

BEP TRAINING - APPLICANT CHECKLIST

STEP 1 - INTRODUCTION	DATE RECEIVED
Client Demographics provided to BEP Trainer by VR Counselor.	
Visit at least 1 BEP operation (3 visits are recommended).	
Attend a BEP Workshop. <ul style="list-style-type: none"> • View Video: Business Enterprise Program Opportunity Unlimited • Client provided with a copy of "Introduction to BEP Letter, meet or speak with program manager. 	
Attend an APOC Meeting	
STEP 2 - APPLICATION & BACKGROUND CHECKS	DATE RECEIVED
Completed Referral Form (VR-021)	
Completed Initial Application for Business Enterprise Program	
LEGAL REQUIREMENTS ARE VERIFIED	DATE RECEIVED
<ul style="list-style-type: none"> • Legally blind 	
<ul style="list-style-type: none"> • At least 18 years old 	
<ul style="list-style-type: none"> • Citizen of the United States 	
Evaluations from VR counselor:	
<ul style="list-style-type: none"> • Orientation and Mobility evaluation 	
<ul style="list-style-type: none"> • Independent Living Skills evaluation 	
<ul style="list-style-type: none"> • Vocational Assessments 	
<ul style="list-style-type: none"> • Academic Skills and Aptitudes evaluation <ul style="list-style-type: none"> • Reading (if applicable), Spelling, Vocabulary, and Math 	
BEP APTITUDE SCREENING TOOL	DATE RECEIVED
<ul style="list-style-type: none"> • Able to work at least 40 hours per week & meet the physical demands of the job (current health appraisal) 	
<ul style="list-style-type: none"> • Assistive Technology Assessment (technology profile/assistive technology plan) 	
BACKGROUND CHECKS	DATE RECEIVED
<ul style="list-style-type: none"> • Felony Check 	
<ul style="list-style-type: none"> • Credit Check 	
<ul style="list-style-type: none"> • Finger Prints 	
<ul style="list-style-type: none"> • Prior BEP involvement in other states 	
STEP 3 – JOB SHADOWING	DATE RECEIVED
Assign Client to BEP Location(s)	
Job Shadowing Evaluation Completed by BEP Operator(s)	

STEP 4 - SCREENING EVALUATION FOR ACCEPTANCE INTO BEP TRAINING PROGRAM	DATE RECEIVED
Date and time schedule for Screening Committee	
Letter sent to client and VR Counselor informing them of the committee's decision	
Client sign BEP Letter of Understanding	
Assistive Technology Assessment for participating in training	

Trainee Applicant Name _____

VR Counselor Name _____