



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Project SEARCH**  
**Asset Discovery Report**

**Instructions**

Gather the information to complete the interview questions through Discovery techniques, meeting the customer either individually or in group settings at different locations, such as the customer's home, or taking the customer to locations within the community. The goal is to stimulate participation that will help you learn about the customer's interests from the customer's perspective. As necessary, gather information through interviews with the customer's Circle of Support.

**Case Information**

<b>Customer Name:</b>		<b>Case ID:</b>	
<b>Associated service authorization (SA) number:</b>			
<b>Street address:</b> (include apartment and room number, if any)			
<b>City:</b>	<b>State:</b>	<b>ZIP code:</b>	
<b>Primary contact number:</b> (    )		<b>Secondary contact number:</b> (    )	
<b>Email address:</b>			
<b>Does the customer have a legal representative and/or guardian?</b>			Yes    No
<b>If yes, enter name of the person and his or her contact information:</b>			
<b>In the event of an emergency, who should be contacted:</b>			
<b>Name:</b>	<b>Number:</b>	<b>Relationship:</b>	

**Overview of Asset Discovery**

At least **20 hours** must be recorded in this section.

<b>Date:</b>	<b>Number of hours:</b>	<b>Location and summary of activity with customer:</b>

**Total number of hours customer participated in Discovery:**

**Interview Questions**

**Who do you live with/other people you see on a weekly basis?**

<b>List at least three places where you spend time</b> (for example, church, home, and school).	
1.	
2.	
3.	
<b>List tasks or activities you like.</b>	<b>List tasks or activities you dislike.</b>
1.	1.
2.	2.
3.	3.
4.	4.
<b>List your strengths, skills, and talents.</b>	<b>List your challenges.</b>
1.	1.
2.	2.
3.	3.
4.	4.
<b>What are your barriers/challenges in school or with getting a job?</b>	
<b>Do you have any concerns about participating in Project SEARCH at your assigned host business?</b>	
<b>What is a typical day like for you (in regard to chores, part-time job, bedtime, and so on)?</b>	
<b>What is your employment goal after Project SEARCH?</b>	
<b>How do you plan on getting to the Project SEARCH site?</b>	
<b>How do you plan on getting to work after Project SEARCH?</b>	
<b>If you don't have your own transportation plan, are there family members or friends who might assist you?</b>	
<b>Residential History and Domestic Information</b>	
<b>Describe the customer's current living situation.</b>	
<b>How long has the customer lived at the current location?</b>	
<b>Does the customer plan to remain at this location when he or she gets a job?</b> Yes      No	
<b>Is anything potentially putting this living arrangement at risk?</b>	
<b>Home Management Skills:</b>	
Get reports from Circle of Support members about the customer's ability to perform chores in the home. Verify the reports through observations of the customer performing the chores, as appropriate, to identify possible transferable work skills.	

<b>Chores</b>	<b>Independent</b>	<b>Prompting</b>	<b>Physical assistance</b>	<b>N/A</b>
<b>Wash dishes</b>				
<b>Cleaning</b>				
<b>Feed and groom pets</b>				
<b>Laundry</b>				
<b>Meal preparation</b>				
<b>Mop and sweep</b>				
<b>Organize bedroom</b>				
<b>Vacuum</b>				
<b>Yardwork</b>				
<b>Taking out trash</b>				
<b>Other (describe):</b>				

**Describe the customer's willingness to perform routine and non-routine activities in his or her current living situation such as cleaning, doing laundry, cooking, and managing personal hygiene. Does the customer enjoy some activities more than others?**

**Describe the neighborhood in which the customer lives. Describe the general availability of services and supports to the customer. Are there support or safety issues in the neighborhood that may affect the customer's work hours?**

**Benefit Information**  
**Be sure to refer to benefits planning information provided by the counselor.**

<b>Does the customer receive Social Security disability benefits (e.g., SSDI, SSI, DAC)?</b>	Yes	No
<b>Does the customer receive any of the following?</b>		
Medicare	Yes	No
Medicaid	Yes	No
SNAP	Yes	No
Public assistance	Yes	No
Private health insurance	Yes	No
<b>Does a Benefits Planning Query (BPQY) need to be completed?</b>	Yes	No

**Medical History**

**What medical conditions (for example, seizures, pain, migraines, and/or substance abuse) does the customer exhibit that must be addressed as an employment plan is developed?**

