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| **Texas Workforce Solutions logo** | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Project SEARCH**  **Asset Discovery Report** | | | | | | | | | | | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gather the information to complete the interview questions through Discovery techniques, meeting the customer either individually or in group settings at different locations, such as the customer’s home,  or taking the customer to locations within the community.  The goal is to stimulate participation that will help you learn about the customer’s interests  from the customer’s perspective.  As necessary, gather information through interviews with the customer’s Circle of Support. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Case Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Name:** | | | | | | | | | | | | | | **Case ID:** | | | | | | | | | | | | | | | |
| **Associated service authorization (SA) number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Street address:** (include apartment and room number, if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | | **State:** | | | | | | | | | | | | | | | | **ZIP code:** | | | | | | | | |
| **Primary contact number:**  (     ) | | | | | | | | | | | | **Secondary contact number:**  (     ) | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the customer have a legal representative and/or guardian?** | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **If yes, enter name of the person and his or her contact information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In the event of an emergency, who should be contacted:**  **Name:**        **Number:**        **Relationship:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overview of Asset Discovery** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At least **20 hours** must be recorded in this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | **Number of hours:** | | | | | | **Location and summary of activity with customer:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Total number of hours customer participated in Discovery:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Interview Questions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you live with/other people you see on a weekly basis?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List at least three places where you spend time** (for example, church, home, and school).  1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List tasks or activities you like.** | | | | | | | | | | | | **List tasks or activities you dislike.** | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | 1. | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | 4. | | | | | | | | | | | | | | | | | |
| **List your strengths, skills, and talents.** | | | | | | | | | | | | **List your challenges.** | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | 1. | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | 2. | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | 3. | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | 4. | | | | | | | | | | | | | | | | | |
| **What are your barriers/challenges in school or with getting a job?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any concerns about participating in Project SEARCH at your assigned host business?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is a typical day like for you (in regard to chores, part-time job, bedtime, and so on)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your employment goal after Project SEARCH?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How do you plan on getting to the Project SEARCH site?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How do you plan on getting to work after Project SEARCH?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you don’t have your own transportation plan, are there family members or friends who might assist you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential History and Domestic Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s current living situation.**  **How long has the customer lived at the current location?**  **Does the customer plan to remain at this location when he or she gets a job?** Yes No  **Is anything potentially putting this living arrangement at risk?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Management Skills:**  Get reports from Circle of Support members about the customer’s ability to perform chores in the home.  Verify the reports through observations of the customer performing the chores, as appropriate, to identify possible transferable work skills. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Chores** | | | **Independent** | | | | | | | **Prompting** | | | | | | | **Physical assistance** | | | | | | | | | | | **N/A** | |
| **Wash dishes** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Cleaning** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Feed and groom pets** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Laundry** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Meal preparation** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Mop and sweep** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Organize bedroom** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Vacuum** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Yardwork** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Taking out trash** | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| Other (describe): | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |  | |
| **Describe the customer’s willingness to perform routine and non-routine activities in his or her current living situation such as cleaning, doing laundry, cooking, and managing personal hygiene. Does the customer enjoy some activities more than others?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the neighborhood in which the customer lives. Describe the general availability of services and supports to the customer.** **Are there support or safety issues in the neighborhood that may affect the customer’s work hours?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit Information**  **Be sure to refer to benefits planning information provided by the counselor.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the customer receive Social Security disability benefits (e.g., SSDI, SSI, DAC)?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| **Does the customer receive any of the following?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicare | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| Medicaid | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| SNAP | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| Public assistance | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| Private health insurance | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| **Does a Benefits Planning Query (BPQY) need to be completed?** | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What medical conditions (for example, seizures, pain, migraines, and/or substance abuse)** **does the customer exhibit that must be addressed as an employment plan is developed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the customer taking any medication? If so, what and when?