



Texas Workforce Commission  
Vocational Rehabilitation  
**Supported Self-Employment Business Plan  
Support Summary Report**

**General Instructions**

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

- 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 in a narrative format in clear, positive, descriptive English with minimal bullet points.
- The Business Plan must be submitted on the VR1813, Supported Self-Employment Business Plan and accompanied by this form. Note that VR1813, Supported Self-Employment Business Plan is formatted so that it can be submitted to third parties, such as banks, as a business plan without VR formatting. Before submitting for payment, review the document to ensure all questions have been answered.

**Note:** The provider collects the information and completes this form except the section indicated for "VR use only."

**Customer Information**

<b>Customer's name:</b>	<b>VR customer number:</b>
<b>VR counselor:</b>	<b>Region:</b>
<b>Amount requested from VR:</b> \$	<b>Amount contributed by owner:</b> \$

**Business**

**Instructions:** The CBTAC will enter the business idea proposed in the VR1813 Supported Self-Employment Business Plan, which will require all necessary approvals by VR counselor and other staff. Should this change at any point, the CBTAC will enter the newly approved business named in the VR1813 Supported Self-Employment Business Plan as amended.

**Proposed Business:**

## Employment Conditions

The self-employment situation must meet all non-negotiable employment conditions, and the majority (at least 50 percent or more) of negotiable employment conditions listed in the VR1811 Supported Self-Employment Services Plan (SSESP) and Benchmark Report.

**Instructions:** In the spaces below indicate if all the conditions for employment recorded on the VR1811 Supported Self-Employment Services Plan (SSESP) and Benchmark Report and whether the employment conditions will be achieved based on information in the VR1813 Supported Self-Employment Business Plan.

Conditions for Employment Met	Achieved
100 percent (all) Non-negotiable conditions were met	<b>Yes</b> <b>No</b>
A majority (at least 50 percent or more) Negotiable conditions were met	<b>Yes</b> <b>No</b>
Customer agrees to the business as listed as the Proposed Business above	<b>Yes</b> <b>No</b>

**Comments, if any:**

Describe the amount and type of assistance, support, and other services you provided to the customer to help him or her complete the Business Plan:

Additional comments:

## 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, 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-VR
CBTAC Certification	CBTAC certificate attached; if no, <input type="checkbox"/> VR 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.

<b>CBTAC typed name:</b>	<b>CBTAC signature</b> (see VR-SFP 3 on Signatures): <b>X</b>	<b>Date:</b>
--------------------------	--	--------------

**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-VR
Specify UNTWISE Credential:	UNTWISE Credential Number: if no, <input type="checkbox"/> 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>

**VR Use Only**

<b>Date Form Submitted by Provider:</b>		<b>Date Form Received by TWS-VR Office:</b>	
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RSS): _____	State program specialist's initials:	Date:	
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RSS): _____	Regional program specialist's initials:	Date:	
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RSS): _____	Regional Director's initials:	Date:	
<input type="checkbox"/> Reviewed and provided feedback. Note method of feedback (such as email or RSS): _____	VR manager or VR supervisor's initials:	Date:	
Approved Business Plan (if applicable) Not Approved	Regional Director Signature:	Date:	
Approved Business Plan (if applicable) Not Approved	VR Manager or supervisor Signature:	Date:	
Approved Business Plan Sent back to the provider with feedback. Note method of feedback (such as email or RSS): _____	Counselor's initials:	Date:	
Comments:			