**Is the customer taking any medication? If so, what, and when?**



	Above average pace	Inconsistent pace
<b>Physical mobility status without assistance:</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Able to walk or move around on level surfaces <input type="checkbox"/> Sit and/or stand only <input type="checkbox"/> Navigates stairs and minor obstacles <input type="checkbox"/> Navigates most environments <input type="checkbox"/> Uses assistive device. Describe: Additional comments, if any:	
<b>Wheelchair Mobility:</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Able to propel wheelchair to move around on level surfaces <input type="checkbox"/> Navigates wheelchair around minor obstacles <input type="checkbox"/> Navigates wheelchair in unlevel environments Describe transfer abilities—standing to sitting and sitting to standing:  Additional comments, if any:	
<b>Standing tolerance:</b>	< 2 hours    2-3 hours    3-4 hours    >4 hours Additional comments, if any:	
<b>Sitting tolerance:</b>	< 2 hours    2-3 hours    3-4 hours    >4 hours Additional comments, if any:	
<b>Fatigue tolerance:</b> (the ability to continue to work with stressors)	< 2 hours    2-3 hours    3-4 hours    >4 hours Additional comments, if any:	
<b>Describe temperature tolerances:</b>		
<b>Document physical deficits or abilities that may have implications for internship, job match, and support strategies.</b>		
<b>Observed Cognitive skills</b>		
<b>Functional math:</b>	<input type="checkbox"/> Simple counting <input type="checkbox"/> Simple addition <input type="checkbox"/> Simple subtraction <input type="checkbox"/> Computational skills <input type="checkbox"/> None How did you reach this conclusion?	
<b>Functional reading:</b>	<input type="checkbox"/> Sight reads words and/or symbols <input type="checkbox"/> Reads sentences <input type="checkbox"/> Reads paragraphs <input type="checkbox"/> Fluent reading <input type="checkbox"/> Unable to read How did you reach this conclusion?	

<b>Time awareness:</b>	<input type="checkbox"/> Unaware of time and clock function <input type="checkbox"/> Tells time but loses track of time easily <input type="checkbox"/> Can tell time using a digital clock <input type="checkbox"/> Can tell time using an analog clock How did you reach this conclusion?
<b>Orientation to space:</b>	<input type="checkbox"/> Manages within work and desk space <input type="checkbox"/> Manages in small room <input type="checkbox"/> Manages within several rooms <input type="checkbox"/> Manages within a building <input type="checkbox"/> Manages within the building and grounds <input type="checkbox"/> Manages within community How did you reach this conclusion?
<b>Sequencing of tasks:</b>	<input type="checkbox"/> Cannot perform tasks in sequence <input type="checkbox"/> Performs 2-3 tasks in sequence <input type="checkbox"/> Performs 4-6 tasks in sequence <input type="checkbox"/> Performs 7 or more tasks in sequence How did you reach this conclusion?
<b>Attention to task and perseverance:</b>	<input type="checkbox"/> Few prompts and/or low supervision <input type="checkbox"/> Intermittent prompts and/or low supervision <input type="checkbox"/> Intermittent prompts and/or high supervision <input type="checkbox"/> Frequent prompts and/or high supervision How did you reach this conclusion?
<b>Money management:</b>	<input type="checkbox"/> Recognizes money value <input type="checkbox"/> Makes basic change \$5 with dollars <input type="checkbox"/> Makes basic change <\$5 with coins <input type="checkbox"/> Makes change with coins and dollars under \$20 <input type="checkbox"/> Makes change with coins and dollars over \$20 How did you reach this conclusion?
<b>Learns best with:</b>	<input type="checkbox"/> Verbal cues <input type="checkbox"/> Visual cues <input type="checkbox"/> Written cues <input type="checkbox"/> Demonstration <input type="checkbox"/> Hand over hand assistance How did you reach this conclusion?
<b>Rate of independent work:</b>	<input type="checkbox"/> Slow pace <input type="checkbox"/> Inconsistent work pace <input type="checkbox"/> Steady, average pace <input type="checkbox"/> Above average pace How did you reach this conclusion?

Document cognitive deficits or abilities that may have implications for Internship, job match, and support strategies.

**Observed Responses to Social Situations**

Social Situation	Avoids	Tolerates but uncomfortable	Tolerates	Comfortable	Unknown
Making eye contact					
Being in public setting					
Talking with colleagues that the customer does not know					
Talking with authorities					
Being alone					
Being with others in a small group					
Being with others in a large group					
Answering questions when the customer does not know the answer					
Participating in small talk					
Working on tasks with others					

**Observed Behaviors:**

Communication	<input type="checkbox"/> Uses sounds and/or gestures <input type="checkbox"/> Speaks unclearly <input type="checkbox"/> Uses key words and/or signs <input type="checkbox"/> Speaks clearly <input type="checkbox"/> Content is not always appropriate <input type="checkbox"/> Speaks clearly and content is appropriate <input type="checkbox"/> Other (describe):
Initiative	<input type="checkbox"/> Always seeks work <input type="checkbox"/> Waits for directions <input type="checkbox"/> Sometimes volunteers <input type="checkbox"/> Avoids next task <input type="checkbox"/> Other (describe):
Withdrawal of attention	<input type="checkbox"/> Avoids others and/or isolates <input type="checkbox"/> Easily distracted <input type="checkbox"/> Shows little interest in activities <input type="checkbox"/> Fixates on objects and/or information <input type="checkbox"/> Other (describe):

