

Instructions

The purpose of this report is to document the intervention used to address barriers to employment that are **directly related to the customer's visual impairment**. The five areas listed below are based on TWC's Texas Confidence Builders philosophy which addresses pertinent blindness skills for VR customers to be successful in a work environment.

The provider documents the support provided to the customer and the customer's response in each area during the reporting period. If the area is not addressed for the reporting period, not applicable must be selected. The VR1883, Blind Premium Report must be submitted each time the primary service is invoiced. Under each of the five areas are examples to be used as a guide for the provider, however, **please note that this is not an exhaustive list**.

Case Information

Customer Name:

Case ID:

Service Authorization (SA) Number:

Employment Service Provided:

Training Fact

In-person training (with the staff and customer(s) at the same physical location)

Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction)

A combination of in person and remote training

Summary and Response

☐ Not applicable. Not addressed for this reporting period.

Area 1: Adjustment to blindness/visual impairment

- **Examples:** Uses and accepts alternate techniques; understands the need for using blindness skills; deals positively with the public and coworkers; accurately describes eye condition

Summary of support:

Customer's response:

☐ Not applicable. Not addressed for this reporting period.

Area 2: Communication

- **Examples:** Demonstrates effective note taking skills; has ability to access printed materials; has efficient keyboarding and/or computer skills; skills and ability to use technology needed for communication in the work environment

Summary of support:

Customer's response:

☐ Not applicable. Not addressed for this reporting period.

Area 3: Transportation

- **Examples:** Travels independently in and around work environment; can access and manage transportation to and from work; has appropriate O&M skills around the work environment

Summary of support:

Customer's response:

☐ Not applicable. Not addressed for this reporting period.

Area 4: Employment Lifestyle Skills

- Examples: Demonstrates appropriate work attire, hygiene, and mannerisms; has soft skills (initiative, flexibility, adaptability, professionalism, decision making, accountability); able to advocate and explain job accommodation needs to employer; able to manage meal preparation or planning for work hours

Summary of support:

Customer's response:

☐ Not applicable. Not addressed for this reporting period.

Area 5: Support Systems

- Examples: Has knowledge of community resources or organizations to assist if needed; has needed supports at the home, at work, or in the community

Summary of support:

Customer's response:

Other Area Covered: ☐ N/A- no other area covered

Summary of support:

Customer's response:

Other Area Covered: ☐ N/A- no other area covered

Summary of support:

Customer's response:

Provider Signature

Direct Service Provider

By signing below, I certify that:

- The information above is accurate;
- I maintain a valid UNTWISE Blind Endorsement; and
- I personally facilitated the services, documented the results in this report, and met all outcomes required for payment listed in the VR-SFP and service authorization.

Typed or Printed name:

Signature:

X

Date Signed:

Select all that apply:

☐ UNTWISE Credentialed with ID:

☐ VR3490-Waiver Proof Attached

VRS Use Only

Any VR staff member may complete the VRS Use Only section. If any question below is answered no or if the report is incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices.

Provider Qualifications Verification

UNTWISE Endorsement:

UNTWISE website verifies, for the dates of service, the provider listed above maintained the blind premium endorsement: Yes No

Verification of Service Delivery

Technical Review (completed by any VR staff such as RA, CSC, VR Counselor)

Verified that the report is accurately completed per form instructions	Yes	No
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Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA	Yes	No
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Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.	Yes	No
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Verified that the appropriate fee(s) was invoiced	Yes	No
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Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:

1.	Date:	2.	Date:
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VR Counselor Review

Verify the report identifies interventions and compensatory techniques to address and/or remove the barriers directly related to the customer's visual impairment	Yes	No
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VR staff name:	Date:
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Verified that the report is accurate and complete, per form instructions and SFP 20	
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By typing or printing your name, the VRC verifies:

- completion of the technical review,
- services provided met the customer's individual needs,
- services provided met specifications in the VR-SFP and on the SA, and
- customer's or legally authorized representative's satisfaction with services received.

Approve to pay invoice Do not approve to pay invoice

VR Counselor:	Date:
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