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| Texas Workforce Solutions Logo | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Career Planning Assessment** | | | | | | |
| **VR Case Information** | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | | | | | | | **Case ID:** | |
| **Service Authorization (SA) Number:** | | | | | | | | | | | | | | |
| **Overview of Career Planning Assessment Activities** | | | | | | | | | | | | | | |
| The CPA includes multiple visits, which consist of at least 3 hours of home and community exploration (HCE) and at least 6 hours of career exploration and work skills assessment (CE-WSA). If both HCE and CE-WSA are provided in one session, record time as separate entries. | | | | | | | | | | | | | | |
| **Date:** | **Number of hours:** | **Type of Visit** | | | | | **Description of activities with customer:** | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
|  |  | HCE  CE-WSA | | | | |  | | | | | | | |
| **Home and Community Exploration** | | | | | | | | | | | | | | |
| **Include the customer’s guardian, parents, and any other supports, as needed** | | | | | | | | | | | | | | |
| **Independent Living Review** | | | | | | | | | | | | | | |
| **Customer lives in:**  Own Home/Apartment  Parent’s Home  Group Home  Institution  Other, describe: | | | | | | | | | | | | | | |
| **Does the customer plan to live at this location once employed?**    Yes  No  To be determined | | | | | | | | | | | | | | |
| **Does the customer have any responsibilities related to:**  Childcare?  Yes  No Eldercare?  Yes  No If yes to either, describe: | | | | | | | | | | | | | | |
| **What are the customer’s household responsibilities?** | | | | | | | | | | | | | | |
| **Does the customer require any monitoring or help with daily living skills at home (e.g., prompts to shower, medication management, help cooking and cleaning)?** | | | | | | | | | | | | | | |
| **What is the customer’s daily routine and how can employment fit into that routine?** | | | | | | | | | | | | | | |
| **Select any devices the customer utilizes that might help with employment:**  NA-Customer does not use any  Cell Phone  iPad/Tablet   Computer/Laptop  Watch  Alarm Clock  Headphones  Other device: | | | | | | | | | | | | | | |
| **List any medical equipment used, such as hearing aids, insulin pump, wheelchair, etc.:** | | | | | | | | | | | | | | |
| **Is the customer involved in any community activities or have interest in participating in community activities?** | | | | | | | | | | | | | | |
| **What are the customer’s interests and hobbies?** | | | | | | | | | | | | | | |
| **Describe how the customer’s interests and hobbies might transfer to any careers:** | | | | | | | | | | | | | | |
| **Circle of Support** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **Relationship:** | | | | | |
| **Phone:** | | | **Email:** | | | | | | | | | | | |
| **Describe what supports the individual currently provides or could provide in the future:** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **Relationship:** | | | | | |
| **Phone:** | | | **Email:** | | | | | | | | | | | |
| **Describe what supports the individual currently provides or could provide in the future:** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | **Relationship:** | | | | | |
| **Phone:** | | | **Email:** | | | | | | | | | | | |
| **Describe what supports the individual currently provides or could provide in the future:** | | | | | | | | | | | | | | |
| **List any community resources used by the customer or any community resources the customer is interested in using:** | | | | | | | | | | | | | | |
| **Financial Resources** | | | | | | | | | | | | | | |
| **Does the customer have any financial support from family or friends (e.g., assistance with housing, food)?** | | | | | | | | | | | | | | |
| **Does the customer live in public housing?**  Yes  No  **If yes, how will the housing be impacted by earnings from a job?** | | | | | | | | | | | | | | |
| **Does the customer manage their own money?**  Yes  No  **If no, who assists the customer with money management?** | | | | | | | | | | | | | | |
| **Does the customer have a bank account?**  Yes  No | | | | | | | | | | | | | | |
| **Use the BPQY provided by the VR counselor when appropriate to answer the questions below.** | | | | | | | | | | | | | | |
| **Does the customer receive social security benefits?   No  Yes If yes, complete the following:**  **Benefits receiving:**  Supplemental Security Income  Social Security Disability Insurance  Social Security Retirement  Childhood Disability Beneficiary/Disabled Adult Child  Disabled Widow/Widower | | | | | | | | | | | | | | |
| **Representative Payee:**  No  Yes, list name: | | | | | | | | | | | | | | |
| **Does customer participate in any of the Social Security Administration work incentives?**  No  Yes, describe details of the SSA work incentives:  For more information, refer to [Social Security Administration Work Incentives](https://www.ssa.gov/disabilityresearch/workincentives.htm). | | | | | | | | | | | | | | |
| **Home and Community Based Service Waiver Information** | | | | | | | | | | | | | | |
| **Does the customer receive one of the following HCBS Waivers?**   Yes  No  If yes, complete the following:  HCS CLASS TxHmL DBMD YES STAR+PLUS Waiver  Medically Dependent Children’s Waiver under STAR Kids  **Name and Contact Information for Service Coordinator/Case Manager:**  **Name and Contact Information for Waiver Provider:**  For more information, refer to [Home and Community Based Services Information](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/home-community-based-services-hcbs). | | | | | | | | | | | | | | |
| **Transportation** | | | | | | | | | | | | | | |
| **Describe the customer’s options to travel to and from work (e.g., family, Uber, biking, etc.):** | | | | | | | | | | | | | | |
| **Describe any assistance the customer will need traveling to and from work:** | | | | | | | | | | | | | | |
| **Other Pertinent Information** | | | | | | | | | | | | | | |
| **Describe any other pertinent information that could impact employment such as criminal history, substance use, etc.** | | | | | | | | | | | | | | |
| **Education and Learning Style** | | | | | | | | | | | | | | |
| **List the customer’s highest educational credential(s):** | | | | | | | | | | | | | | |
| **List vocational, technical and/or academic (college) training** (e.g., HVAC, bachelor’s degree) | | | | | **Completion Date(s)** | | | | | **Skills and/or credentials gained** | | | | |
|  | | | | |  | | | | |  | | | | |
| **Would the customer benefit from any other educational experiences to achieve their job(s) of interest?** | | | | | | | | | | | | | | |
| **Based on your observation, how would you describe the customer’s preferred learning style (e.g., lead by example, written instruction)?** | | | | | | | | | | | | | | |
| **Career Exploration and Work Skills Assessment** | | | | | | | | | | | | | | |
| **Work and Volunteer History** | | | | | | | | | | | | | | |
| NA-No past work experience to report | | | | | | | | | | | | | | |
| Volunteer  Paid work  School program  Internship  Apprenticeship  Other: | | | | | | | | | | | | | | |
| **Name of employer or worksite:** | | | | | |  | | | | | | | | |
| **Position title:** | | | | | | | | | | | **Start Date:** | | | **End date:** |
| **Describe the customer’s transferable skills, likes, and dislikes:** | | | | | | | | | | | | | | |
| Volunteer  Paid work  School program  Internship  Apprenticeship  Other: | | | | | | | | | | | | | | |
| **Name of employer or worksite:** | | | | | |  | | | | | | | | |
| **Position title:** | | | | | | | | | | | **Start Date:** | | | **End date:** |
| **Describe the customer’s transferable skills, likes, and dislikes:** | | | | | | | | | | | | | | |
| Volunteer  Paid work  School program  Internship  Apprenticeship  Other: | | | | | | | | | | | | | | |
| **Name of employer or worksite:** | | | | | |  | | | | | | | | |
| **Position title:** | | | | | | | | | | | **Start Date:** | | | **End date:** |
| **Describe the customer’s transferable skills, likes, and dislikes:** | | | | | | | | | | | | | | |
| **Career Exploration** | | | | | | | | | | | | | | |
| **List the career exploration activities conducted with the customer (e.g., watched video on being a baker, completed My Next Move interest profile, researched job postings for baker, reviewed labor market for baker, etc.)** | | | | | | | | | | | | | | |
| **List the vocational fields or industries explored with the customer:** | | | | | | | | | | | | | | |
| **Is the customer interested in exploring self-employment options?** YesNo | | | | | | | | | | | | | | |
| **List the types of jobs that interest the customer:** | | | | | | | | | | | | | | |
| **What does the customer like about those types of jobs?** | | | | | | | | | | | | | | |
| **List six job tasks the customer would like to do:** | | | | | | | | | | | | | | |
| **1.** | | | | **2.** | | | | | | | | **3.** | | |
| **4.** | | | | **5.** | | | | | | | | **6.** | | |
| **Describe any job task(s) or job interest(s) the customer does not want to pursue:** | | | | | | | | | | | | | | |
| **Customer’s preferred employment conditions (e.g., location, hours, obligations, etc.)?** | | | | | | | | | | | | | | |
| **Work Skills Assessment**  (For more than 3 settings, attach another VR1630) | | | | | | | | | | | | | | |
| NA an Environmental Work Assessment was completed | | | | | | | | | | | | | | |
| **Work Skills Assessment, Work Setting 1** | | | | | | | | | | | | | | |
| **Assessment Activities****:**  Informational interview  Worksite tour  Customer completed work tasks  Customer observed other employees performing job of interest  Other, describe: | | | | | | | | | | | | | | |
| **Business Name:** | | | | | | | | | | | | | | |
| **Business Location:** | | | | | | | | | | | | | | |
| **Which interests brought the customer to this particular work setting?** | | | | | | | | | | | | | | |
| **Describe information obtained through any informational interviews or observations:** | | | | | | | | | | | | | | |
| **Describe any work tasks the customer** **performed and the customer’s functional abilities and work tolerance during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s strengths and abilities during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s support needs and challenges during the assessment:** | | | | | | | | | | | | | | |
| **Describe what the customer liked or disliked about the job tasks and work environment:** | | | | | | | | | | | | | | |
| **Work Skills Assessment, Work Setting 2** | | | | | | | | | | | | | | |
| **Assessment Activities****:**  Informational interview  Worksite tour  Customer completed work tasks  Customer observed other employees performing job of interest  Other, describe: | | | | | | | | | | | | | | |
