



Texas Workforce Commission
Vocational Rehabilitation Division
**Section 511 Cover Sheet for
Group Three**

General Instructions

1. Individual's name must be entered.
2. Each section in Required Fields must be completed.
3. Form must be signed and dated by the TWS-VRS Counselor or individual who provides WIOA Section 511 Career Counseling and Information and Referral.
4. The method of delivery must be checked and date the documents were sent or provided to the individual must be filled in.
5. A copy of this form must be provided to the individual.

Required Fields

Last Name:

First Name:

Middle Name:

Found ineligible for TWS-VRS Services on (date):

OR

Found eligible for TWS-VRS services on (date):

Received Career Counseling and Information and Referral on (date):

Under Age 22 Only:

Received Proof of Pre-Employment Services through TWS-VRS

OR

Received Proof of Transition Services through school

☐ **Did not receive Pre-Employment Transition Services or Transition Services**

Signature of TWS-VRS staff who provided Career Counseling:

X

Date:

This document was delivered:

In person, hand-delivered

Mailed

Emailed

Faxed

Date Sent/Delivered: