| *Texas Workforce Solutions Logo.  Texas curved above Workforce Solutions above Stars curved under Workforce Solutions* | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Career Counseling Datasheet** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Instructions** | | | | | | | | |
| The Career Counseling Datasheet is to be completed by the 14c Employer and provided to the VRS staff providing the Career Counseling to the employee. Complete all spaces on this form. | | | | | | | | |
| **14c Identification Information** | | | | | | | | |
| **Organization Name:** | | | | | | | | |
| **Address:** | | | | | | | | |
| **City:** | | **County:** | | | **State:** | | | **ZIP:** |
| **Phone:** | **Contact Name:** | | | | | | | |
| **Date Employment for Individual below began:** | | | | | | | **Date:** | |
| **Personal Identification Information** | | | | | | | | |
| **Last Name:** | | | | | | | | |
| **First Name:** | | | | | | | | |
| **Middle Name:** | | | | | | | | |
| **Date of Birth:** | | **Social Security Number:** | | | | | | |
| **Address 1:** | | | | | | | | |
| **Address 2:** | | | | | | | | |
| **City:** | | **County:** | | | **State:** | | | **ZIP:** |
| **Phone 1:** | | | | **Type:** | | | | |
| **Phone 2:** | | | | **Type:** | | | | |
| **Phone 3:** | | | | **Type:** | | | | |
| **Phone 4:** | | | | **Type:** | | | | |
| **Video Relay IP Address:** | | | | | | | | |
| **E-mail Address:** | | | | | | | | |
| **Name of Guardian:** | | | | | | | | |
| **Guardian’s Address:** | | | | | | | | |
| **Guardian’s Telephone Number:** | | | | | | **Type:** | | |