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any strategies that appear to work for the customer in managing stressors and/or behaviors?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer’s Volunteer and Work History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the customer’s volunteer and work history in detail. Include job duties, hours, and the circumstances surrounding the customer’s leaving a job.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Based on these work experiences, what has been learned about the customer’s skills, interests, and potential support needs for new employment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name three places the customer would like to work in the future:**   1. **2.**       **3.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment Summary: Present Level of Functioning** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activities of Daily Living Task** | | | | | | **Independent** | | | | | | | | | **Prompting** | | | | | | | | | **Physical assistance** | | | | | |
| Attire appropriate to the occasion | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
| Grooming appropriate to occasion | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
| Personal hygiene | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
| Toileting | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
| Medication management | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |
| **What environmental modifications or support strategies are in place (if any) to help the customer perform activities of daily living?****Include a description of any implications that may affect an internship, job match, and/or support strategies on the job.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observations of physical activities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vision challenges:** | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hearing challenges:** | | | Independent  Uses hearing aids  Deaf  Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tactile challenges:** | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fine motor challenges:** | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gross motor function:** | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall upper extremity function:** | | | Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Flexibility:** | | | Bends and kneels  Bends and kneels with restriction  Describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Endurance: Length of time Customer can work per shift:** | | | <2 hours | | | | | | | | 2-3 hours | | | | | | | | 3-4 hours | | | | | | | | | 4-5 hours | |
| 5-6 hours | | | | | | | | 6-7 hours | | | | | | | | 7-8 | | | | | | | | | 8+ hours | |
| Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work rate:** | | | Slow pace | | | | | | | | | | | | | Steady and/or average pace | | | | | | | | | | | | | |
| Above average pace | | | | | | | | | | | | | Inconsistent pace | | | | | | | | | | | | | |
| **Physical mobility status without assistance:** | | | N/A  Able to walk or move around on level surfaces  Sit and/or stand only  Navigates stairs and minor obstacles  Navigates most environments  Uses assistive device. Describe:  Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wheelchair Mobility:** | | | N/A  Able to propel wheelchair to move around on level surfaces  Navigates wheelchair around minor obstacles  Navigates wheelchair in unlevel environments  Describe transfer abilities—standing to sitting and sitting to standing:    Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Standing tolerance:** | | | < 2 hours  2-3 hours  3-4 hours  >4 hours  Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sitting tolerance:** | | | < 2 hours  2-3 hours  3-4 hours  >4 hours  Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fatigue tolerance:**  (the ability to continue to work with stressors) | | | < 2 hours  2-3 hours  3-4 hours  >4 hours  Additional comments, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe temperature tolerances:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Document physical deficits or abilities that may have implications for internship, job match, and support strategies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observed Cognitive skills** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Functional math:** | | Simple counting  Simple addition  Simple subtraction  Computational skills  None  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Functional reading:** | | Sight reads words and/or symbols  Reads sentences  Reads paragraphs  Fluent reading  Unable to read  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time awareness:** | | Unaware of time and clock function  Tells time but loses track of time easily  Can tell time using a digital clock  Can tell time using an analog clock  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Orientation to space:** | | Manages within work and desk space  Manages in small room  Manages within several rooms  Manages within a building  Manages within the building and grounds  Manages within community  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sequencing of tasks:** | | Cannot perform tasks in sequence  Performs 2-3 tasks in sequence  Performs 4-6 tasks in sequence  Performs 7 or more tasks in sequence  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attention to task and perseverance:** | | Few prompts and/or low supervision  Intermittent prompts and/or low supervision  Intermittent prompts and/or high supervision  Frequent prompts and/or high supervision  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Money management:** | | Recognizes money value  Makes basic change $5 with dollars  Makes basic change <$5 with coins  Makes change with coins and dollars under $20  Makes change with coins and dollars over $20  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Learns best with:** | | Verbal cues  Visual cues  Written cues  Demonstration  Hand over hand assistance  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rate of independent work:** | | Slow pace  Inconsistent work pace  Steady, average pace  Above average pace  How did you reach this conclusion? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Document cognitive deficits or abilities that may have implications for Internship, job match, and support strategies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observed Responses to Social Situations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Situation** | | | | | | | | **Avoids** | | | | | **Tolerates but uncomfortable** | | | | | | | **Tolerates** | | | | | **Comfortable** | | | | **Unknown** |
| Making eye contact | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Being in public setting | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Talking with colleagues that the customer does not know | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Talking with authorities | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Being alone | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Being with others in a small group | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Being with others in a large group | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Answering questions when the customer does not know the answer | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Participating in small talk | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| Working on tasks with others | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  |