| **Business Name:** | | | | | | | | | | | | | | |
| **Business Location:** | | | | | | | | | | | | | | |
| **Which interests brought the customer to this particular work setting?** | | | | | | | | | | | | | | |
| **Describe information obtained through any informational interviews or observations:** | | | | | | | | | | | | | | |
| **Describe any work tasks the customer** **performed and the customer’s functional abilities and work tolerance during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s strengths and abilities during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s support needs and challenges during the assessment:** | | | | | | | | | | | | | | |
| **Describe what the customer liked or disliked about the job tasks and work environment:** | | | | | | | | | | | | | | |
| **Work Skills Assessment, Work Setting 3** | | | | | | | | | | | | | | |
| **Assessment Activities****:**  Informational interview  Worksite tour  Customer completed work tasks  Customer observed other employees performing job of interest  Other, describe: | | | | | | | | | | | | | | |
| **Business Name:** | | | | | | | | | | | | | | |
| **Business Location:** | | | | | | | | | | | | | | |
| **Which interests brought the customer to this particular work setting?** | | | | | | | | | | | | | | |
| **Describe information obtained through any informational interviews or observations:** | | | | | | | | | | | | | | |
| **Describe any work tasks the customer** **performed and the customer’s functional abilities and work tolerance during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s strengths and abilities during the assessment:** | | | | | | | | | | | | | | |
| **Describe the customer’s support needs and challenges during the assessment**: | | | | | | | | | | | | | | |
| **Describe what the customer liked or disliked about the job tasks and work environment:** | | | | | | | | | | | | | | |
| **Provider’s Assessment** | | | | | | | | | | | | | | |
| This section allows the provider to list recommendations after the CPA activities are completed. | | | | | | | | | | | | | | |
| **What do you believe is the best work environment for the customer?** | | | | | | | | | | | | | | |
| **In your opinion, what type of help or services will the customer potentially need to successfully prepare for and find competitive integrated employment?** | | | | | | | | | | | | | | |
| **Describe any short-term and long-term supports the customer will potentially need to maintain competitive integrated employment (e.g., job skills training, natural supports, extended services):** | | | | | | | | | | | | | | |
| **What accommodations might assist the customer with employment (for ideas, see the** [**Job Accommodation Network**](https://askjan.org/index.cfm)**)?** | | | | | | | | | | | | | | |
| **Additional comments and concerns (if none, type “None”):** | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Provider Signatures** (See VR-SFP 3 on Signatures) | | | | |
| **Career Planning Assessment Evaluator** | | | | |
| **By signing below, I certify that:**   * The above dates and services are accurate; and * I personally facilitated the assessment, documented the results in this report, and met all outcomes required for payment listed in the VR-SFP and service authorization. | | | | |
| **Typed or Printed name:** | **Signature:**  **X** | | | **Date Signed:** |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached  Transition Educator  Non-traditional  RID/BEI/SLIPI with Number:       or  proof attached | | | | |
| **Director** | | | | |
| **Typed or Printed name:** | **Signature:**  **X** | | | **Date Signed:** |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | | |
| **VRS Use Only** | | | | |
| Any VR staff member may complete the VRS Use Only section.   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. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices. | | | | |
| **Provider Qualifications Verification** | | | | |
| **Career Planning Assessment Evaluator Credential:** | | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the evaluator listed above:  maintained or waived the UNTWISE Supported Employment Credential  did **not** hold a valid UNTWISE Supported Employment Credential | | | | |
| **Director 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 | | | | |
| **UNTWISE Endorsements:** | | | | |
| UNTWISE website verifies, for the dates of service, the Supported Employment Specialist listed above maintained the following endorsement:    None  Autism  Brain Injury  Other, specify: | | | | |
| **Qualifications Related to Deaf Premium:** | | | | |
| Attached documentation verifies, for the dates of service, the Supported Employment Specialist listed above maintained one of the following:    Not applicable/no attachment  BEI  RID  SLIPI | | | | |
| **Report Verification** | | | | |
| Verified that the form indicates a minimum of 3 hours of Home and Community Exploration and 6 hours of Career Exploration and Work Skills Assessment | | | Yes  No | |
| Verified that the report is accurate and complete, per form instructions and SFP 4 | | | Yes  No | |
| Verified that the customer received the service | | | Yes  No | |
| Verified that the service was provided within the dates on the SA | | | Yes  No | |
| Verified that the appropriate fee(s) was invoiced | | | Yes  No | |
| **VR staff name:** | | **Date:** | | |