



Texas Workforce Commission
Vocational Rehabilitation Services
Entity Headquarters Information
Part B - Services

Instructions:

- For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting, otherwise submit updated forms to the Regional Quality Assurance Specialist(RQAS) “Q for VR or Regional Program Support Specialist (RPSS)
- Follow instructions on the form and in the TWC VR Standards for Providers.
- Type all information on form using a computer and get all required signatures.
- Complete all sections of the form. Record “N/A” (not applicable) if a question does not apply.
- Keep a copy of your submitted form with attachments and supporting documentation for your records.

Reason for Submission

Date of submission:

Solicitation ID:

or Contract #:

Application package

Update of information For example, qualifications change.

Other, Specify:

Entity’s Information

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

Entity’s legal name:

Entity’s “doing business as” (DBA) name:

Provide at least one of the following:

Employer Identification Number (EIN): (9 digits, issued by IRS):

Last four digits of the sole proprietor’s Social Security Number:

Location of Entity’s Headquarters

Headquarters: The location where the entity stores customer records and performs administrative responsibilities as required by the bilateral contract with TWC. Each entity must have a designated headquarters location.

Street address:

City:

County:

State:

ZIP code:

Mailing address: (if different from physical address)

City:

County:

State:

ZIP code:

Email address, if any:

Web address (if applicable):

Entity's Staff Experience and Skills

UNWISE Endorsements held by entity staff:

N/A Autism Blind Brain Injury Other:

Describe the entity's staff experience and skills working with individuals with disabilities, including disability groups. Record N/A if no experience or skills.

Entity's Staff Language Skills

Select all languages in which the staff person is fluent.

- | | | | |
|---|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Hindi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Persian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: | | | |

Do any staff read braille? Yes No

Describe the staff person's experience and skills for any areas identified above. The description should explain the staff person's experience and skills in the identified areas.

Services

The entity must have at least one staff member who meets the staff qualifications for any service marked below.

List only service in the solicitation identified on page one of this form.

For each service below indicate:

- if the service is in an existing contract or
- if requesting the service be included in a new contract or an amendment to an existing contract.

N/A No services included in the application or contract.

Select all that apply.	Requesting service be in contract	Agency Use Only: Qualification verified by SME, QASVR or RPSS	
Benefits Planning Services			
Medicaid Buy-In	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Revision to Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan or Veteran's Benefits Summary and Analysis/Work Incentive Plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income and/or Title II Benefits Information and Referral	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income Student Earned Income Exclusion	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income Impairment-Related Work Expense	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income Blind Work Expense	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:

Supplemental Security Income Plan to Achieve Self-Support	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supplemental Security Income Property Essential to Self-Support	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Title II Plan to Achieve Self-Support	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Title II Impairment-Related Work Expense	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Title II Subsidy or Special Condition	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Veteran's Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Blind Services			
Assistive Technology Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Assistive Technology Training for Sight-Related Disabilities	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Diabetes Self-Management Education	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Independent Living Services for Older Individuals who are Blind	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Orientation and Mobility Training (O & M)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Customized Employment Services			
Customized Employment Services	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Communication Access			
Interpreter Services for Deaf and Hard of Hearing for TWC-VR Customers	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Interpreter Services for Deaf and Hard of Hearing for TWC-VR Customers for College and Universities	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Realtime Translation (CART) for TWC-VR Customers	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Realtime Translation (CART) for TWC-VR Staff	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Employment Services			
Career Planning Assessment (CPA)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Environmental Work Assessment (EWA)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Job Placement (Bundled and Non-bundled)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Job Skills Training (JST)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Personal Social Adjustment Training (PSAT)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Self-Employment	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supported Self-Employment	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Supported Employment (SE)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Vocational Adjustment Training (VAT)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Vocational Evaluation (VE)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Work Adjustment Training (WAT)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Work Experience Placement (WEP)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Work Experience Training (WET)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Employment Supports for Brain Injury (ESBI)			
Employment Supports for Brain Injury (ESBI)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Mental Health and Substance Use Services			
Supportive Residential Services for Persons in Recovery	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Wellness Recovery Action Plans (WRAP)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Pre-Employment Transition Services (Pre-ETS)			
Pre-Employment Transition Services (Pre-ETS)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:

Project SEARCH Services

Project SEARCH Asset Discovery Service	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Project SEARCH Skills Training Service	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
Project SEARCH Job Placement Service	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:

Group Skills Training for Older Individuals who are Blind (OIB)

Senior Keys to Independence Program (S.K.I.P.)	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
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Use if service not listed above

<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> Yes	Initials:

Signatures

I, the legally authorized representative, have been named by the entity and have the authority to certify

- when services are included on this form, the Entity has at least one person who meets the qualifications for each service identified above
- the information provided in this form is complete and accurate, and
- the legal entity is in compliance with all the terms in the Electronic State Business Daily Agency Posting notice, TWC VR Standards for Provider manual, and/or contract, when awarded.

Typed name: _____ **Handwritten Signature:** **X** **Date:** _____

Agency Use Only

Comments:

Reviewers of the Form			
Date	Printed Name	Title	Initials