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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Contracted Service Modification Request -**  **Work Experience Services** | | | | | | |
| **Instructions:**  A VR3472, Contracted Service Modification Request must be utilized and submitted in accordance with the following process:   1. the VR counselor will complete the VR3472; 2. prior to submitting, the VR counselor verifies the customer and provider are in agreement with the modification; 3. the VR counselor will sign the VR3472 and obtain the provider’s legal authorized representative’s signature; 4. the VR counselor must enter a case note in ReHabWorks for the customer that explains and justifies the need for the modification including the content to questions asked within the form; 5. after the above steps are completed, VR counselor will send the VR3472 to the [vrs.program.contract.approval@twc.texas.gov](mailto:vrs.program.contract.approval@twc.texas.gov) mailbox for approval using the naming convention in the subject line of the email: **Region\_3472\_provider’s name** **or customer’s case id;** 6. the VR Standards Team or Subject Matter Expert will conduct a case review and coordinate the approval of the VR3472 obtaining VR Director signature; 7. VR standards team will ensure the final approved or not approved VR3472 is returned to VR counselor and will copy the Regional Quality Assurance Specialist or Regional Program Support Specialist; 8. the VR counselor will send the VR3472 to the provider and will file it in the customer paper file; and 9. providers will submit a copy of the approved VR3472 with applicable invoices.   **Note:** Update the customer’s IPE when necessary after VR3472 is approved. | | | | | | | |
| **Contractor Information** | | | | | | | |
| **TWC contract number:** | | | **Texas Identification Number (TIN):** | | | | |
| **Legal name:** | | | **Doing Business As (DBA) name:** | | | | |
| **Director name:** | | | | | | | |
| **Director’s email:** | | | **Director’s phone number:**  (   )    - | | | | |
| **Customer Identification Information** | | | | | | | |
| **First name:** | | **Last name:** | | | | | |
| **VRS case ID:** | | **City:** | | | | | |
| **Services to be Modified** | | | | | | | |
| **Work Experience Placement**  **Work Experience Training** | | | | | | | |
| **Requested Change in the VR-SFP** | | | | | | | |
| **Description of the requested change in the VR-SFP to meet the customer’s individual needs and circumstances.**  Allowing a Work Experience Placement to be greater than 12 weeks.  Other, service definition, process and procedures or outcomes required for payment prescribed in the VR-SFP needs to be changed to meet the customer’s individual needs and circumstances.  List the specific section of the VR-SFP needs to be changed: | | | | | | | |
| **Description and Justification for Contracted Service Modification** | | | | | | | |
| The following information needs to be documented in the customer’s ReHabWorks case notes.  State office will conduct a case review to determine if case notes support information below. | | | | | | | |
| **Describe the customer’s disability as identified in ReHabWorks.** | | | | | | | |
| **If requesting to allow Work Experience Placement to be greater than 12 weeks, what will be addressed in the additional time that will help the customer to achieve their IPE goal(s)?**  Examples: new job skills, time management skills, work on adjustment to disability, to complete a school internship, to improve social skills, etc.   Not requesting to extend beyond 12 weeks. | | | | | | | |
| **When “Other” is checked in the above “*Requested change in the VR-SFP section,”* describe in detail how the services will be provided to meet the customer’s individual needs and circumstances.** | | | | | | | |
| **VR Counselor Acknowledgment** | | | | | | | |
| By typing my name below, I have verified the information on the request is accurate.  **Yes, the required ReHabWorks case note has been entered.** | | | | | | | |
| **VR counselor’s Typed Name:** | | | | **Region #:** | | | **Date:** |
| **Entity’s Legal Authorized 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 agreement with the information contained in the Contracted Service Modification form. (See VR-SFP 3 on Signatures) | | | | | | | |
| **Entity’s Legally Authorized Representative typed or printed name:** | | | | | | | |
| **Entity’s legally authorized representative’s digital or handwritten signature:** | | | | | | | |
| **X** | | | | | **Date:** | | |
| **VR Division Director Review and Signature** | | | | | | | |
| By signing my name below, I am providing my approval or denial of the contract modification request as indicated: | | | | | | | |
| Approve request above  Deny request above | | | | | | | |
| **VR Division Director typed or signed name:**  **X** | | | | | | **Date:** | |
| **Additional Comments** | | | | | | | |
| **When needed add additional comments, date, and initial each entry:** | | | | | | | |
| **State Office Use Only** | | | | | | | |
| ReHabWorks Case and Contracted Service Modification Request reviewed  Comment, if any: | | | | | | | |