



Texas Workforce Commission
Vocational Rehabilitation Services
Certified Business Technical Assistance Consultant
(CBTAC) Support Summary Report

General Instructions

Refer to the self-employment provider standards and the quality criteria 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 CBTAC.
- Before submitting for payment, review the document to ensure all questions have been answered and 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 the service for which this form is being used.

- Customer Profile and Self-Employment Exploration
- Concept Development and Feasibility Study
- Development of Simple Business Plan
- Development of Comprehensive Business Plan
- Development of Supported Self-Employment Business Plan

Identification Information

Customer name:

VRS customer number:

Service Delivery Information Support Summary

Describe the amount and type of assistance, training, consulting, or other services you provided to help the customer complete the VR1801 Customer Profile and Self-Employment Exploration.

Did you complete all sections of the VR1801 Customer Profile and Self-Employment Exploration?
Yes No, if not please explain below.

Please describe how many and types of potential business ideas you identified on the VR1801 Customer Profile and Self-Employment Exploration.

Describe the amount and type of assistance, training, consulting, or other services you provided to help the customer complete the VR1802 Concept Development and Feasibility Study or the VR1809 Supported Self-Employment Concept Development and/or VR1810 Supported Self-Employment Feasibility Study.

Did you complete all sections of the VR1802 Concept Development and Feasibility Study or the VR1809 Supported Self-Employment Concept Development and/or VR1810 Supported Self-Employment Feasibility Study?

Yes No, if not please explain below.

Please describe the business concept you developed on the VR1802 Concept Development and Feasibility Study or VR1809 Supported Self-Employment Concept Development.

Did you complete the feasibility study on the VR1802 Concept Development and Feasibility Study or VR1810 Supported Self-Employment Feasibility Study and determine if the business concept is feasible? Please briefly describe your recommendations regarding the feasibility of the business.

Describe the amount and type of assistance, training, consulting, or other services you provided to help the customer complete the VR1803 Simple Business Plan, VR1804 Comprehensive Business Plan, or VR1813 Supported Self-Employment Business Plan.

Describe the amount and type of assistance, training, consulting, or other services you provided to help the customer complete the VR1805 Self-Employment Financial Projections Spreadsheet.

Employment Conditions

Briefly describe the customer's ability to perform work duties within his or her business as identified in the VR1803 Simple Business Plan, VR1804 Comprehensive Business Plan, or VR1813 Supported Self-Employment Business Plan.

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

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 are being addressed.

Describe how any emerging support needs will be addressed.

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

Additional comments:

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 VR1801 Customer Profile and Self-Employment Exploration was completed.			
2. The customer agrees with the information contained in the VR1801 Customer Profile and Self-Employment Exploration.			
3. The VR1801 Customer Profile and Self-Employment Exploration was submitted to the VR counselor.			
4. The VR1802 Concept Development and Feasibility Study or VR1809 Supported Self-Employment Concept Development and/or VR1810 Supported Self-Employment Feasibility Study was completed.			
5. The customer agrees with the information contained in the VR1802 Concept Development and Feasibility Study or VR1809 Supported Self-Employment Concept Development and/or VR1810 Supported Self-Employment Feasibility Study.			
6. The VR1802 Concept Development and Feasibility Study or VR1809 Supported Self-Employment Concept Development and/or VR1810 Supported Self-Employment Feasibility Study was submitted to the VR counselor.			
7. The VR1803 Simple Business Plan, VR1804 Comprehensive Business Plan, or VR1813 Supported Self-Employment Business Plan was completed.			
8. The customer agrees with the information contained in the VR1803 Simple Business Plan, VR1804 Comprehensive Business Plan, or VR1813 Supported Self-Employment Business Plan.			
9. The VR1805 Self-Employment Financial Projection spreadsheet was completed.			
10. The customer agrees with the information contained in VR1805 Self-Employment Financial Projection spreadsheet.			
11. The VR1803 Simple Business Plan, VR1804 Comprehensive Business Plan, or VR1813 Supported Self-Employment Business Plan and the VR1805 Self-Employment Financial Projection spreadsheet were submitted to the VR counselor.			

Comments:

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:

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

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):

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:

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:

VRS Use Only

Date Form Submitted by Provider:	Date Form Received by TWS-VRS Office:		
Approved Sent back to the provider with feedback. Note method of feedback (such as email or RSS): _____	Counselor's initials:	Date:	

Comments: