



**Texas Workforce Commission
Vocational Rehabilitation Services
Supported Self-Employment
Assessment (SSEA)**

General Instructions

VR1808, Supported Self-Employment Assessment (SSEA), is a document in addition to the VR1641, Supported Employment Assessment (SEA), describing the customer’s interests, preferences, and support needs and provides insight into the interventions that may lead to successful self-employment and retention. The SEA and the SSEA should provide the information needed to develop the VR1809, Supported Self-Employment Concept Development, which provides a business concept to use when determining the feasibility of a supported self-employment proposal. The CBTAC should use this form along with the completed VR1641 SEA as a guide and worksheet to direct the discovery process and gather information throughout the assessment. The SEA and the SSEA are designed to facilitate the use of the person-centered approach, which is required, and the CBTAC should complete the assessment components of the SSEA in the order that they appear on the form: A. Customer Discovery Interview, B. Circle of Support Members, C. Work Skills Observations and D. Assessment Summary.

Follow the instructions below when completing this form:

- Type all information on form using a computer and ensure it is accurate and complete
- The CBTAC will record an answer to all questions. If a question or section does not apply, enter “Not Applicable” or N/A and explain why.
- Write narrative summaries in paragraph form in clear, descriptive English.
- Base this report primarily on direct observations of the customer in multiple settings and environments unless the section indicates information to be collected from others.
- Make certain all questions and all applicable standards have been met before submitting this form with an invoice for payment. Refer to the [VR Standards for Providers Chapter 19.6, Supported Self-Employment](#).
- The completed SSEA is submitted 1 week prior to the SSEA Review Meeting.
- Submit invoice for payment after the completion of the SSEA Review Meeting.

Service Information

Service authorization (SA) numbers:

Discovery process: Discovery dates must be within the Service Authorization start and end dates.

Date VR1641 SEA was initiated Enter date of first meeting with the customer:	Date VR1641 SEA was finished Enter date of last meeting with the customer:
Date Discovery was initiated Enter date of first meeting with the customer:	Date Discovery was finished Enter date of last meeting with the customer:

Customer Identification Information

Last name:	First name:	Middle name:
Street address: (include apartment and room number, if applicable)		
City:	State:	ZIP code:

Primary contact number: () Secondary contact number: ()

VRS case ID: Email address:

Does the customer have a legal representative? Yes No
If yes, enter name of the person:

Alternate Contact Person's Information

Alternate contact person's name: Alternate contact person's email address:

Alternate's primary phone number: Alternate's secondary phone number:
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A. Customer Discovery Interview

Discovery should be an addendum to the discovery gathered in the VR1641 Supported Employment Assessment. The Discovery in Supported Self Employment should focus on further exploration of the customer's interests and knowledge related to business ownership. The goal of Self-employment discovery is to gather information through person centered methods, observations and discussions with the customer.

What does business ownership mean to you?

Describe why you want to own a business.

Describe your interest, skills and talents you hope to use in your business.

Describe any business needs you have identified in your neighborhood:

What motivators will assist you in business ownership:

What people do you have in your life and how will they assist you in starting and maintaining your business?

Person	Role

What would you like your typical day look like when you own a business? (daily schedule, responsibilities)

Describe any commitments you will have to plan around as you create your business.

What are you worried about, if anything, related to owning your own business?

How do you describe yourself?		
1. Self-Motivator?	Yes	No
2. Competitive?	Yes	No
3. Controls self when others make you mad or you do not agree?	Yes	No
4. Like to make decisions?	Yes	No
5. Like to plan ahead?	Yes	No
6. Gets along with strangers?	Yes	No
7. High amount of Physical Stamina?	Yes	No
8. High amount positive emotional energy?	Yes	No
9. Do you enjoy meeting with the public?	Yes	No

Any additional comments you have that would benefits the team in assisting you in starting a business?

B. Supports available to the Customer Circle of Support Members

The VR1641 identified Circle of Support members. The CBTAC should verify the members in the support circle are willing to assist the customer in disability management and identify additional supports that can assist with business ownership tasks the customer may need assistance with to be successful. Be sure to record any circle of support member from the SEA that will be available to assist with the customer’s self-employment goal.

Record Circle of Support information below:

Name:	Relationship:
Support that can be provided:	
Name:	Relationship:
Support that can be provided:	
Name:	Relationship:
Support that can be provided:	
Name:	Relationship:
Support that can be provided:	
Name:	Relationship:
Support that can be provided:	
Name:	Relationship:
Support that can be provided:	

Name:	Relationship:
Support that can be provided:	

Name:	Relationship:
Support that can be provided:	

Community Resources and Supports

The VR1641, Supported Employment Assessment, identified Community Resources and Supports. The CBTAC should verify the community resource and/or supports are still available and willing to assist the customer. The CBTAC should also identify any additional community resources and supports that may be available to assist the customer. To gain access to SSA work incentives, a community work incentive coordinator or benefits planner must be included.

