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| **Texas Workforce Solutions logo** | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Project SEARCH Extended Services, Retention Services,**  **and Long-Term Support Services Summary Report** | | |
| **General Instructions** | | | | |
| The contractor records all of the extended services, retention services, and long-term support services to be provided, managed , or arranged by long-term support organizations or natural sources of support to ensure the Customer is able to stay employed once VRS closes the Customer’s case.  These services and sources of support include both on-site and off-site monitoring,  as requested by the Customer or the Customer’s legal representative to ensure that the Customer maintains job stability. | | | | |
| **Description of the Extended Service, Retention Service, and/or Long-term Support Need** | **Frequency of Service and/or Need** | **Name, Title/Relationship and Contact Information of Person/Business providing the Service/Support Need** | **Service/Need is documented in the Customer’s Plan of Care of any Long-Term Support Organization or with Employer as an Accommodation** | **VRS Staff- Verification Service/Need has been Set-up**  **(record staff initials)** |
| 1. |  |  | Yes  No  N/A | Yes  No |
| 2. |  |  | Yes  No  N/A | Yes  No |
| 3. |  |  | Yes  No  N/A | Yes  No |
| 4. |  |  | Yes  No  N/A | Yes  No |
| 5. |  |  | Yes  No  N/A | Yes  No |
| 6. |  |  | Yes  No  N/A | Yes  No |
| 7. |  |  | Yes  No  N/A | Yes  No |
| 8. |  |  | Yes  No  N/A | Yes  No |
| 9. |  |  | Yes  No  N/A | Yes  No |
| 10. |  |  | Yes  No  N/A | Yes  No |
| 11. |  |  | Yes  No  N/A | Yes  No |
| 12. |  |  | Yes  No  N/A | Yes  No |
| **Comments, if any:** | | | | |

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| **Customer Signatures** | | |
| **Verification of the customer’s and/or customer’s authorized representative’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature (See VR-SFP 3.11.1 Documentation and Signatures)  By sending a copy of the document returned with a scanned signature  Unable to obtain signature, describe attempts: | | |
| By signing below, I, the customer or authorized representative, agree the Extended Services recorded on this form are accurate and in place working. | | |
| **Customer’s signature:**  **X** | | **Date Signed:** |
| **Customer’s authorized representative’s signature**, if any  **X** | | **Date Signed:** |
| **Provider Signatures** | | |
| **Job Placement Specialist signature** | | |
| **By signing below, I certify that:**   * the above dates, times, and services are accurate; * I accurately complete and document all extended services necessary for the customer to maintain long-term competitive integrated employment after VR closes the case on the [VR3375, Extended Services, Retention Services, and Long-Term Support Services Summary Report](https://twc.texas.gov/forms/index.html). * the customer’s and/or customer’s legally authorized representative’s signature on this form was obtained on the date stated in the date field of the form; * I maintain the staff qualifications required for a Job Placement Specialist as described in the VR‑SFP or Service Authorization; and * I signed my signature and entered the date below. | | |
| **Typed or Printed name**: | **Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | |

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| **Director** (only required for Traditional-Bilateral Contractors) | | |
| **By signing below, I, the Director, certify that:**   * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization; * I maintain UNTWISE Director credential, as prescribed in VR-SFP; * I signed my signature and entered the date below. | | |
| **Director Typed or Printed name**: | **Director Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:  VR3490-Waiver Proof Attached | | |

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| **VRS Use Only** |
| If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable. |
| **Technical Review to Verify Provider Qualifications**  (Completed by any VR staff such as RA, CSC, VR Counselor) |

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| **Director’s Credential:** |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  maintained or waived the UNTWISE Director Credential  did **not** hold a valid UNTWISE Director Credential |

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| **Job Placement Specialist Credential:** | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Placement Specialiat listed above:  maintained or waived the required UNTWISE Credential  did not hold a valid UNTWISE Credential | |
| **Verification of Service Delivery** | |
| **VR Counselor Review** | |
| Verified customer has all necessary Extended Supports in place and working to ensure the placement is maintained after case closure. | Yes  No |
| **By typing or printing your name, the VRC verifies:**   * completion of the technical review, * services provided met the customer’s individual needs, * services provided met specifications in the VR-SFP and on the SA, and * customer’s or legally authorized representative’s satisfaction with services received.   **Approve to pay invoice**  **Do not approve to pay invoice** | |
| VR Counselor: | Date: |