

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: <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Social Security Disability Insurance <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Childhood Disability Beneficiary/Disabled Adult Child <input type="checkbox"/> 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 .	
Home and Community Based Service Waiver Information	
Does the customer receive one of the following HCBS Waivers? Yes No If yes, complete the following: <input type="checkbox"/> HCS <input type="checkbox"/> CLASS <input type="checkbox"/> TxHmL <input type="checkbox"/> DBMD <input type="checkbox"/> YES <input type="checkbox"/> 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](#).

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? Yes No

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](#))?

Additional comments and concerns (if none, type "None"):

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:
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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:
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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:
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