Motivation	<input type="checkbox"/> Supportive of work <input type="checkbox"/> Indifferent about work <input type="checkbox"/> Supportive with reservation <input type="checkbox"/> Negative about work <input type="checkbox"/> Other (describe):	
Handling criticism	<input type="checkbox"/> Resistant and/or argumentative <input type="checkbox"/> Withdraws into silence <input type="checkbox"/> Ignores and does not change <input type="checkbox"/> Accepts and does not change <input type="checkbox"/> Accepts and makes required change <input type="checkbox"/> Other (describe):	
Adapting to change	<input type="checkbox"/> Needs routine <input type="checkbox"/> Adapts to change with great difficulty <input type="checkbox"/> Adapts to change with some difficulty <input type="checkbox"/> Adapts to change <input type="checkbox"/> Other (describe):	
Acts and/or speaks aggressively	<input type="checkbox"/> Frequently <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> With specific individuals or situations (describe): <input type="checkbox"/> Other (describe): <input type="checkbox"/> Not observed	
Repetitive behavior	<input type="checkbox"/> Twirling fingers <input type="checkbox"/> Twitching <input type="checkbox"/> Pacing	<input type="checkbox"/> Rocking <input type="checkbox"/> Other (describe): <input type="checkbox"/> Not observed
Disruptive and/or socially offensive behavior	<input type="checkbox"/> Refusing to participate <input type="checkbox"/> Pouting <input type="checkbox"/> Interrupting <input type="checkbox"/> Yelling, screaming <input type="checkbox"/> Inappropriate touching <input type="checkbox"/> Talking too loudly <input type="checkbox"/> Acting defiantly <input type="checkbox"/> Talking over others <input type="checkbox"/> Inappropriate jokes	<input type="checkbox"/> Intrusive questions <input type="checkbox"/> Clinging <input type="checkbox"/> Burping and/or picking nose <input type="checkbox"/> Not taking turns <input type="checkbox"/> Refusing to follow rules <input type="checkbox"/> Laughing or crying for no reason <input type="checkbox"/> Refusing to follow requests <input type="checkbox"/> Other (describe): <input type="checkbox"/> Not observed
<b>Document social deficits or abilities that may have implications for internship, job match, and support strategies.</b>		
<b>What strategies have parents used in the past to address any difficult behaviors (If not applicable, type N/A)?</b>		

**Are there any potential work environments that need to be avoided for health reasons, triggers for behavior issues, or preferences that must be addressed as a non-negotiable condition for an internship or employment? Document implications for job match and support strategies.**

**Select the strengths the customer possesses that will support an internship or employment.**

<input type="checkbox"/> Transferable skills	<input type="checkbox"/> Intelligence and/or cognitive skills	<input type="checkbox"/> Physical abilities and/or capacity
<input type="checkbox"/> Stable work history	<input type="checkbox"/> Personality and/or interpersonal skills	<input type="checkbox"/> Academic skills
<input type="checkbox"/> Patterns of work behavior	<input type="checkbox"/> Family support and/or support system	<input type="checkbox"/> Community involvement

**Other strengths:**

**Provider's Assessment**

**What do you believe is an ideal first rotation for this customer?**

**In your opinion, what type of help or services will the customer potentially need to successfully participate in Project SEARCH?**

**Describe the sources of support (social, communication, learning, environmental, assistive technology, etc.) that may be necessary to promote the customer's success in an internship.**

**Customer Signatures**

**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.

<b>Customer's signature:</b> <b>X</b>	<b>Date Signed:</b>
--	---------------------

**Provider Signatures**

**Skills Trainer**

**By signing below, I certify that:**

- the above dates, times, and services are accurate;
- I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization;
- The customer provided verification above via signature or other acceptable method.

<b>Typed or Printed name:</b>	<b>Signature:</b> (See VR-SFP 3 Signatures) <b>X</b>	<b>Date Signed:</b>
-------------------------------	--	---------------------

**Select all that apply:**

UNTWISE Credentialed with ID:

VR3490-Waiver Proof Attached

**Director**

**Director Typed or Printed name:**

**Director Signature:**

**Date Signed:**

(See VR-SFP 3 on Signatures)

**X**

**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**

**Director's Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  
maintained or waived the UNTWISE Director Credential  
did **not** hold a valid UNTWISE Director Credential

**Job Skills Trainer Credential:**

UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Skills Trainer listed above:  
maintained or waived the required UNTWISE Credential  
did **not** hold a valid UNTWISE Credential

**Report Verification**

Verified that the report is accurate and complete, per form instructions and SFP 16	Yes	No
Verified that the customer received the service via signature on this form or other method	Yes	No
Verified that the service was provided within the dates on the SA	Yes	No
Verified that the appropriate fee was invoiced	Yes	No

**VR staff name:**

**Date:**