|  |  |  |  |
| --- | --- | --- | --- |
| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Referral for Supported Employment Services** | | |
| Provider Selected | | | |
| **Provider name:** | | | **Referral date**: |
| **Service Premiums (if any):** Autism Brain Injury Criminal Background Deaf Travel  Professional Placement Wage Other: | | | |
| Customer Information | | | |
| **Customer name:** | | **Case ID:** | |
| **Language preference:** | | **Date of birth:** | |
| **Address:** | | | |
| **Phone (if any):** (   ) | | **Email (if any):** | |
| **Alternate contact name (if any):** | | **Relation:** | |
| **Alternate contact phone (if any):** (   ) | | **Alternate contact email (if any):** | |
| **Customer’s reported disabilities:** | | | |
| VR Contact Information | | | |
| **Counselor name:** | | | |
| **Counselor phone:** (   ) | | **Counselor email:** | |
| **Rehabilitation Assistant (RA) name:** | | | |
| **RA phone:** (   ) | | **RA email:** | |
| **VR office name:** | | | |
| Attachments (as applicable) | | | |
| Benefits Summary and Analysis (BSA) | | Medical and/or psychological reports | |
| BPQY (If SSI/SSDI recipient or beneficiary) | | School records | |
| Case notes | | VR3472 | |
| Functional Capacity Exam | | Waiver Plan | |
| IPE copy | | Other attachment(s): | |
| **Additional Comments** | | | |
| **Additional comments (if any):** | | | |