



Texas Workforce Commission
Vocational Rehabilitation Services
Customer Profile and Self-Employment
Exploration

General Instructions

Please provide responses and information regarding yourself and any ideas for a business in which you will be self-employed. Please provide true and accurate responses in narrative summaries as there are no wrong answers. This document is to assist the customer and VRS in assessing any appropriate needs and/or goals.

The form must be completed as follows:

- Type responses using a computer.
Answer all questions. If a question or section does not apply, enter "Not Applicable" and explain why.

If the customer requires assistance from a Certified Business Technical Assistance Consultant (CBTAC), the above requirements apply and:

The narrative summaries must indicate how and when the information was collected. For example, by discussion by the customer, with the customer's business team, from the customer, or by observation of the customer performing the skills necessary to achieve the outcome.

Customer Information

Customer Name: Case ID:
Counselor Name: Date:

Customer Work Experience & Education

Describe your past work and/or business experience:

Describe your education and/or training:

Preferences and Interests

List the preferences and interests of the customer identified by all team members and agreed to by the customer.

Table with 2 columns and 5 rows for listing preferences and interests.

Assets and Abilities

List the customer's demonstrated employment-related attributes that are identified by all team members and agreed to by the customer.

Potential Products and Services

Instructions: List all products or services identified by the team that the customer can currently or potentially provide or perform and that the customer is willing to provide or perform in his or her small business.

Examples of products include custom clothing, bamboo fishing poles, and stationery. Services include mowing lawns, edging lawns, raking lawns, sweeping yard clippings, pruning shrubs, planting flower beds, lawn aerating, and lawn fertilizing.

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Potential Business Ideas

Instructions: List business ideas identified by the team that the customer can currently or potentially perform and that the customer is willing to perform in his or her small business.

Examples of business ideas include lawn maintenance, landscaping, pressure washing, and hauling debris.

1.
2.

3.

4.

5.

Potential Business Team Members

Name	Business/Agency/ Relationship	Contact Information (telephone number, email, etc.)

Customer Career Goals

Describe the general business description:

Describe the short-term business goals:

Describe the long-term business goals:

Describe the natural skills and interests you believe match the business idea:

Customer Considerations for Success

Describe the monthly income and health insurance requirements:

Describe any impairment related conditions for employment:

Describe any family or other personal considerations for employment:

Additional Information:

Provide any additional information you believe necessary for your business:

Signatures

Customer Signature

Verification of the customer's satisfaction and service delivery obtained by:

Handwritten Signature Digital Signature (see VR-SFP 3 on Signatures)

By sending a copy of the document returned with a scanned signature

Email verification, per VR-SFP 3 (must be attached)

Unable to obtain signature, describe attempts:

By signing below, I, the customer, certify that I received the service as recorded within the report above. If you are not satisfied with the service, contact your VR counselor.

Customer's signature:

X

Date:

If the customer required assistance from a CBTAC, the following information is required.

Provider Qualifications

Type of Provider:

Traditional-bilateral contractor

Non-traditional

Traditional-bilateral contractor must complete the provider qualification section below. This section is not applicable to Non-traditional providers.

Qualifications

Proof of Qualification

Verified by TWS-VRS

CBTAC Certification

CBTAC certificate attached
If no, VR3490-Waiver proof attached

Yes No N/A

CBTAC signature

By signing below, I, the CBTAC, certify that:

- the above dates, times, and services are accurate;
- I personally provided services recorded on this form and associated invoice;
- I documented the information on the form for the customer represented on this form;
- The customer's signature on this form was obtained on the date stated in the date field of the form;
- I signed the report below; and
- I maintain the staff qualifications, including the CBTAC Certificate, required for a CBTAC, as described in Standards for Providers and/or Service Authorization.

CBTAC typed name:

CBTAC signature (see VR-SFP 3 on Signatures):

Date:

X

Director Credentials and Signature		
Required for Traditional-Bilateral Contractors		
By signing below, I, the Director, certify that:		
<ul style="list-style-type: none"> • I signed the report below; and • I ensure that the staff meets the qualifications and met the requirements in the Standards for Providers when delivering the service and; I maintain the staff qualifications, including the UNTWISE credential, required for a Director, as described in Standards for Providers and/or Service Authorization.		
Qualifications	Proof of Qualification	Verified by TWS-VRS
Specify UNTWISE Credential:	UNTWISE Credential Number: If no, <input type="checkbox"/> VR3490-Waiver proof attached	Yes No N/A
Director's typed name:	Director's signature (see VR-SFP 3 on Signatures): X	Date:
Date Form Submitted by Provider:		Date Form Received by TWS-VRS Office:
Recommendations		
CBTAC or VR counselor completes this section:		
Does the CBTAC believe the customer would be better served by Supported Self-Employment Services: Yes, if yes, please provide justification below No, if no do not provide a response.		
Please provide a justification as to why you believe the customer would be better served by Supported Self-Employment Services:		
Proceed with Concept Development & Feasibility Study	Yes	No
If no, please provide comments below regarding decision:		

If yes, please provide information below:

Type of Concept Development & Feasibility Study Recommended: Simple Comprehensive Supported Self-Employment

Please provide information for recommending specific type of Concept Development & Feasibility Study:

VRS Use Only

<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RHW): _____	State program specialist's initials:	Date:
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RHW): _____	Regional program specialist's initials:	Date:
Approved Sent back to the counselor with feedback. Note method of feedback (such as email or RHW): _____	Regional director's initials:	Date:
Approved Sent back to the counselor with feedback. Note method of feedback (such as email or RHW): _____	VR supervisor or manager's initials:	Date:
Approved Sent back to the provider with feedback. Note method of feedback (such as email or RHW): _____	Counselor's initials:	Date:

Comments, if any: