



Texas Workforce Commission
Vocational Rehabilitation Services
Provision of Other VR Services
Certification

Instructions:

- Submit this form according to the instructions in the Electronic State Business Daily (ESBD) posting associated with an application or as directed by the TWC VR Standards for Providers and by Regional Quality Assurance Specialist for Vocational Rehabilitation Services (RQASVRS), Regional Program Support Specialist (RPSS) when updating the information on file with TWC/TWS-VRS.
- Read and follow all instructions carefully.
- Type all information on the form using a computer and get all required signatures.
- Complete all sections of the application. Answer “N/A” (not applicable) if a question does not apply.
- Keep a copy of the completed application packet and supporting documentation for your records.

Note: When the legally authorized representative is also the Director, signature is required in both fields

Entity’s Information

Entity: The business that is requesting or has been granted the bilateral contract with TWC/TWS-VRS to provide services on behalf of VR customers.

Entity’s legal name:	Entity’s “doing business as” (DBA) name:
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Texas Identification Number (TIN):

Provision of Other VR Services Acknowledgment and Signature

I, the legally authorized representative of the entity acknowledges and understand a separate contract is required to be able to provide Personal Social Adjustment Training, Vocational Adjustment Training, Job Placement, Job Skills Training, Wellness Recovery Action Plan (WRAP), or other VR services as described in the VR Standards for Providers.

Legally authorized representative’s printed name:	Title:
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Legally authorized representative’s signature: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Date:
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I, the Director acknowledge and understand a separate contract is required to be able to provide Personal Social Adjustment Training, Vocational Adjustment Training, Job Placement, Job Skills Training Wellness Recovery Action Plan (WRAP), or other VR services as described in the VR Standards for Providers.

Director’s printed name:

Director’s signature: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>	Date:
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