# PART B, CHAPTER 2.1: OVERVIEW OF THE VR PROCESS

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| **Policy Number** | **Authority** | **Scope** | **Effective Date** |
| Part B, Chapter 2.1 | 34 CFR [Part 361 Subpart B](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361#subject-group-ECFR8c5f55ccf5c0da2), and TWC Rule [§856 Subchapter B](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=20&ch=856&sch=B&rl=Y) | All TWC-VR staff | 04/01/2025 |

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* SARA Emailed Agreement in Lieu of Handwritten Signature: A TWC-VR customer, representative, and/or legal guardian, can use a SARA email in lieu of handwritten signature throughout the VR process wherever signatures are required if TWC-VR staff cannot obtain a handwritten signature, digital signature, or have the customer enter their PIN.

When using an e-mail in lieu of a signature, the email to the customer can only be sent through SARA to ensure encryption. TWC-VR staff sends an encrypted e-mail through SARA to the customer using the email address provided by the customer listed in RHW. The TWC-VR staff attaches the document and copies and pastes an approved e-mail template in the body of the email.

**SARA Email Templates**

Dear (Applicant, Customer, Parent, Guardian, or Representative Name),

Please read through the attached documents and statements below. To proceed with your case, please reply directly to this encrypted email. In your reply, please state whether you agree to the statements listed below and include your name and date.

* VR5060, Permission to Collect Information

As the applicant, customer, parent, guardian, or representative, I authorize (list provider name) to disclose the protected health information and other personal information listed under “Information Subject to Disclosure” to Vocational Rehabilitation Services (VR). I authorize the following types of records to be disclosed: (list types). I authorize the VR counselor to complete this document on my behalf.

* VR5060, Permission to Collect Information from The Work Number

As the applicant, customer, parent, guardian, or representative, I authorize The Work Number to disclose the protected health information and other personal information listed under “Information Subject to Disclosure” to Vocational Rehabilitation Services (VR). I authorize the following types of records to be disclosed: Equifax The Work Number, including all employment information (i.e. wages and work history). I authorize the VR counselor to complete this document on my behalf.

* VR5061, Notice and Consent for Disclosure of Personal Information

I, the applicant, customer, parent, guardian, or representative, have read the VR5061, Notice and Consent for Disclosure of Personal Information. I authorize Vocational Rehabilitation (VR) to disclose personal information or records to other individuals for purposes directly connected with the administration of my rehabilitation program. I authorize the VR counselor to complete this document on my behalf.

* VR1517-2, Authorization for Release of Confidential Customer Records and Information

I, the applicant, customer, parent, guardian, or representative, authorize the records or information to be released to the individuals listed on the VR1517-2, Authorization for Release of Confidential Customer Records and Information. I authorize the VR counselor to complete this document on my behalf.

* VR1510, Request for Computerized Criminal History (CCH) Search

I, the customer, have read the VR1510, Request for Computerized Criminal History Search and acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. I authorize the VR counselor to complete this document on my behalf.

* VR1487, Designation of Applicant or Customer Representative

Sent to customer:

I, the applicant or customer, hereby designate (list name of person designated as the representative) to act as my representative for the purpose of rehabilitation services. He or she may act as my representative for the following purposes (list all that apply). I authorize my VR counselor to sign on my behalf.

Sent to designated representative:

I, designated representative for customer (enter customer’s name), agree to act as a representative for the purpose of rehabilitation services for the following purposes (list all that apply). I am/am not an attorney. My telephone number and address are (enter information). I authorize (enter customer’s name) VR counselor to sign on my behalf.

* VR5062, Permission to Collect and Notice to Disclose — Mutually Served Medicaid Waiver and VR Customers

As the applicant, customer, parent, guardian, or representative, I authorize Texas Workforce Commission (TWC) Vocational Rehabilitation Division (VR) to exchange with Texas Health and Human Services the information selected in the “Information Subject to Disclosure” box. I authorize the VR counselor to complete this document on my behalf.

* VR5063, Permission to Collect and Notice to Disclose — National Student Clearinghouse

As the applicant, customer, parent, guardian, or representative, I authorize Texas Workforce Commission (TWC) Vocational Rehabilitation Division (VR) to exchange with the National Student Clearinghouse the information selected in the “Information Subject to Disclosure” box. I authorize the VR counselor to complete this document on my behalf.

* VR 5057, Application Statement

As the applicant, customer, parent, guardian, or representative I confirm that I have read and agree to the application statements as listed in the VR 5057 Application Statement and would like to proceed with applying for Vocational Rehabilitation Services.

* VR1680, Opportunity to Register to Vote

As the applicant, customer, parent, guardian, or representative, I confirm that I have been provided with information regarding Voter Registration as described in the VR1680 Opportunity to Register to Vote. Please respond Yes, No or No Response to indicate if you are not registered to vote where you live now, would like to register to vote today.

* VR5161, Individualized Trial Work Plan/ VR5157 Individualized Trial Work Plan Amendment

As the applicant, customer, parent, guardian, or representative, I agree that I have been fully involved and used informed choice in the development of this program and have received a copy of this Trial Work Plan. This program will be reviewed by me, my designated representative, if any, and my VRC as often as necessary, but at least annually. Any change in this program will require collaboration between me, my designated representative, if any, and my VRC.

* VR5163, Individualized Plan for Employment (IPE)/VR5159 Individualized Plan for Employment (IPE) Amendment

As the applicant, customer, parent, guardian, or representative, I agree that I have been fully involved and used informed choice in the development of this program and have received a copy of this IPE. This program will be reviewed by me, my designated representative, if any, and my VRC as often as necessary, but at least annually. Any change in this program will require collaboration between me, my designated representative, if any, and my VRC.

After receiving the customer’s email confirmation, TWC-VR staff will request assistance from authorized staff to complete an Admin PIN.

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**REVIEW**

The Policy Planning and Statewide Initiatives Team, or designee, is responsible for reviewing this policy and these procedures and will update the Document History log if necessary.

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| **Date** | **Type** | **Change Description** |
| 09/03/2024 | New | VRSM Policy and Procedure Rewrite |
| 02/10/2025 | Revised | Revised signature requirements |
| 04/01/2025 | Revised | Updated the form number for the application statement. |