



Texas Workforce Commission
 Vocational Rehabilitation Services
**Supported Self-Employment
 Support Summary (SSE-SS)**

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 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 achieve the outcome with assistance from the supported self-employment specialist.
- Before submitting for payment, review the document to ensure that all questions have been answered and that all quality criteria have been met.

Note: The provider collects the information and completes this form except the section indicated for “VRS use only.”

Select which benchmark for which this form is being used.

- Benchmark 2: SSE Business Start-Up
- Benchmark 3: SSE Business Maintenance (112 days)
- Benchmark 4: SSE Business Stability per IPE:
- Benchmark 5: SSE Service Completion (at least 258 and at least 90 days from Stability)

Identification Information

Customer name:	VRS customer number:
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Employment Information

Customer’s business name:	First day business opened: (month/day/year)
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Average number of hours the customer is working weekly:

Service Delivery Information Support Summary

Customer has worked at least 5 cumulative calendar days.	Yes	No
Average number of hours the customer has worked weekly the first 5 days:		
Customer has worked at least 112 cumulative calendar days.	Yes	No
Average number of hours the customer has worked weekly from day 5 to day 112:		

Customer has worked at least 168 cumulative calendar days. **Yes No**

Average number of hours the customer has worked weekly from day 112 until "Stability Status" (at least 168 days) was achieved:

Customer has worked at least 90 calendar days from the Stability date. **Yes No**

Average number of hours the customer has worked weekly from the day "Stability Status" was achieved until "Service Completion" was achieved:

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, list all the conditions for employment recorded on the VR1811, SSESP. Enter X to indicate if the conditions were negotiable or nonnegotiable and whether the employment conditions will be achieved based on information in the VR1813, Business Plan.

Conditions for Employment Met	Achieved
100 percent (all) Non-negotiable conditions were met	Yes No
A majority (at least 50 percent or more) Negotiable conditions were met	Yes No
Business matched business on VR1811 Supported Self-Employment Services Plan (SSESP) & Benchmark Report and approved VR1813 Supported Self-Employment Business Plan	Yes No

Comments, if any:

Briefly describe the customer's ability to perform work duties within his or her business as identified in the VR1813 Supported Self-Employment Business Plan.

Describe how the customer has adjusted to owning his or her business.

Describe any problematic issues or concerns that have emerged related to the customer's business ownership. How are these issues and concerns being addressed?

Describe the amount and type of assistance, training, consulting, or other services you provided to help the customer set up and maintain his or her business such as supporting initial advertising, marketing, and sales; securing all licenses and registrations; and initiating accounting and monthly reporting to VRS of net profit or loss to ensure business success.

What trainers or consultants (for example, accountants, employees, etc.) have been established to support the customer either short- or long-term in managing the business? Include both paid and natural supports the customer is using to maintain the business. How are the supports working?

Describe how specific support needs identified in the VR1811, Supported Self-Employment Services Plan (SSESP) and Benchmark Report are being addressed.

Describe how any emerging support needs are being met that may or may not have been identified in the SSESP.

Describe evidence to support the customer’s and, if applicable, the customer’s legal representative’s (family member or other) satisfaction with the self-employment venture (including job duties, supports at the worksite, and the work environment).

Additional comments:

Supported Self-Employment Verification Statements

Review and respond to the following statements as they relate to the customer’s self-employment business. Provide comments to back up and/or explain your responses either in the statements above or in the comment section below. Select Yes, No, or Not Applicable.

Statements	Yes	No	N/A
1. The self-employment business matches the VR1813, Business Plan, and meets the majority (50 percent or more) of negotiable employment conditions and all non-negotiable employment conditions outlined in the VR1811.			
2. The customer is working in a “competitive work setting” as defined in the Standards for Providers.			
3. The customer is working in an “integrated work setting” as defined in the Standards for Providers.			
4. The work environment is fostering inclusion and career growth as appropriate to the customer’s capabilities.			
5. At Benchmark 4: SSE Business Stability, the following have been achieved:			
a. The business has ending cash equal to or greater than one month of operating expenses.			
b. The customer’s wage calculates to be equal to or greater than minimum wage.			
c. The supported self-employment specialist (SSES) is not providing any services (consulting, training, etc.) for the customer. If the SSES is providing long-term services that will be funded by other sources such as PASS Plan, explain in comments.			
6. At Benchmark 5: SSE Service Completion, the following have been achieved:			
a. The customer’s business has ending cash equal to or greater than 3 months of operating expenses for the business for 3 months within a 12-month period after stability.			

b. The customer's wage calculates to be equal to or greater than minimum wage for 3 months within a 12-month period after stability.			
c. The SSES has not provided any services (consulting, training, etc.) for the customer for at least 90 days. If the SSES is providing long-term services that will be funded by other sources such as PASS Plan, explain in comments.			
d. The business has been operating 90 calendar days from the date Benchmark 4 was achieved.			
e. The business has been operating and open for a minimum of 258 cumulative calendar days.			

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-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 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**

If unable to verify the credentials, complete the following:

- Enter the date a **copy** of the submitted invoice, report and VR3460 was sent to provider to notify the staff did not meet the qualification as defined in the Standards for Providers and/or SA.

Date:

- Enter the date a case note was made to document the return of invoice and required form(s)

Date:**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, <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:

If unable to verify the credentials, complete the following:

- Enter the date a **copy** of the submitted invoice, report and VR3460 was sent to provider to notify the staff did not meet the qualification as defined in the Standards for Providers and/or SA.

Date:

- Enter the date a case note was made to document the return of invoice and required form(s)

Date:

Date Form Submitted by Provider:

Date Form Received by TWS-VRS Office:

VRS Use Only

If any question above is answered "No," complete the following:

- Send a copy of the submitted invoice and the report to the provider with the VR3460 to notify the provider the service delivery or report did not meet the requirements as described in the Standards for Providers and/or SA **Date:**

- Record a case note to document the return of invoice and required form(s) **Date:**

Approved

Sent back to the provider with feedback.

Note method of feedback (such as email or RSS):

Counselor's initials:

Date:

Comments:

Printed name of VR staff member making verification:

Date Verified: