



Texas Workforce Commission  
 Vocational Rehabilitation Services  
**Supported Self-Employment Services Plan (SSESP)  
 and Benchmark Report**

**General Instructions**

Refer to the supported self-employment provider standards and quality criteria for additional details.

The Supported Self-Employment Services Plan (SSESP) is completed and signed by all parties at the SSESP meeting. If employment conditions change after the first SSESP meeting, a new SSESP form must be completed in subsequent SSESP meetings. If, at any point in the process, the Customer decides that Supported Self-Employment is not working, the customer can request that the VRS counselor review the case for supported employment services and end participation in the supported self-employment process. A VR1613A, B, C and D, Supported Employment Services Plan-1 is completed if the customer switches to supported employment services.

- Type all information on form using a computer and ensure it is accurate and complete.
- Answer all questions. If a question or section does not apply, enter "Not Applicable" and explain why.
- Answers should be written in a narrative format in clear, positive, descriptive English with minimal bullet points.

Before submitting for payment, review the document to ensure that all questions have been answered and that all quality criteria have been met.

**General Information**

**Customer name:**

**VRS case number:**

**Location of the meeting:**

**Date and time of the meeting:**

**Approved Business**

**Instructions:** The CBTAC will enter the business as approved in the VR1813 Supported Self-Employment Business Plan, which may not be determined prior to the SSESP meeting. Should this change at any point, the CBTAC will enter the newly approved business named in the VR1813 Supported Self-Employment Business Plan.

**Initial Business:**

**Amended Business:**

## Meeting Attendees

Note each attendee's relation to the customer and name below (for example, "Mother: Mrs. Smith.")

<b>Customer:</b>	<b>VRS counselor:</b>
<b>CABTC:</b>	<b>Customer's legal representative, if any:</b>
Business owner mentor:	Other (name of professional, family, friend, etc.):
Other (name of professional, family, friend, etc.):	Other (name of professional, family, friend, etc.):
Other (name of professional, family, friend, etc.):	Other (name of professional, family, friend, etc.):

## Preferences and Interests

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


## Assets and Abilities

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


## Employment Conditions

**Instructions:** Record all employment conditions in measurable terms the team identifies and the customer agrees need to be considered when securing self-employment for the customer. Indicate each employment condition as either “negotiable” or “non-negotiable.”

**Non-negotiable conditions** are those the customer has indicated must be, or not be, present in a self-employment venture.

**Negotiable conditions** are those the customer would like to be considered in development of the self-employment venture.

**Examples** of employment conditions include hours, earnings, transportation, child care, physical restrictions, environmental conditions, learning and/or training considerations, compensatory strategies or equipment at the job site, employer support needs, safety issues, social concerns, communication barriers, benefits and entitlements, waivers, criminal charges or convictions, and parole, etc.

**Note:** The placement must meet all non-negotiable employment conditions and 50 percent or more of the negotiable employment conditions listed in the SSESP.

**Instructions:** The CBTAC Records achievement of each Employment Condition at each Benchmark timeframe

**Achieved at Benchmark:**

Employment Conditions	Negotiable	Non-negotiable	2	3	4	5
1. Hours per week:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hours per shift:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Days, hours available:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Wages:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Transportation method 1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Transportation method 2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Distance and time of travel:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Safety:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Premiums Approved by VR Counselor (check all that apply)**

*(See SFP Chapter 20 to determine whether a premium is available)*

- Blind     
 Brain Injury     
 Criminal Background     
 Professional Placement     
 Wage     
 Other:

## Extended Services and Supports

**Instructions:** Below, record any anticipated supports needed to maintain self-employment 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	Plan for Providing the Needed Services and Supports
<b>Examples:</b>				
Job coaching for new job duties identified	As identified	Employment Network Provider— Susie Provider (000) 000-0000	Social Security sponsored	VRS SSES will identify long-term job coaching needs and inform EN provider of the needs
Bookkeeping	Weekly	Karen's Bookkeeping Service (000) 000-0000	Will be a small business expense	Contract will need to be arranged for the support service
Medication management	Monthly	MHMR home visits, Karen Casemanager (000) 000-0000	MH General Fund sponsored	Needs to be added to MHMR Service Plan
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	Establish one for each primary job duty
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	Establish PASS Plan with Social Security to offset cost of transportation
<b>Extended Services and Supports Needed</b>				
<b>Frequency of Support Needs</b>				
<b>Potential Provider and Contact Information</b>				
<b>Identified Resource to Provide or Sponsor Supports</b>				
<b>Plan for Providing the Needed Services and Supports</b>				
1.				
2.				
3.				
4.				
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## 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 flowerbeds, lawn aerating, and lawn fertilizing.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	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	Contact Information (phone number, email, etc.)

**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
- Unable to obtain signature, describe attempts:
- Email verification, per VR-SFP 3 (must be attached)

By signing below, I, the customer or authorized representative, 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:**

**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

**Select all that apply:**

UNTWISE Credentialed with ID:

VR3490-Waiver Proof Attached

**Endorsements:**  None  Autism  Blind  Brain Injury  Deaf - RID/BEI/SLIPI with Number:

Other, specify:

**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:**

- 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,  VR3490-Waiver Proof Attached

Yes No N/A

<b>Director's typed name:</b>	<b>Director's signature</b> (see VR-SFP 3 on Signatures): <b>X</b>	<b>Date:</b>
<b>Date Form Submitted by Provider:</b>	<b>Date Form Received by TWS-VRS Office:</b>	
<b>VRS Use Only – VRS Approval of the VR1811</b>		
Verified the VR1811 is accurately completed per form instructions and the standards for providers.	Yes	No
Verified the VR1811 was submitted with invoice with appropriate dates of service.	Yes	No
At benchmarks 2, 3, 4, and 5, verified 100% of the Non-negotiables Employment Conditions is achieved with the job gained by the customer.	Yes	No
At benchmarks 2, 3, 4, and 5, verified at least 50% of the Negotiable Employment Conditions is achieved with the job gained by the customer.	Yes	No
At benchmarks 2, 3, 4, and 5, verified all signatures are present on the form.	Yes	No
Verified the VR1811 is accurately completed per form instructions and the VR Standards for Providers.	Yes	No
Comments:		