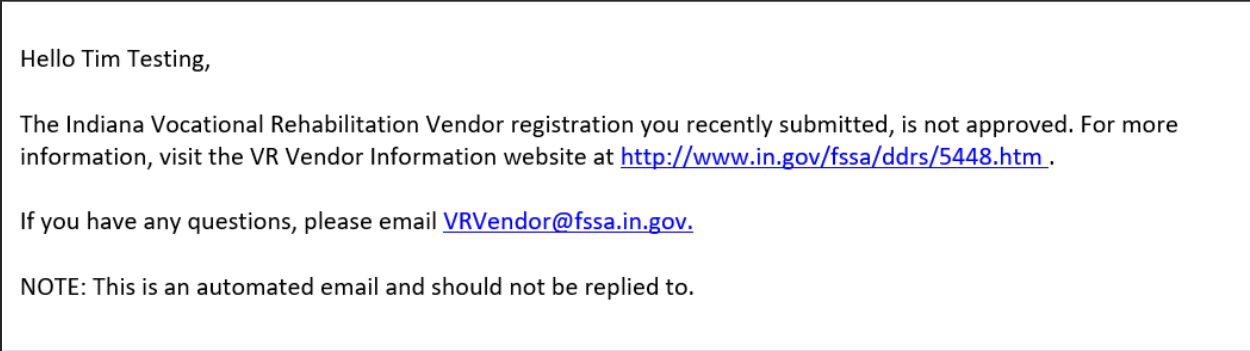
Certification Status:  
Not Certified

Approval Status:  
Not available at this time

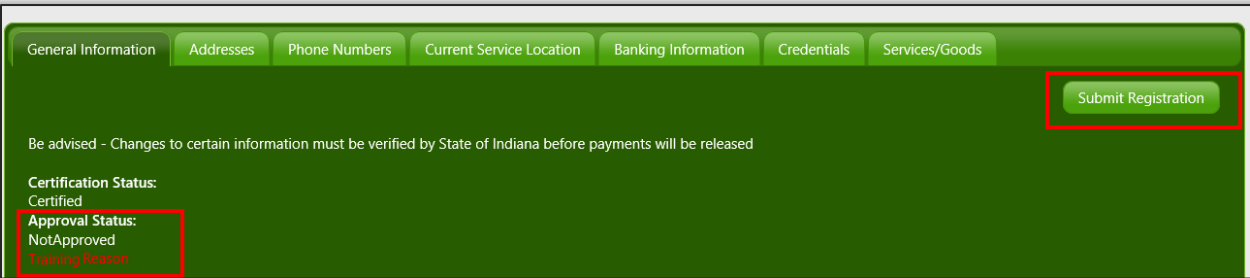


### Not Approved

If a Sole Proprietor/Individual’s registration is not approved the primary contact will receive a Not Approved email.



1. The Sole Proprietor/Individual 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**.



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

