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| Texas Workforce Solutions logo | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Vehicle Modification Evaluation** | | | | | | | | | | | | | |
| Select the type of review being requested:  Price Review  Repair Review  Vehicle Modification Review  Pre-Purchase Review | | | | | | | | | | | | | | | | | | | |
| Information to be completed by VRS Representative | | | | | | | | | | | | | | | | | | | |
| Customer Name: | | | | | | | | | | | | | | | VRS Case ID: | | | | |
| Passenger  Driver  Both | | | | | | | | | | | | | | | | | | | |
| VRC name: | | | | | | Office name: | | | | | | | | | | | | | |
| Phone number: (   ) | | Fax number: | | | | | | | | | | | Email: | | | | | | |
| Information Completed by Vehicle Modifier or Provider | | | | | | | | | | | | | | | | | | | |
| Company name: | | | | | | | | | Email address: | | | | | | | | | | |
| Telephone number: (   ) | | | | | | | | | Fax number: | | | | | | | | | | |
| Street address (include suite number, if applicable): | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | State: | | | ZIP code: | | | | |
| Vehicle Modifier or Provider written or typed name: | | | | | | | Vehicle Modifier or Provider’s signature:  **X** | | | | | | | | | | | Date: | |
| Vehicle Information and Basic Measurements | | | | | | | | | | | | | | | | | | | |
| VIN Number: | | | | | | | | | | | | | | | | | | | |
| New  Used Year: | | | | | | | | | | | | | | | | | | | |
| Make: | | | | Model: | | | | | | | | | | | Mileage: | | | | |
| Lowered Floor Conversion  Rear Entry Conversion  Side Entry Conversion  Sedan  Other (please specify): | | | | | | | | | | | | | | | | | | | |
| Wheelchair or Scooter Specifications | | | | | | | | | | | | | | | | | | | |
| Make: | | | | | | | | Model: | | | | | | | | | | | |
| Manual W/C  Power W/C  Scooter | | | | | | | | | | | | | | | | | | | |
| Special Features: | | | | | | | | | | | | | | | | | | | |
| Seat Measurement: | Sitting Height: | | | | | | | | | Chair Width: | | | | | | Eye Height: | | | |
| Chair Depth: | Floor to Seat Height: | | | | | | | | | Wheelchair Weight: | | | | | | Customer Weight: | | | |
| What is the front GAWR for the proposed vehicle: | | | | | | | | | | | | | | | | | | | |
| Are there concerns that the combined weight of the wheelchair,customer and modification will exceed the GAWR: | | | | | | | | | | | | | | | | | | | |
| Itemized Costs | | | | | | | | | | | | | | | | | | | |
| Description | | | Make | | | | | Model | | | Qty | | | Labor Cost | | Unit Price | | | Total Price |
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| Total cost: | | | | | | | | | | | | | | | | | | | |
| Approval Signatures (TWS-VRS Purpose Only) | | | | | | | | | | | | | | | | | | | |
| Provide a minimum of two signatures. | | | | | | | | | | | | | | | | | | | |
| Print VR Supervisor’s name: | | | | | VR Supervisor’s signature:  **X** | | | | | | | | | | | | Date: | | |
| Print Counselor’s name: | | | | | Counselor’s signature:  **X** | | | | | | | | | | | | Date: | | |
| Print ATS’s name: | | | | | ATS’s signature:  **X** | | | | | | | | | | | | Date: | | |
| Print PSART’s name: | | | | | PSART’s signature:  **X** | | | | | | | | | | | | Date: | | |