|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions Logo.   Texas curved above Workforce Solutions above Stars curved under Workforce Solutions | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Referral for Wage Services - WorkQuest** | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | |
| **Instructions:**   * TWS-VR staff completes this form electronically answering all questions, leaving no blanks; * TWS-VR staff send the SA, Referral Form, and Worksite Agreement (if required) using an encrypted email  with the subject line “TWC SA #xxxxxxx” to the WorkQuest email address: [wageservicesSA@workquest.com](mailto:wageservicesSA@workquest.com) | | | | | | | | | | | | |
| Referral | | | | | | | | | | | | |
| **Date of Referral**: | | | | | | | | | | | | |
| **Customer Information** | | | | | | | | | | | | |
| **Customer name:** | | | | | | | | | | | | |
| **VRS case ID:** | | | | | | | | **Date of birth:** | | | | |
| **Street address** (include apartment number, if any): | | | | | | | | | | | | |
| **City:** | | | | | | | | **State:** | | | | **ZIP code**: |
| **Primary contact number: (**   ) | | | | | | | | **Secondary contact number: (**   ) | | | | |
| **Email address:** | | | | | | | | | | | | |
| **Customer’s Alternate Contact Person Information** | | | | | | | | | | | | |
| **Alternate contact’s name:** | | | | | | | | | | | | |
| **Alternate contact’s relation to customer:** | | | | | | | | | | | | |
| **Alternate contact’s primary contact number:**  (   ) | | | | | **Alternate contact’s secondary contact number:**  (   ) | | | | | | | |
| **Alternate contact’s email:** | | | | | | | | | | | | |
| **VR Counselor Contact Information** | | | | | | | | | | | | |
| **VR counselor’s name**: | | | | | | | | | | | | |
| **VR counselor’s primary VRS office:** | | | | | | | | | | | | |
| **VR counselor’s VRS office street address** (include suite number, if applicable): | | | | | | | | | | | | |
| **City**: | | | | | | | **State**: | | | **ZIP code**: | | |
| **VR counselor’s primary contact number:**  (   ) | | | | | | | **VR counselor’s secondary contact number:**  (   ) | | | | | |
| **Email address**: | | | | | | | | | | | | |
| **Rehabilitation Assistant Contact Information** | | | | | | | | | | | | |
| **RA’s name**: | | | | | | | | | | | | |
| **RA’s contact number:** (   ) | | | | | | | **RA’s fax number:** (   ) | | | | | |
| **Email address**: | | | | | | | | | | | | |
| **Referral Information** | | | | | | | | | | | | |
| **Date of the referral:** | | | | | | | | | | | | |
| **Customer’s Information** | | | | | | | | | | | | |
| **Customer’s job title:** | | | | | | | | | | | | |
| **Wage level and customer’s rate of pay:**  Entry Level - $10.90  Intermediate- $13.92  Advanced $20.32 | | | | | | | | | | | | |
| **Maximum hours TWS-VR agrees to sponsor wage services each week:** | | | | | | | | | | | | |
| Week 1: | Week 2: | | Week 3: | | | Week 4: | | | Week 5: | | Week 6: | |
| Week 7: | Week 8: | | Week 9: | | | Week 10: | | | Week 11: | | Week 12: | |
| Description of any authorized change in the hours worked weeks greater than 12. | | | | | | | | | | | | |
| **Work Site Information** | | | | | | | | | | | | |
| **Work site name:** | | | | | | | | | | | | |
| **Street address (include suite number, if any):** | | | | | | | | | | | | |
| **City:** | | **State:** | | | | | | | **ZIP Code:** | | | |
| **Main phone number: (**   **)** | | | | | | | | | | | | |
| **Supervisor’s (or contact person’s) name:** | | | | | | | | | | | | |
| **Supervisor’s (or contact person’s) title:** | | | | | | | | | | | | |
| **Supervisor’s (or contact person’s) direct phone number: (**   **)** | | | | | | | | | | | | |
| **Supervisor’s email address:** | | | | | | | | | | | | |
| **Additional Comments** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |