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| Texas Workforce Solutions logo | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Entity Headquarters Information**  **Part B -** **Services** d | | | | | | | | | | |
| **Instructions**:   * For response to an Electronic State Business Daily (EBSD) posting, follow the instructions in the ESBD posting,  otherwise submit updated forms to the Regional Quality Assurance Specialist(RQAS) “Q for VR or Regional Program Support Specialist (RPSS) * Follow instructions on the form and in the TWC VR Standards for Providers. * Type all information on form using a computer and get all required signatures.. * Complete all sections of the form. Record “N/A” (not applicable) if a question does not apply. * Keep a copy of your submitted form with attachments and supporting documentation for your records. | | | | | | | | | | | | | | | | | | | |
| **Reason for Submission** | | | | | | | | | | | | | | | | | | | |
| **Date of submission:** | | | | **Solicitation ID:**       or **Contract #:** | | | | | | | | | | | | | | | |
| Application package | | |  | | | | | | | | | | | | | | | | |
| Update of information For example, qualifications change. | | | | | | | | | | | | | | | | | | | |
| Other, Specify: | | | | | | | | | | | | | | | | | | | |
| **Entity’s Information** | | | | | | | | | | | | | | | | | | | |
| **Entity**: The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers. | | | | | | | | | | | | | | | | | | | |
| **Entity’s legal name:** | | | | | | | | | | | | | | | | | | | |
| **Entity’s “doing business as” (DBA) name:** | | | | | | | | | | | | | | | | | | | |
| **Provide at least one of the following:** | | | | | | | | | | | | | | | | | | |
| Employer Identification Number (EIN): (9 digits, issued by IRS): | | | | | | | | | | | | | | | | | | | |
| Last four digits of the sole proprietor’s Social Security Number: | | | | | | | | | | | | | | | | | | |
| **Location of Entity’s Headquarters** | | | | | | | | | | | | | | | | | | | |
| **Headquarters**: The location where the entity stores customer records and performs administrative responsibilities as required by the  bilateral contract with TWC. Each entity must have a designated headquarters location. \ | | | | | | | | | | | | | | | | | | | |
| **Street address:** | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | | | | **County:** | | | | | **State:** | | | **ZIP code:** | | | | |
| **Mailing address:** (if different from physical address) | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | | | | **County:** | | | | **State:** | | **ZIP code:** | | | | | | |
| **Email address, if any**: | | | | | | | | | | | | | | | | | | | |
| **Web address** (if applicable): | | | | | | | | | | | | | | | | | | | |
| **Entity’s Staff Experience and Skills** | | | | | | | | | | | | | | | | | | | |
| **UNTWISE Endorsements held by entity staff:**  N/A  Autism  Blind  Brain Injury  Other: | | | | | | | | | | | | | | | | | | | |
| **Describe the entity’s staff experience and skills working with individuals with disabilities, including disability groups. Record N/A if no experience or skills.** | | | | | | | | | | | | | | | | | | | |
| **Entity’s Staff Language Skills** | | | | | | | | | | | | | | | | | | | |
| **Select all languages in which the staff person is fluent.** | | | | | | | | | | | | | | | | | | | |
| American Sign Language (ASL) | | | | | | Hindi | | | | | Korean | | | | | Tagalog | | | |
| Arabic | | | | | | Japanese | | | | | Persian | | | | | Urdu | | | |
| Chinese | | | | | | English | | | | | Spanish | | | | | Vietnamese | | | |
| Other: | | | | | | | | | | | | | | | | | | | |
| **Do any staff read braille?** Yes | | | | | No | | | | | | | | | | | | | | |
| **Describe the staff person’s experience and skills for any areas identified above.   The description should explain the staff person’s experience and skills in the identified areas.** | | | | | | | | | | | | | | | | | | | |
| **Services** | | | | | | | | | | | | | | | | | | | |
| The entity must have at least one staff member who meets the staff qualifications for any service marked below.  **List only service in the solicitation identified on page one of this form**.  For each service below indicate:   * if the service is in an existing contract or * if requesting the service be included in a new contract or an amendment to an existing contract. | | | | | | | | | | | | | | | | | | | |
| N/A No services included in the application or contract. | | | | | | | | | | | | | | | | | | | |
| **Select all that apply**. | | | | | | | | | | **Requesting service be in contract** | | | | **Agency Use Only: Qualification verified by SME, QASVR or RPSS** | | | | | |
| **Benefits Planning Services** | | | | | | | | | | | | | | | | | | | |
| Medicaid Buy-In | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Revision to Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan or Veteran’s Benefits Summary and Analysis/Work Incentive Plan | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income and/or Title II Benefits Information and Referral | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income Student Earned Income Exclusion | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income Impairment-Related Work Expense | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income Blind Work Expense | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income Plan to Achieve Self-Support | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supplemental Security Income Property Essential to Self-Support | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Title II Plan to Achieve Self-Support | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Title II Impairment-Related Work Expense | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Title II Subsidy or Special Condition | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Veteran’s Supplemental Security Income and/or Title II Benefits Summary and Analysis/Work Incentive Plan | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Blind Services** | | | | | | | | | | | | | | | | | | | |
| Assistive Technology Evaluation | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Assistive Technology Training for Sight-Related Disabilities | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Diabetes Self-Management Education | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Independent Living Services for Older Individuals who are Blind | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Orientation and Mobility Training (O & M) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Customized Employment Services** | | | | | | | | | | | | | | | | | | | |
| Customized Employment Services | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Communication Access** | | | | | | | | | | | | | | | | | | | |
| Interpreter Services for Deaf and Hard of Hearing for TWC-VR Customers | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Interpreter Services for Deaf and Hard of Hearing for TWC-VR Customers for College and Universities | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Realtime Translation (CART) for TWC-VR Customers | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Realtime Translation (CART) for TWC-VR Staff | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Employment Services** | | | | | | | | | | | | | | | | | | | |
| Career Planning Assessment (CPA) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Environmental Work Assessment (EWA) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Job Placement (Bundled and Non-bundled) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Job Skills Training (JST) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Personal Social Adjustment Training (PSAT) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Self-Employment | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supported Self-Employment | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Supported Employment (SE) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Vocational Adjustment Training (VAT) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Vocational Evaluation (VE) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Work Adjustment Training (WAT) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Work Experience Placement (WEP) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Work Experience Training (WET) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Employment Supports for Brain Injury (ESBI)** | | | | | | | | | | | | | | | | | | | |
| Employment Supports for Brain Injury (ESBI) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Mental Health and Substance Use Services** | | | | | | | | | | | | | | | | | | | |
| Supportive Residential Services for Persons in Recovery | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Wellness Recovery Action Plans (WRAP) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Pre-Employment Transition Services (Pre-ETS)** | | | | | | | | | | | | | | | | | | | |
| Pre-Employment Transition Services (Pre-ETS) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Project SEARCH Services** | | | | | | | | | | | | | | | | | | | |
| Project SEARCH Asset Discovery Service | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Project SEARCH Skills Training Service | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Project SEARCH Job Placement Service | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Group Skills Training for Older Individuals who are Blind (OIB)** | | | | | | | | | | | | | | | | | | | |
| Senior Keys to Independence Program (S.K.I.P.) | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Use if service not listed above** | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| Other: | | | | | | | | | |  | | | | Yes | | | | Initials: | |
| **Signatures** | | | | | | | | | | | | | | | | | | | |
| I, the legally authorized representative, have been named by the entity and have the authority to certify   * when services are included on this form, the Entity has at least one person who meets the qualifications for each service identified above * the information provided in this form is complete and accurate, and * the legal entity is in compliance with all the terms in the Electronic State Business Daily Agency Posting notice,  TWC VR Standards for Provider manual, and/or contract, when awarded. | | | | | | | | | | | | | | | | | | | |
| **Typed name:** | | **Handwritten Signature:**  **X** | | | | | | | | | | | | | | | | **Date:** | |
| **Agency Use Only** | | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | |
| **Reviewers of the Form** | | | | | | | | | | | | | | | | | | | |
| **Date** | **Printed Name** | | | | | | | **Title** | | | | | | | | | **Initials** | | |
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