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| Texas Workforce Solutions Logo. | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Referral for Contracted Pre-ETS Services** | | | | | |
| **General Instructions** | | | | | | |
| **Follow the instructions below when completing this form:**   * Refer to the Standards for additional details; * Complete the form electronically answering all questions; * VR counselor must evaluate each customer’s case to determine when remote services are in the best interest of the customer and whether the customer has access to required resources and has the skills necessary for effective use. VR counselor will indicate under each service how the service must be delivered. Some services are not allowed to be conducted remotely.   Below is a description of how services can be conducted:   * In-person (with the staff and customer(s) at the same physical location) * Remotely training (using a computer-based training platform that allows for face-to-face and/or real time interaction, see VR-SFP 3.4.8 Remote Service Delivery for requirements) * Combination, in person and remotely training; and * Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered.   **Note**:The TWS-VRS staff collects the information and completes **all** sections of this form. | | | | | | |
| **Student Information** | | | | | | |
| **Student name:** | | | | | | |
| **Street address** (include apartment number, if any): | | | | | | |
| **City:** | | | | **State:** | | **ZIP code**: |
| **Primary contact number:**  (   ) | | | | **Secondary contact number:**  (   ) | | |
| **Email address:** | | | | | | |
| **VRS case ID:** | | | | **Date of birth:** | | |
| **Disability:** | | | | | | |
| **Parent/Guardian Information (For Minors Only)** | | | | | | |
| **Parent/Guardian’s name:** | | | **Parent/Guardian’s email:** | | | |
| **Parent/Guardian’s primary contact number:** | | | **Parent/Guardian’s secondary contact number, if any:** | | | |
| **Alternate Contact Person Identification Information** | | | | | | |
| **Alternate contact’s name, if any:** | | | **Alternate contact’s email:** | | | |
| **Alternate contact’s primary contact number:**  (   ) | | | **Alternate contact’s secondary contact number:**  (   ) | | | |
| **Additional Information Provided by VRS at Referral** | | | | | | |
| **Select all that apply.**  IPE copy (if applicable)  School testing or documentation  Medical and/or psychological reports  Case notes (for example: eligibility, assessing and planning, documentation of potentially eligible)  Other: | | | | | | |
| **Counselor Contact Information** | | | | | | |
| **Counselor name:** | | | | | | |
| **Counselor TWS-VRS office:** | | | | | | |
| **Counselor TWS-VRS office street address** (include suite number, if any): | | | | | | |
| **City:** | | **State:** | | | **ZIP code:** | |
| **Counselor’s primary contact number:**  (   ) | | **Counselor’s secondary contact number:**  (   ) | | | | |
| **Email address:** | | | | | | |
| **Provider Chosen by the Customer** | | | | | | |
| **Provider name**: | | | | | | |
| **Email address**: | | | | | | |
| **Provider phone number**:  (   ) | | **Provider fax number**:  (   ) | | | | |
| **Referral Information** | | | | | | |
| **Date of the Referral:**  **Referral for (please be sure the provider is contracted for all Pre-ETS areas selected):** (check all that apply)  **Job Exploration Counseling**  Goal: Exploring Available Careers  Goal: Reviewing Labor Market Information  Goal: Completing Interest/Aptitude Inventories  Goal: Identifying Career Pathways of Interest  Other Goal(s): Specify:  **VR counselor approves the training to be provided**: (check one)  In person  Remotely  Combination, in person and remotely  **Work-based Learning**  Goal: Completing Informational Interviews  Goal: Completing work site tours to learn about necessary job skills  Goal: Job shadowing in fields of interest  Goal: Understanding roles and responsibilities in the workplace  Other Goal(s): Specify:  **VR counselor approves the training to be provided:** (check one)  In person  Remotely  Combination, in person and remotely  **Counseling on Post-Secondary Opportunities**  Goal: Exploring available post-secondary options  Goal: Reviewing the financial aid process  Goal: Accessing accommodations on a post-secondary campus  Goal: Understanding high school vs. college academic expectations  Other Goal(s): Specify:  **VR counselor approves the training to be provided:** (check one)  In person  Remotely  Combination, in person and remotely  **Workplace Readiness Training**  Goal: Developing social skills for employment  Goal: Developing independent living skills for employment  Goal: Understanding employer expectations  Goal: Learning how to set goals for employment  Goal: Learning how to communicate effectively  Other Goal(s): Specify:  **VR counselor approves the training to be provided:** (check one)  In person  Remotely  Combination, in person and remotely  **Self-Advocacy**  Goal: Self-advocacy skills  Goal: Learning rights, responsibilities, and how to request accommodations  Goal: Learning how to request support services  Goal: Making independent life decisions  Goal: Communicating needs  Other Goal(s): Specify:  **VR counselor approves the training to be provided:** (check one)  In person  Remotely  Combination, in person and remotely | | | | | | |
| **Additional Comments** | | | | | | |
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