



**Contracted Service Modification Request -  
Job Placement, Job Skills Training, &  
Supported Employment**

**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.texas.gov) 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**

<b>TWC contract number:</b>	<b>Texas Identification Number (TIN):</b>
<b>Legal name:</b>	<b>Doing Business As (DBA) name:</b>
<b>Director name:</b>	
<b>Director's email:</b>	<b>Director's phone number:</b> (    )

**Customer Identification Information**

<b>First name:</b>	<b>Last name:</b>
<b>VRS case ID:</b>	<b>City:</b>

## Services to be Modified

Identify VR-SFP Chapter and service(s) involved in the Contracted Service Modification request.  
(Check all that apply)

- [Chapter 17: Basic Employment Services](#)
  - Non-Bundled Job Placement- Employment Data Sheet, Application, and Résumé Training
  - Non-Bundled Job Placement- Interview Training
  - Bundled Job Placement-Benchmark A
  - Bundled Job Placement-Benchmark B
  - Bundled Job Placement-Benchmark C
  - Job Skills Training
- [Chapter 18: Supported Employment Services](#)
  - Career Planning Assessment
  - Supported Employment Plan
  - Supported Employment Job Development and Placement Benchmark
  - Supported Employment Job Retention Benchmark
  - Supported Employment Job Stability Review
  - Supported Employment Closure Benchmark

## Requested change in the VR-SFP

To meet the customer's individual needs and circumstances requesting to: (check all that apply)

- Purchase a Career Planning Assessment more than once or after a SEA was previously purchased.
- Change providers for Job Placement or Supported Employment benchmark(s) after a benchmark has been achieved and purchased.
- Change the service being provided from Job Placement to Supported Employment or Supported Employment to Job Placement after a benchmark has been achieved and will or has been invoiced.
- Change the service from Bundled Job Placement to Non-Bundled Job Placement after Bundled Job Placement will or has been invoiced.
- Purchase Extended Services for youth with disabilities through Job Skills Training (VR-SFP 17.5.1.1 Purchasing Job Skills Training for Extended Services for Youth with Disabilities).
- Purchase over 200 hours of Job Skills Training for a customer. SFP 17.5.1 Job Skills Training Service Description
- Other, service definition, process and procedures or outcomes required for payment prescribed in the VR-SFP needs to be changed to meet the customer's individual needs and circumstances.
  - List the specific section of the VR-SFP needs to be changed:

## Description and Justification for Contracted Service Modification

The following information needs to be documented in the customer's ReHabWorks case notes. State office will conduct a case review to determine if case notes support information below.

**Describe the customer's disability as identified in ReHabWorks.**

**Describe in detail why the customer needs the requested change to the services selected above to achieve their IPE goal(s). Include how employment barriers and circumstances of the customer are being addressed.**

**Describe the resources the customer has to engage in the remote service and how the customer's abilities have been evaluated to ensure they can benefit from Remote Service Delivery.**

Examples: Has smartphone or tablet, able to use Facetime or Zoom independently

**Note:** When Supported Employment site visits are being requesting to be provided remotely, they must follow VR-SFP 3.4.8 Remote Service Delivery

Not requesting Supported Employment site visits remotely

**When "Other" checked in "Requested change in the VR-SFP section," describe in detail how the services will be provided to meet the customer's individual needs and circumstances.**

## 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:**

**Date:**

**X**

## 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:

Date:

**X**

**Additional Comments**

When needed, add additional comments, date, and initial each entry:

**State Office Use Only**

ReHabWorks Case and Contracted Service Modification Request reviewed

Comment, if any: