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| Texas Workforce Solutions logo | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Environmental Work Assessment (EWA)**  **Time Log** | | | | | | |
| **General Instructions** | | | | | | | | | | |
| Complete this form only if you are the provider who conducted the assessment.      If you conducted the assessment, you must:   * use the time log to document all billable time (Refer to [VR Standards for Providers 4.7 Employment Assessments Fee Schedule](http://www.twc.state.tx.us/standards-manual/vr-sfp-chapter-04#s47)); * enter the date of the session, start time, end time, and location; * indicate whether time spent with the customer is direct or indirect (Use quarter hours: 0 minutes,15 minutes, 30 minutes, 45 minutes, 1 hour); and * submit the four documents listed below for payment:   + Completed VR1877 EWA: Part A (Summary)   + Completed VR1877 EWA: Part B (Results)   + Completed VR1877 EWA: Part C (Signature Page)   + Completed VR1878 EWA: Time Log | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | |
| Customer’s name: | | | | | | Case ID: | | | | |
| **Time Log** | | | | | | | | | | |
| **Date** | **Start Time** | **End Time** | **Total Indirect Time** | | **Total Direct Time** | **Location** | | | |
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| **Time Spent on Assessment** | | | | | | | | | | |
| **Total time spent on indirect hours**  (Add all the indirect time from the Time Log above, but do not exceed the eight hours of indirect time). | | | | | | | | |  | |
| **Total time spent on direct hours**  (Add all the direct time from the Time Log above, but do not enter less than the 12 hours of direct time) | | | | | | | | |  | |
| **Total time spent on assessment**  (Add time spent directly and indirectly. At least 20 hours are required for payment) | | | | | | | | |  | |
| **Work Environments Assessed** | | | | | | | | | | |
| List the three environments that were assessed. For more information, refer to [VR Standards for Providers 4.5 Environmental Work Assessment](http://www.twc.state.tx.us/standards-manual/vr-sfp-chapter-04#s45).  **First work environment:**    **Second work environment:**    **Third work environment:** | | | | | | | | | | |
| **Signatures** | | | | | | | | | | |
| **Note to the customer or legally authorized representative**:  By signing below, you are certifying that you are satisfied and that the dates, times, and services are accurate. If you are not satisfied, contact your VR counselor and do not sign this document. | | | | | | | | | | |
| Customer’s signature:  **X** | | | | | | | | Date: | | |
| Signature of legally authorized representative, if any:  **X** | | | | | | | | Date: | | |
| I, the provider, certify that:     * the above dates, times and services are accurate; * I personally provided all services recorded on the VR1878; * I documented the services and information described above in the report; * I provided no more than 8 indirect hours and no less than 12 direct hours; * I provided no less than 20 total hours; * I assessed three work environments; * the signature of the customer or the customer’s legally authorized representative was obtained on the date stated in the date field form; and * I handwrote my signature and the date on this form. | | | | | | | | | | |
| Name of the provider: | | | | | | | | | | |
| Signature of provider:  **X** | | | | | | | Date: | | | |