



**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:

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: