

HAWAII DEPARTMENT OF HUMAN SERVICES - Division of Vocational Rehabilitation  
Vocational and Work Adjustment Training Services - Adult  
**AFFIRMATION OF QUALIFICATIONS**

Legal Business Name: \_\_\_\_\_

I affirm that \_\_\_\_\_, an ☐ employee OR ☐ subcontractor, shall be providing direct services to VR Participants as stated in the Service Specifications and meets the following qualifications:

- ☐ Demonstrates knowledge and competence, by evidence of documented training and/or work experience, in the following areas:
- a) Disabilities Awareness to include the following areas of impairment: deafness, blindness, physical, cognitive (learning disabilities), brain injury, developmental/cognitive, serious mental illness, etc.
  - b) Barriers and issues that prevent individuals with disabilities (particularly severe disabilities) from entering and succeeding in the workplace;
  - c) Strategies necessary for achieving successful, long-term employment outcomes for individuals with disabilities and how these strategies will lead to improved employment outcomes;
  - d) Work Readiness and Employability Skills.
- ☐ Will supervise the services and meets one of the following:
- ☐ Hold a Master's Degree in a related field (e.g., Rehabilitation Counseling, Psychology, Sociology, Education, etc.) and documentation of one (1) year of full-time employment working with individuals with disabilities; or
  - ☐ Hold a Bachelor's degree in a related field (e.g. Rehabilitation Counseling, Psychology, Sociology, Education, etc.) and documentation of two (2) years full-time employment in working with individuals with disabilities; or
  - ☐ Hold a high school diploma or General Equivalency Diploma (G.E.D) and five (5) years of full-time documented employment working with individuals with disabilities.
- ☐ Does not have the above qualifications, but will provide direct services under this Service Specification and has a high school diploma or General Equivalency Diploma (G.E.D) and one (1) year of documented experience (preferably working with individuals with disabilities and involved in the provision of vocational rehabilitation services) and will be under the direction and supervision of personnel who meet the criteria in 2.3.1 of the Service Specification.

In signing below, I affirm that this person has the qualifications noted above and the documentation is on file with this business.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date