



Texas Workforce Commission
Vocational Rehabilitation Services
Supported Self-Employment Feasibility Study

General Instructions

This feasibility study worksheet 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.
- Answers must be written in a narrative format in clear, positive, descriptive English with minimal bullet points.
- The narrative summaries must indicate how and when the information was collected. For example, by discussion with the customer's business team, from the customer, or by observation of the customer performing the skills necessary to accomplish the outcome.

Customer Information

Customer's name:

VRS customer number:

Service Requested

Feasibility Study – Supported Self-Employment Only

Step 1: Describe the Industry

Product or Service

Detailed Description of the Products or Services

How many hours does the customer want to work?

How will the product or service be produced or delivered?

How much product or service could be produced in a day, week, or month?

Marketing Positioning of Business' Regular Customers Purchasing the Goods or Services of the Business

Describe the business's **primary** customers using the product/service for intended use. Be as specific as possible (location, age range, gender, income level, educational level, marital status, dependents, pets, hobbies or interests, religious or political interests, etc.)

Marketing Positioning of Business Customers

Describe the business's expected **business** customer below.

What benefits will the business' customers gain from the business's products or services?

How many potential business' customers are in the service area, are they the same or different people from those going to a competitor?

What level of quality do the business' customers expect in the product or service?

Description of the Competition

Who are the main competitors and what are their strengths and weaknesses?

What makes the customer's product or service better, different, or unique than that of the competition?

Could a competitor be an opportunity for a business within a business for the customer?

Financial Considerations

What are the business's sales projections?

Pricing of Products or Services

Production Cost (What is the cost to produce the product or service?)

How much net profit might be achieved in the first year?

What are critical factors to reach the sales projections?

List anticipated start-up costs and on-going monthly expenses:

What is the break-even point, where the business owner be able to cover their own expenses?:

Step 2: Identify Prospective Business Owner Considerations

Does this business idea match the ideal work conditions and goals of the customer?

How much time can the customer invest in operating the business?

What tasks are necessary to produce the product or service?

Does the customer have, or can he or she acquire a portion or all skills needed to perform the production of goods or services, sales of goods or services, and management activities of the business?

Does the customer have, can he or she afford, or can other resources be identified to provide the business and personal supports necessary for the customer to be a successful business owner?

How much money can the customer access or invest?

How will this business affect the customer's family?

Additional information and/or comments:

Step 3: Test the Business Idea

Instructions: Please select which type(s) of marketing testing the customer and others performed and describe. More than one type of testing may be used.

Sell a Few

Test-sell a few products or services and describe the experience below.

Describe how the test market was run:

Record the number of units planned to be sold in test market and the number actually sold:

Provide any additional information (e.g. customers who purchased the product or service, feedback provided, etc.):

Summary of test marketing research:

Surveys

Conduct surveys and record the experience below.

Record the number of potential customers surveyed:

Describe the potential customers surveyed:

List the questions asked in the survey and the business customer responses:

Summary of survey research:

Advertising and Analysis

Advertise the product or service and analyze the experience below.

Description of potential business customers contacted:

Number of potential customers given the advertisement:

Number of responses to the advertisement:

Summary of advertising analysis:

Step 4: Identify Financial Resources Available to the Customer

Identify the financial resources available to the customer in the following table.

Financial and Benefits Resource	Amount	In-Kind (\$ Value of Resource)	Description of Resource
Customer's			
Home and Property Equity			
Savings			
SSDI Benefits			
SSI Benefits			
Trust Fund			
Wages			
Customer's Family			
Home and Property Equity			
Loan			
Savings			
Trust Fund			
Other			
Bank or Credit Union Loan			
VRS			
Individual Development Account			
Private Investors			
Small Business Administration (SBA) Loan			
WIOA			
PASS			
Family Self-Sufficiency Program			

Outside Services and Supports

Instructions: In the table below, record any anticipated supports needed to maintain self-employment once the business has been started and once VRS has closed the case. Record the potential provider to provide each support and potential resources for any associated costs.

Extended Services and Supports Needed	Frequency of Support Needs	Potential Provider and Contact Information	Identified Resource to Provide or Sponsor Supports
Examples:			
Job coaching for new job duties identified	As identified	Employment Network Provider—Susie Provider (000) 000-0000	Social Security sponsored
Bookkeeping	Weekly	Karen’s Bookkeeping Service (000) 000-0000	Will be a small business expense
Medication management	Monthly	MHMR home visits, Karen Case manager (000) 000-0000	MH General Fund sponsored
Assistance with day-to-day business responsibilities such as work schedule and routine work duties	Daily	Natural supports of the family: Mom—Jen, jencustomermom@email.com	in-kind service of family members
Transportation to and from work provided by cab driver	According to work schedule	PASS Plan—Provider to write PASS Plan needs to be found	Social Security sponsored
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Additional comments:

Recommendations

CBTAC or VR counselor completes this section:

Proceed with Business Plan & Financials Development Yes No

If no, please provide comments below regarding decision:

If yes, please provide information below:

Proceed with Business Plan & Financials Development: Yes

Signatures

I, the customer (or legally authorized representative), have completed the Concept Development and Feasibility Study to the best of my ability. If I used the technical assistance of a CBTAC, I am satisfied with the information contained in this report.

Customer's signature: X	Date:
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Customer's legally authorized representative's signature (if any): X	Date:
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If the customer required assistance from a CBTAC, the following information is required.

By signing below, I, the CBTAC, certify that I have worked with the customer and business team, completed this form, and agree with the statements above. Additionally, I am stating and confirming that I am the person who provided the services.

Printed name of CBTAC providing technical assistance:

CBTAC's signature: X	Date:
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Does the CBTAC belief the customer would be better served by Supported Self-Employment Services:

Yes, if yes, please provide justification below No, if no skip next answer

Please provide a justification as to why you believe the customer would be better served by Supported Self-Employment Services:

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): _____	VR manager or supervisor's initials:	Date:
Approved Sent back to the provider (if applicable)with feedback. Note method of feedback (such as email or RHW): _____	Counselor's initials:	Date:
Comments:		