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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Contracted Service Modification Request**  |
| **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 agree 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 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:**       | **Middle name:**       |
| **VRS case ID:**       | **City:**       |
| **Justification for Contracted Service Modification**  |
| **Describe what contracted service(s) need to be modified:**      |
| **Indicate the modification to the service description, process and procedure, or outcome required for payment that is necessary to meet the customer’s individual needs.**  |
| **Provide a detailed justification on how this better meets the customer’s needs and achievement of the customer’s employment or independent living goal** (include specific details and dates).    |
| Disability and supports need(s):      |
| Background information and circumstances:(include how the employment barrier and/or circumstances of the customer are being addressed)      |
| Justify the modification request (How will the employment or disability barriers be addressed and how will the request assist the customer in achievement of his/her Individual Employment Plan (IPE) or Independent Living Plan (ILP)):        |
| **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:**      |

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| **State Office Use Only**  |
| [ ]  ReHabWorks Case and Contracted Service Modification Request reviewedComment, if any:       |