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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Temporary Waiver of Qualifications**    |
| **Instructions**: * The Temporary Waiver of Qualifications is not effective until approved by the Director of Vocational Rehabilitation Division.
* Complete and type all sections of the form. Note “not applicable” (N/A) if a question does not apply.
* Form must be signed by the provider’s Director prior to submitting to VRS.
* The provider’s Director completes the Temporary Waiver of Qualifications when requesting use of a staff person who does not hold a required qualification, including UNTWISE Credentials, for a defined period of time until the staff person gains the required qualification as defined in the Standards for Providers. **Note:** The Temporary Waiver of Qualifications is limited only to the time indicated and approved on the form.
* Submit the completed and signed form to the Regional Quality Assurance Specialist (Regional Q) or the Regional Program Support Specialist (RPSS) for approval. The Regional Q and RPSS will review and obtain required regional approval and submit the form to the VRS.program.contract.approval@twc.texas.gov.
* After Director of Vocational Rehabilitation Division approval, the Regional Q or RPSS will maintain a copy of the form in the contractor’s file and will provide a copy to the contractor. The contractor must submit a copy of the form with any applicable invoice for services provided by the staff person listed in the form.

**Note:** Temporary Waivers are not available for UNTWISE Endorsements.  |
|  **Contractor Information**    |
| **TWC contract number:**       | **Texas identification number** (TIN):      |
| **Legal name:**      | **Doing Business As** (DBA) **name:**      |
| **Main phone number:**(   )       | **General email address:**      |
| **Entity’s** (contractor’s) **legally authorized representative’s name:**      |
| **Street address** (include suite number, if any):      |
| **City:**      | **State:**      | **ZIP code:**      |
| **Director’s Name:**      |
| **Director’s email:**        | **Director’s phone number:**(   )       |
| **Staff Person’s Information**  |
| **First name:**       | **Last name:**       |
| **List the VR-SFP section where the required qualifications are listed:**  |
| **If request is to waive a credential, complete the following:** |
| **Type of Requested Credential to be Waived:** | **Enrollment Dates of Credential Class** | **Anticipated Completion Date**  | **TWC-TWS-VRS Approved** | **Date Waiver Expires** |
| Job Skills Training  |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| Job Placement   |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| Supported Employment   |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| Self-Employment   |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| Work Readiness (formally Vocational Adjustment Training)  |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| Director   |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| CBTAC (self-employment)   |       |       | [ ]  Yes [ ]  No [ ]  NA |       |
| **Note: Attach proof of enrollment into required credential course.** |
| **If not listed above, describe the specific qualification the staff person does not meet.**  |
| **Describe the staff person’s abilities, skills, work experience and education related to the services provided associated to the requested service(s) to receive a Temporary Waiver.** |
| **Is an accurate and complete VR3455, Program Staff Information Form, for the above person on file with the Contract Manager and Regional Quality Assurance Specialist or Regional Program Support Specialist?** [ ]  Yes [ ]  No  |
| **Director’s Justification for Wavier**  |
|  **Describe why the provider is requesting the wavier:**  |
| By signing below, I verify that I provided the Director’s justification above.**Director’s signature:****X**    | **Date:**      |
| **Authorized Service Provider Representative Signature**   |
| A legally authorized representative is the person who is authorized to sign contracts and other official documents for the entity.    |
| By signing below, I, the entity’s legally authorized representative, acknowledge:  * this is a temporary waiver;
* the need to train and/or hire credentialed staff members; and
* the continued lack of credentialed staff may result in termination of our contract.
 |
| **Entity’s legally authorized representative’s signature:****X**    | **Date:**      |
| **Authorizations and Signatures**    |
| **Regional Quality Assurance Specialist or** **Regional Program Support Specialist**  |
| **How was the waiver need determined by Q/RPSS?**  |
| Regional Quality Assurance Specialist or Regional Program Support Specialist agrees with the contractor’s justification and need for use of a non-credentialed staff person.    | [ ]  Approved[ ]  Denied |
| If the response above is denied, the Regional Quality Assurance Specialist or Regional Program Support Specialist will provide an explanation below:      |
| By printing my name below, I, the Regional Quality Assurance Specialist or Regional Program Support Specialist verify the information above. **X**       | Date:      |
| **Regional Director** |  |
| By printing my name below, I, the Regional Director, verify that I agree with the above request. **X**       | Date:      |
| **Director of Vocational Rehabilitation Services**  |
| By printing my name below, I, the Director of Vocational Rehabilitation Services, verify that I agree with the Temporary Waiver of Credential information on this form.**X**        | Date:      |
| **Additional Comments, if any** |
|       |