Examples of Community Resources and Supports includes: local special transit services, an accountant to assist with financials for their proposed business, Medicaid Waivers (Community Living Assistance and Support Services, Home and Community-Based Services and Texas Home Living), Social Security Administration (SSA) incentives.

This information can be gathered from the customer, but it should be verified by family or professionals who are part of the customer's Circle of Support. If the customer is receiving services through a Medicaid waiver or an authority such as Mental Health Authority, the customer's case manager must be identified and included in all meetings and decisions related to customer's self-employment goal.

Name of resource:

Summary of service or supports:

CBTAC Interviews with customer and his or her supports

Financial Information

How much does the customer need to earn per week or per month to meet his or her obligations?

List any resources the customer has available to assist with financial obligations?

What roles, if any, does the customer have in paying own bills? If the customer does not pay own bills who pays them for him? Are the bills paid on time?

Does the customer have any accounts such as checking or saving with a bank or credit union?

Does the customer have any major credit cards or lines of credit?

Has the customer defaulted on any loans? What loans does the customer still have?

Has the customer ever filed for bankruptcy?

Does the customer have any obligations related to raising his or her children or elderly parent?

Does the customer have children living at home?	Yes	No
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Does the customer have available and stable childcare?	Yes	No
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Has the customer ever been delinquent in child support payment?

Social Security Benefits

Be sure to refer to benefits planning information provided by the VR counselor.

Does the customer receive any Social Security benefits? Yes No

If yes complete the section below.

Does the customer receive Social Security Disability (SSDI) on his or her own record of disability, Social Security Childhood Disability Benefits (CDB) and/or Social Security Disabled Widow/Widower Benefits?	Yes	No	Amount:
Does the customer receive another type of Social Security cash benefit (retirement or other survivor benefits)?	Yes	No	
Are the Social Security benefits received under a parent's Social Security number?	Yes	No	
Does the customer receive Social Security Income (SSI)?	Yes	No	

Describe how the customer's social security benefits may be affected by business ownership?

Describe the customer and/or customer's legal guardian understanding of how Social Security Benefits can be affected with business ownership? Describe any concerns.

C. Self-Employment Discovery

Discovery activities related to business ownership must be completed. Customers and the CBTAC should visit businesses that are similar to the customer's business idea(s) to network and to gain perspective of how the business owner started the business and gather insight into the positive and challenging parts of business ownership. If the customer's business idea could potentially work within an already established business, a business owner should be interviewed and the business structure observed. The customer should demonstrate different aspects of their business they can perform and the CBTAC will observe the customer's performance to gain information related to any needed supports for the business ownership to be successful. The customer shall research through informational interviews expectations and commitments necessary for successful business ownership.

Self-Employment Discovery Activity 1

Time spent:

Business name:

Describe the setting.

Description of tasks, skills performed, and information gained.

Summary of the customer's functional abilities observed during the observations.

Summary of the customer's functional limitations, challenges, and barriers observed during observations with identification of a possible supports that will assist with customer in overcoming the limitation, challenge or barrier for successful business ownership.

Recommendations related to the customer's pursuit of business ownership (self-employment):

Additional Comments:

Self-Employment Discovery Activity 2

Time spent:

Business name:

Describe the setting.

Description of tasks, skills performed, and information gained.

Summary of the customer's functional abilities observed during the observations.

Summary of the customer's functional limitations, challenges, and barriers observed during observations with identification of a possible supports that will assist with customer in overcoming the limitation, challenge or barrier for successful business ownership.

Recommendations related to the customer's pursuit of business ownership (self-employment):

Self-Employment Discovery Activity 3

Time spent:

Business name:

Describe the setting.

Description of tasks, skills performed, and information gained.

Summary of the customer's functional abilities observed during the observations.

Summary of the customer's functional limitations, challenges, and barriers observed during observations with identification of a possible supports that will assist with customer in overcoming the limitation, challenge or barrier for successful business ownership.

Recommendations related to the customer's pursuit of business ownership (self-employment):

Additional Comments:

Self-Employment Tasks and Skills		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	
Additional comments, if any:		
CBTAC Recommendations related to Business Ownership		
Self-Employment Strengths: (select all that apply)		
<input type="checkbox"/> Transferable skills	<input type="checkbox"/> Intelligence and/or cognitive skills	<input type="checkbox"/> Physical abilities and/or capacity
<input type="checkbox"/> Stable work history	<input type="checkbox"/> Personality and/or interpersonal skills	<input type="checkbox"/> Patterns of work behavior
<input type="checkbox"/> Academic skills	<input type="checkbox"/> Family support and/or support system	<input type="checkbox"/> Community involvement
Others:		
Possible Self-Employment Opportunities:		
List any additional possible self-employment opportunities (including “business within a business”) not identified on the VR1641 and state their distance from the customer’s home.		
Business	Possible self-employment opportunities including “business in a business”	Travel distance and time
Additional comments, if any:		

Needed Long-Term Supports:

Select any of the following for which the customer may need long-term supports, not identified on the VR1641 SEA, which can assist the customer to be successful with business ownership.

<input type="checkbox"/> Medication management	<input type="checkbox"/> Self-feeding at work	<input type="checkbox"/> Peer support group
<input type="checkbox"/> Showering and/or bathing	<input type="checkbox"/> Diet management at work	<input type="checkbox"/> Individual therapy
<input type="checkbox"/> Grooming and hygiene	<input type="checkbox"/> Meal preparation for work meals	<input type="checkbox"/> Job coaching for new job task
<input type="checkbox"/> Toileting at work	<input type="checkbox"/> Initiating coping techniques	<input type="checkbox"/> Employer communications
<input type="checkbox"/> Maintaining job aides	<input type="checkbox"/> Social Security reporting of earnings	<input type="checkbox"/> Monitoring of business performance
<input type="checkbox"/> Monitoring of the customer accommodations	<input type="checkbox"/> Other: Describe:	<input type="checkbox"/> Other: Describe:

Record a brief summary of the customer's support needs related to maintaining long-term, competitive, integrated self-employment within the community.

Signatures

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, <input type="checkbox"/> 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 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 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: X	Date:
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If provider also has UNTWISE Credentials, please complete section below:		
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
Specify UNTWISE Endorsement: <input type="checkbox"/> N/A	UNTWISE Endorsement Number:	Yes No N/A
Select: RID BID SLIPI N/A	RID/BID/SLIPI Number: <input type="checkbox"/> Proof Attached	Yes No N/A
Other:	Number: <input type="checkbox"/> Proof Attached	Yes No N/A
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 the VR 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: X	Date:
SSEA Meeting		
This section is completed after the VR1808, SSEA has been submitted to the VR counselor.		
Date and time of SSEA meeting:		
Names of those attending the SSEA meeting:		
VRC accepts SEA as submitted: YES NO If no, date returned:		
VRC printed name:		
VRC signature:		
VRC Approval (Initials):		VRC Approval date:
Date Form Submitted by Provider:		Date Form Received by TWS-VRS Office:

VRS Use Only—VRS Approval of the VR1808

Instructions: Review the VR1808. If the documentation meets the standards with all “Yes” answers and is approved by the VRC sign and date below. If the documentation does not meet standards with any answer being “No” and/or is not approved by the VRC, indicate date form returned to provider, sign, and date the form.

Verified the CBTAC Credentials have been verified.	Yes	No	
Verified the appropriate fee(s) were invoiced.	Yes	No	
Verified that the VR1808 is accurately completed per form instructions on form and in accordance with the Standards for Providers.	Yes	No	
Verified that the VR1808 identifies the customer’s interest, assets and abilities in both work and non-work areas summarizing how the customer can develop a self-employment plan.	Yes	No	
Verified that the VR1808 identifies one or more appropriate self-employment strategies for the customer.	Yes	No	
Verified how the self-employment strategy for the customer was gained and how it aligns with the customer’s interest, assets and abilities.	Yes	No	
Verified specific support needs, interventions and Extended Services the customer will need to maintain successful self-employment.	Yes	No	
Verified that the information in all sections of the form are unique and individualized for the customer.	Yes	No	
Verified that the CBTAC collected information through customer observations held at multiple occasions and locations.	Yes	No	
Verified that at least three Work Skill Observations were completed in different work settings.	Yes	No	
Verified the information in the VR1808 is accurate by consulting with the customer, guardian, parent, and/or the customer’s Circle of Support members.	Yes	No	
Verified the SSEA Review Meeting was held.	Yes	No	
Verified all signatures are present on the form.	Yes	No	
Verified that the VR1808 was submitted with invoice with appropriate dates of service.	Yes	No	
Verified that any additional requirements of the SSEA that are noted in the “special comments” section of the service authorization were met.	Yes	No	N/A
If any question above is answered “No,” complete the following: <ul style="list-style-type: none"> • Send a copy of the submitted invoice and this form to the CBTAC with VR3460 notifying the service did not meet the requirements as described in the Standards for Providers. 	Date:		
	<ul style="list-style-type: none"> • Record a case note to document the return of invoice and required form(s) 	Date:	
Report: Approved Sent back to provider			

Printed name of VRS staff member making verification:	Date Verified
Comment (if any):	
VRS Use Only—Verification of Provider’s Staff UNT Credentials and Endorsements	
The UNT website verifies that the Provider’s staff person listed above is NOT Credentialed Credentialed in	
Printed name of VRS staff member making verification:	Date verified:
<p>If unable to verify the credentials or the approved VR3490, complete the following:</p> <ul style="list-style-type: none"> • Enter the date a copy of the submitted invoice and VR1808 was returned to the CBTAC with written notification the CBTAC did not meet the credential criteria required or submit an approved VR3490 waiving the required credential. Date: • Enter the date a case note was entered to document the return of invoice and required form(s) Date: 	