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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Contracted Service Modification Request -****Work Experience Services**  |
| **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 are in agreement 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 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:**       |
| **VRS case ID:**       | **City:**       |
| **Services to be Modified** |
| **[ ]  Work Experience Placement****[ ]  Work Experience Training** |
| **Requested Change in the VR-SFP** |
| **Description of the requested change in the VR-SFP to meet the customer’s individual needs and circumstances.**[ ]  Allowing a Work Experience Placement to be greater than 12 weeks.[ ]  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.**       |
| **If requesting to allow Work Experience Placement to be greater than 12 weeks, what will be addressed in the additional time that will help the customer to achieve their IPE goal(s)?**Examples: new job skills, time management skills, work on adjustment to disability, to complete a school internship, to improve social skills, etc.   [ ]  Not requesting to extend beyond 12 weeks.      |
| **When “Other” is checked in the above “*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:** |
| **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:**      |
| **State Office Use Only** |
| [ ]  ReHabWorks Case and Contracted Service Modification Request reviewedComment, if any:       |