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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Contracted Service Modification Request** | | | | |
| **Instructions:**  A VR3472, Contracted Service Modification Request must be utilized and submitted in accordance with the following process:   1. the VR counselor will complete the VR3472; 2. prior to submitting, the VR counselor verifies the customer and provider agree with the modification; 3. the VR counselor will sign the VR3472 and obtain the provider’s legal authorized representative’s signature; 4. the VR counselor must enter a case note in ReHabWorks for the customer that explains and justifies the need for the modification including the content to questions asked within the form; 5. after the above steps are completed, VR counselor will send the VR3472 to the [vrs.program.contract.approval@twc.texas.gov](mailto:vrs.program.contract.approval@twc.state.tx.us) mailbox for approval using the naming convention in the subject line of the email: **Region #\_3472\_provider’s name** **or customer’s case id;** 6. the VR Standards Team or Subject Matter Expert will conduct a case review and coordinate the approval of the VR3472 obtaining VR Director signature; 7. VR standards team will ensure the final approved or not approved VR3472 is returned to VR counselor and will copy the Regional Quality Assurance Specialist or Regional Program Support Specialist; 8. the VR counselor will send the VR3472 to the provider and will file it in the customer paper file; and 9. providers will submit a copy of the approved VR3472 with applicable invoices.   **Note:** Update the customer’s IPE, when necessary, after VR3472 is approved. | | | | | | |
| **Contractor Information** | | | | | | |
| **TWC contract number:** | | | **Texas Identification Number (TIN):** | | | |
| **Legal name:** | | | **Doing Business As (DBA) name:** | | | |
| **Director name:** | | | | | | |
| **Director’s email:** | | | **Director’s phone number:**  (   )    - | | | |
| **Customer Identification Information** | | | | | | |
| **First name:** | **Last name:** | | | **Middle name:** | | |
| **VRS case ID:** | | | **City:** | | | |
| **Justification for Contracted Service Modification** | | | | | | |
| **Describe what contracted service(s) need to be modified:** | | | | | | |
| **Indicate the modification to the service description, process and procedure, or outcome required for payment that is necessary to meet the customer’s individual needs.** | | | | | | |
| **Provide a detailed justification on how this better meets the customer’s needs and achievement of the customer’s employment or independent living goal** (include specific details and dates). | | | | | | |
| Disability and supports need(s): | | | | | | |
| Background information and circumstances:(include how the employment barrier and/or circumstances of the customer are being addressed) | | | | | | |
| Justify the modification request  (How will the employment or disability barriers be addressed and how will the request assist the customer in achievement of his/her Individual Employment Plan (IPE) or Independent Living Plan (ILP)): | | | | | | |
| **VR Counselor Acknowledgment** | | | | | | |
| By typing my name below, I have verified the information on the request is accurate.  **Yes, the required ReHabWorks case note has been entered.** | | | | | | |
| **VR counselor’s Typed Name:**  **Region #** **Date:** | | | | | | |
| **Entity’s Legal Authorized Representative Signature** | | | | | | |
| A legally authorized representative is the person who is authorized to sign contracts and other official documents for the entity. | | | | | | |
| By signing below, I, the entity’s legally authorized representative, acknowledge agreement with the information contained in the Contracted Service Modification form.        (see VR-SFP 3 on Signatures) | | | | | | |
| **Entity’s Legally Authorized Representative Typed or Printed Name:** | | | | | | |
| **Entity’s legally authorized representative’s digital or handwritten signature:**  **X** | | | | | | **Date:** |
| **VR Division Director Review and Signature** | | | | | | |
| By signing my name below, I am providing my approval or denial of the contract modification request as indicated: | | | | | | |
| Approve request above  Deny request above | | | | | | |
| **VR Division Director typed or signed name:**  **X** | | | | | **Date:** | |
| **Additional Comments** | | | | | | |
| **When needed, add additional comments, date and initial each entry:** | | | | | | |

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| **State Office Use Only** |
| ReHabWorks Case and Contracted Service Modification Request reviewed  Comment, if any: |