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| TWC Workforce Solutions Logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Referral for Provider Services** | | |
| **Provider Selected** | | | |
| **Provider name:** | | | |
| **Reason for Referral** | | | |
| **Referral for:** | | | **Referral date:** |
| **Service provided:**  In-person  Remote  Combination of in-person and remote | | | |
| **Customer Information** | | | |
| **Customer name:** | | | **Case ID:** |
| **Language preference:** | | | **Date of birth:** |
| **Address:** | | | |
| **Phone (if any):** (   ) | | **Email (if any):** | |
| **Alternate contact name (if any):** | | | **Relation:** |
| **Alternate contact phone (if any):** (   ) | | | |
| **Alternate contact email (if any):** | | | |
| **Customer’s reported disabilities:** | | | |
| **VR Contact Information** | | | |
| **Counselor name:** | | | |
| **Counselor phone:** (   ) | | **Counselor email:** | |
| **Rehabilitation Assistant (RA) name:** | | | |
| **RA phone:** (   ) | | **RA email:** | |
| **VR office name:** | | | |
| **Attachments** | | | |
| Benefits reports (BSA, BPQY) | | School records | |
| Case notes | | Trial Work Plan | |
| Individualized Plan for Employment (IPE) | | VR3472 | |
| Medical and/or psychological records | | Waiver Plan | |
| Other attachment(s): | | | |
| **Comments, Concerns, and Questions** | | | |
| **Additional comments, concerns, or questions for this referral (e.g., questions for a psychological or vocational evaluation):** | | | |