



Texas Workforce Commission
Vocational Rehabilitation Services
Benefits Counseling Provider Staff
Information Form

Instructions:

- Each entity must have an accurate and current VR3454, Benefits Counseling Provider Staff Information Form, on file for each personnel that provide benefits counseling services directly to customers.
• If completing the form in response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting, otherwise submit updated forms to the Quality Assurance Specialist for VR (Q) or Regional Program Support Specialist (RPSS) and Contract Manager.
• Follow instructions on the form and in the TWC VR Standards for Providers.
• The director on record with TWC and appointed by the entity’s legally authorized representative signs this form verifying the staff member’s qualifications as documented in the VR Standards for Providers (VR-SFP) manual.
• Submit the form within 30 days of any of the following: after hiring staff, significant change in a staff member’s job duties, change in staff qualifications or a staff member is terminated.
• 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 the completed the VR3454, attachments, and supporting documentation for your records.

Reason for Submission

Date of submission:

Application package

Solicitation ID:

New hire

Termination of staff person

Update of information due to change in information on file. For example, qualifications change.

Contract #:

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:

Staff Person’s Information

For the purpose of this form, “staff person” refers to persons classified as employees or independent contractors working for the entity that has the TWC bilateral contract.

Staff person’s first name:

Staff person’s last name:

Other names used:

Are you an independent contractor by the IRS definition and does the entity issue an IRS 1099-MISC, Miscellaneous Income? Yes No
 (An independent contractor performs services that can be controlled by the employer. For more information, see [IRS Independent Contractor Defined.](#))

Credentials and Certifications

Indicate credential or certifications. One completed VR 3454 with a copy of current credential/certification and number of courses completed towards recertification/recredentialing must be submitted for each staff providing benefits counseling services.

Credential/Certification	Expiration Date	Verified by SME
VCU Community Work Incentives Counselor (CWIC)		<input type="checkbox"/> Yes Initials:
VCU Community Partner Work Incentives Counselor (CPWIC)		<input type="checkbox"/> Yes Initials:
Cornell Work Incentive Practitioner -Credentialed™ (WIP-C™)		<input type="checkbox"/> Yes Initials:
Number of Courses Currently Needed for Recertification/Recredential	Recertification/Recredential Due Date	Verified by SME
VCU Community Work Incentives Counselor (CWIC)		<input type="checkbox"/> Yes Initials:
VCU Community Partner Work Incentives Counselor (CPWIC)		<input type="checkbox"/> Yes Initials:
Cornell Work Incentive Practitioner -Credentialed™ (WIP-C™)		<input type="checkbox"/> Yes Initials:

Work Samples

- Required for New Hires and for each staff member at application.
- Work Sample Must have been completed within last 12 months.

- No work samples attached.
- Benefits Summaries and Analysis/Work Incentive Plan no more than a year old for an adult receiving Supplemental Security Income.
- Benefits Summaries and Analysis/Work Incentive Plan no more than a year old for an adult receiving a Title II disability benefit.
- Benefits Summaries and Analysis/Work Incentive Plan for an adult who is receiving both Supplemental Security Income and Title II disability cash benefit and Medicaid and Medicare.

Provider's Staff Language Skills

Select all languages in which the Entity has staff person fluent and willing to provide services to customers.

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

Does the staff person read braille? Yes No

Services to be Provided by the Staff Person

Select all services that you meet the qualification to provide as described in VR-SFP Chapter 26: Benefits and Work Incentives Counseling Services.

Services	Agency Use Only: Qualification verified by SME, QASVR or RPSS
<input type="checkbox"/> Medicaid Buy-In	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> 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"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income and/or Title II Benefits Information and Referral	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income Blind Work Expense	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income Impairment-Related Work Expense	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income Plan to Achieve Self-Support	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income Property Essential to Self-Support	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Supplemental Security Income Student Earned Income Exclusion	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Title II Impairment-Related Work Expense	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Title II Plan to Achieve Self-Support	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Title II Subsidy or Special Condition	<input type="checkbox"/> Yes Initials:_____
<input type="checkbox"/> Veteran’s Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan	<input type="checkbox"/> Yes Initials:_____

Verification Statements

Staff Person

I, the person named on this staff information form:

- certify that I have completed the form and acknowledge that a new complete VR3455, Benefits Counseling Provider Staff Information Form, must be submitted to TWC whenever the information on this form changes;
- certify that I have reviewed the TWC VR Standards for Providers and confirm that I meet the qualifications in 26.2 Staff Qualifications and Training, for all services checked in the “Services Provided by the Staff Person” section of this form;
- certify that I have read and understood, and will abide by, the current TWC VR Standards for Providers and by all updates and changes made to it for Chapters 1-3 and Chapter 26, Benefits Counseling Services;
- acknowledge I will serve VR customers who reside anywhere in the state of Texas;
- acknowledge that failure to abide by the entity’s TWC contract requirements and TWC VR Standards for Providers might cause adverse consequences for the entity, such as denial of payments, recoupment of payments, suspension of service provisions to VR customers, or loss of an awarded contract;
- have attached supporting documentation required in the Credentials and Certifications section of this form.

Typed name of staff member:		
Signature of staff member: X		Date:
Director's Signature (When the legal representative is also the Director, signature is still required)		
<p>I, the director appointed by the entity's legally authorized representative, do have the authority to supervise this staff person, certify that:</p> <ul style="list-style-type: none"> • all information recorded by the staff person named on this form has been verified; • I have reviewed the TWC VR Standards for Providers and the contract requirements, and I agree that the staff person meets the qualifications for all services checked; • a copy of this form and supporting documentation is in the personnel file of the staff person and will be made available to TWC upon request; • I acknowledge that a new complete VR3454 must be submitted to TWC whenever the information on this form changes; and • I acknowledge that failure to abide with the entity's TWC contract requirements and TWC VR Standards for Providers might cause adverse consequences for the entity, such as denial of payments, recoupment of payments, suspension of service provision to VR customers, or loss of an awarded contract. 		
Typed name:		Title:
UNTWISE Credential Number:		Date the UNTWISE Director Credential expires:
Signature of Director: X		Date:
Agency Use Only		
Comments:		
Reviewers of the application:		
Date	Printed Name	Title