| **Observed Behaviors:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication | | | | Uses sounds and/or gestures  Speaks unclearly  Uses key words and/or signs  Speaks clearly  Content is not always appropriate  Speaks clearly and content is appropriate  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initiative | | | | Always seeks work  Waits for directions  Sometimes volunteers  Avoids next task  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Withdrawal of attention | | | | Avoids others and/or isolates  Easily distracted  Shows little interest in activities  Fixates on objects and/or information  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motivation | | | | Supportive of work  Indifferent about work  Supportive with reservation  Negative about work  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Handling criticism | | | | Resistant and/or argumentative  Withdraws into silence  Ignores and does not change  Accepts and does not change  Accepts and makes required change  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adapting to change | | | | Needs routine  Adapts to change with great difficulty  Adapts to change with some difficulty  Adapts to change  Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acts and/or speaks aggressively | | | | Frequently  Never  Rarely  With specific individuals or situations (describe):  Other (describe):  Not observed | | | | | | | | | | | | | | | | | | | | | | | | | |
| Repetitive behavior | | | | Twirling fingers  Twitching  Pacing | | | | | | | | | | | | | | Rocking  Other (describe):  Not observed | | | | | | | | | | | |
| Disruptive and/or socially offensive behavior | | | | Refusing to participate  Pouting  Interrupting  Yelling, screaming  Inappropriate touching  Talking too loudly  Acting defiantly  Talking over others  Inappropriate jokes | | | | | | | | | | | | | | Intrusive questions  Clinging  Burping and/or picking nose  Not taking turns  Refusing to follow rules  Laughing or crying for no reason  Refusing to follow requests  Other (describe):  Not observed | | | | | | | | | | | |
| **Document social deficits or abilities that may have implications for internship, job match, and support strategies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What strategies have parents used in the past to address any difficult behaviors (If not applicable, type N/A)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any potential work environments that need to be avoided for health reasons, triggers for behavior issues,****or preferences that must be addressed as a non-negotiable condition for an internship or employment?****Document implications for job match and support strategies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Select the strengths the customer possesses that will support an internship or employment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transferable skills | | | | | Intelligence and/or cognitive skills | | | | | | | | | | | | | | | | | | Physical abilities and/or capacity | | | | | | |
| Stable work history | | | | | Personality and/or interpersonal skills | | | | | | | | | | | | | | | | | | Academic skills | | | | | | |
| Patterns of work behavior | | | | | Family support and/or support system | | | | | | | | | | | | | | | | | | Community involvement | | | | | | |
| **Other strengths:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provider’s Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What do you believe is an ideal first rotation for this customer?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In your opinion, what type of help or services will the customer potentially need to successfully participate in Project SEARCH?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the sources of support (social, communication, learning, environmental, assistive technology, etc.)****that may be necessary to promote the customer’s success in an internship.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Customer Signatures** | | | |
| **Verification of the customer’s and/or customer’s authorized representative’s satisfaction and service delivery obtained by:**  Handwritten signature  Digital signature (See VR-SFP 3.11.1 Documentation and Signatures)  By sending a copy of the document returned with a scanned signature  Unable to obtain signature, describe attempts: | | | |
| By signing below, I, the customer or authorized representative, certify that I received the service as recorded within the report above.  If you are not satisfied with the service, contact your VR counselor. | | | |
| **Customer’s signature:**  **X** | | | **Date Signed:** |
| **Customer’s authorized representative’s signature**, **if any**  **X** | | | **Date Signed:** |
| **Provider Signatures** | | | |
| **Skills Trainer** | | | |
| **By signing below, I certify that:**   * the above dates, times, and services are accurate; * I personally facilitated all training, meeting all outcomes required for payment and documented the service, as prescribed in the VR-SFP and service authorization; * The customer or customer’s authorized representative provided verification above via signature or other acceptable method. | | | |
| **Typed or Printed name**: | **Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | |
| **Director** | | | |
| **Director Typed or Printed name**: | | **Director Signature:**  (See VR-SFP 3.11.1 Documentation and Signatures)  **X** | **Date Signed**: |
| **Select all that apply:**  UNTWISE Credentialed with ID:        VR3490-Waiver Proof Attached | | | |
| **VRS Use Only** | | | |
| Any VR staff member may complete the VRS Use Only section.   If any question below is answered no or if the report is incomplete, return the invoice to the provider with the VR3460. Follow the instructions in VRSM D-208-3: Incomplete or Inaccurate Invoices. | | | |
| **Provider Qualifications Verification** | | | |
| **Director’s Credential:** | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  maintained or waived the UNTWISE Director Credential  did **not** hold a valid UNTWISE Director Credential | | | |
| **Job Skills Trainer Credential:** | | | |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the Job Skills Trainer listed above:  maintained or waived the required UNTWISE Credential  did **not** holda valid UNTWISE Credential | | | |
| **Report Verification** | | | |

|  |  |  |
| --- | --- | --- |
| Verified that the report is accurate and complete, per form instructions and SFP 16 | | Yes  No |
| Verified that the customer received the service via signature on this form or other method | | Yes  No |
| Verified that the service was provided within the dates on the SA | | Yes  No |
| Verified that the appropriate fee was invoiced | | Yes  No |
| **VR staff name:** | **Date:** | |