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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Employment Supports for Brain Injury Provider Information and Acknowledgments** | | | | | | |
| **Instructions:**   * For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting.  All sections must be completed at application. * For updates to information on file with TWC, record the required information and obtain signatures.  Submit updated forms to the assigned contract manager and state office program specialist. * Type all information on the 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 the completed application, attachments, and supporting documentation for your records. | | | | | | | |
| **Reason for Submission** | | | | | | | |
| **Date of submission:** | | | | | | | |
| Application package **Solicitation ID**  Update of information due to change in information on file, 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: | | |  | | | | |
| **Description of Program** | | | | | | | |
| **Describe the entity’s mission or vision, goals, setting, length of time in operation, and any other pertinent information.** | | | | | | | |
| **Describe how the entity will implement services to TWC-VR customers using the Employment Supports for Brain Injury (ESBI) model that integrates therapeutic and employment needs of VR customers.** | | | | | | | |
| **Describe the entity’s experience providing services to individuals with brain injuries.** | | | | | | | |
| **Describe the entity’s experience working with secondary disabilities often associated with brain injuries.** | | | | | | | |
| **Describe the entity’s scope and experience of working with individuals with disabilities in obtaining and/or supporting employment.** | | | | | | | |
| **How will the entity deliver TWC-VR employment services as defined in the VR Standards for Providers (VR SFP) (such as Supported Employment, Job Skills Training, and Work Experience Services)?**    Obtain a separate TWC-VR Employment Services contract and hire or subcontract with qualified staff to deliver the services. Note: Must apply to a separate open enrollment to obtain a contract.  Enter into a partnership with an existing TWC-VR Employment Services contractor. Note: The roles and responsibilities of each partner must be outlined in a document signed by all parties and provided to TWC-VR.  **Name of the Employment Services Contractor(s):**  **What services does the Employment Services Contractor have qualified staff for and will be providing to ESBI customers:** | | | | | | | |
| **Describe the therapeutic services to be provided by the entity.** | | | | | | | |
| **Describe how the entity will coordinate individualized and multidisciplinary teams while integrating both the therapeutic and employment needs/services for each VR customer as outlined in a customer’s Individualized Program Plan.** | | | | | | | |
| **Describe the role of a case manager and how case management services will be provided for customers.** | | | | | | | |
| **Describe what roles and responsibilities case management will have in the management of the Individualized Program Plan.** | | | | | | | |
| **Describe the entity’s business model and how professional staff will deliver services to TWC-VR customers.** | | | | | | | |
| **Additional information, as applicable:** | | | | | | | |
| **Acknowledgments and Signature** | | | | | | | |
| **I, the legally authorized representative of the entity, certify the following:** | | | | | | | |
| * The entity understands they must follow the Employment Supports for Brain Injury (ESBI) model that integrates therapeutic and employment needs of VR customers; | | | | Yes | | No | |
| * The entity has a formal written agreement with a TWC-VR Employment Services contractor that outlines the partnership or subcontracting relationship   that will allow for ESBI customers to receive employment related services; | | | | Yes | | No | |
| * The entity has  or is applying for a TWC-VR Employment Services contract that will allow for ESBI customers to receive employment related services | | | | Yes | | No | |
| * The entity has  attached a copy of all letters of agreements between entity and TWC-VR Employment Service contractor(s) with the form. | | | | Yes | | No | |
| * The entity has read VR SFP Chapter 3, Chapter 21, and any other applicable chapters and agrees to comply. | | | | Yes | | No | |
| * The entity is current and acknowledges that it must maintain its registration or licensure, with one or more of the following, as applicable, and as required by Texas law: * Home and Community Support Service Agencies (HCSSA) * The Texas Board of Physical Therapy and Occupational Examiners * Facility Registration * Assisted living facility (ALF) * Health facility-required Qualifications | | | | Yes | | No | |
| * + A copy(ies) of current registration(s) or licensure(s) listed above are attached. | | | | Yes | | No | |
| * + All staff members meet the qualifications and training required by the provider’s license, registration, credential, and/or SFP and are maintained per applicable regulations and requirements at time of application and thereafter. | | | | Yes | | No | |
| * + The entity acknowledges that they have a designated director as prescribed in [VR-SFP 3.4.2 Director](http://www.twc.state.tx.us/standards-manual/vr-sfp-chapter-03#s315). The Director does not have to have the UNTWISE Director Credential. | | | | Yes | | No | |
| * + If a residential Employment Supports for Brain Injury (ESBI) provider maintains accreditation from:   + the Commission on Accreditation of Rehabilitation Facilities; or   + the Joint Commission (accreditation of health care organizations); | | | | Yes | | No | N/A |
| * + A copy(ies) of current Accreditation(s) or written exemption attached. | | | | Yes | | No | N/A |
| * + All staff members providing ESBI to TWC-VR customers meet the staff qualifications as described in VR SFP Chapter 21, Section 21.2.1 Licensed and Certified Professional. | | | | Yes | | No | N/A |
| * + The entity will use each customer’s comparable benefits before billing the TWC-VR program. | | | | Yes | | No | N/A |
| **Legally authorized representative’s printed name:** | | **Title:** | | | | | |
| **Legally authorized representative’s handwritten signature:**  **X** | | | | | **Date:** | | |
| **Agency Use Only**  Comments: | | | | | | | |