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| TWS Logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Career Counseling and Information and Referral for Individuals – Subminimum Wage** |
| **General Instructions** | |

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| The Career Counseling and Information and Referral for Individuals – Subminimum Wage Form (Form) is a document that demonstrates Texas Workforce Solutions–Vocational Rehabilitation Services (TWS-VRS) has provided career counseling and information and referral services to individuals with disabilities who are earning subminimum wage. Two copies of the Form must be completed, signed, and dated for each individual provided with these services. One original copy of the Form is given to the individual or their guardian or legal representative, and TWS-VRS retains an original copy.  The Form is designed to be used in conjunction with the Career Counseling Workbook (Workbook). TWS-VRS staff reviews the Workbook for each person working for subminimum wage. Please follow the directions below:   1. Complete the participant’s name and write in the date the meeting is taking place on page 1 of the Workbook. 2. Counsel the participant by reviewing the Workbook with the participant. Make notes on the Workbook for them if they provide information about what they like. 3. Complete the Person Identification Information section of this form. 4. Complete the 14c Employer Information section of this form. 5. Ask the person Question #1 in the Questions About Work section of this form.    1. If the person states they **do not** want to work someplace in the community for at least minimum wage (Question #1):       1. Explain the Career Counseling and Information and Referral section of this form.       2. Obtain the Signatures and Dates in that section of this form.       3. Complete the Method of Delivery Section in this form.       4. Provide the Information and Referral page to the person and/or the guardian.    2. If the person states they **do** want to work someplace in the community for at least minimum wage (Question #1)       1. Ask the person the rest of the questions (2-6) and complete this section of this form. If the person has a current VR case with TWS-VRS, please note information in the “Comments” field.       2. Explain the Career Counseling and Information and Referral section of this form.       3. Obtain the Signatures and Dates in that section of this form.       4. Complete the Method of Delivery Section in this form.       5. Provide the Information and Referral page to the person and/or the guardian. 6. It is required by law to ensure the “method of delivery” is marked for the person and, if appropriate, the guardian or legal representative. 7. Make a copy of the Form so that both the person or guardian and TWS-VRS staff have a copy. If no copy machine is available, complete a second copy of the Form. 8. Provide the person with the Thank You card. |

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| **Person Identification Information** | | |
| **Person Name:** | | |
| **Subminimum Wage Guardian or Legal Representative Signature** | | |
| I give my permission for Career Counseling and Information and Referral to be completed.  Yes  No  Guardian or Legal Representative Signature:  Date: | | |
| **14c Employer Information** | | |
| **14c Employer Name:** | | |
| **Questions About Work** | | |
| **1) Do you want to work in the community for at least minimum wage?**  Yes  No  If yes, please complete the question 2-7 below.  If no, please explain in the Career Counseling and Information and Referral section of this form and then have the parties complete the Required Signatures and Dates section of this form. | | |
| **2) How many days a week do you work now?** | | |
| **3) How many days a week do you want to work in the community?** | | |
| **4) How many hours a day can you work?** | | |
| **5) Where do you want to work?** | | |
| **6) Did you see any jobs in the Workbook you might like?**  Yes  No  If yes, please provide information in the Comments section on which jobs might be of interest. | | |
| **7) Do you want information on how to apply for services with TWS-VRS?**  Yes  No | | |
| **Comments**: (Please use this space to note if participant has a current case with TWS-VRS, if they are receiving transition services through school or TWS-VRS, if they are Pre-ETS, or other information, if known). | | |
| **Career Counseling and Informational and Referral** | | |
| 1. If you want to work in the community making minimum wage or more, TWS-VRS can take an application for services from youand may be able to assist you. Please look on page 3 under the section “Local Employment Resources,”Texas Workforce Solutions–Vocational Rehabilitation Services*.* 2. If you would like to know how Social Security benefits might be affected by earning minimum wage or above,you can contact the Ticket to Work Helpline.The number for the Ticket to Work Helpline is under the section “Local Employment Resources,”Ticket to Work Helpline on page 3. 3. Besides TWS-VRS, you can also get help finding a job from an Employment Network.To find an Employment Network near you, access the website under the section “Local Employment Resources,” Ticket to Work Employment Networks on page 3. 4. You can also get help finding a job in the community by contacting a local Workforce Solutions Office. To find the closest Workforce Solutions Office to you,access the website under the section “Local Employment Resources,”Texas Workforce Solutions – Vocational Rehabilitation Services and Local Workforce Solutions Offices on page 3. 5. If under 15 employees, the following information has been provided:   Texas Self-Advocates  Peer-Operated Support Groups  Other (specify): | | |
| **Required Signatures and Dates - Subminimum Wage Employee** | | |
| I received Career Counseling and Information and Referral:  Yes  No  Individual Signature or Mark:   Date: | | |
| **Date and TWS-VRS Staff Signature** | | |
| Date of Career Counseling and Information and Referral:  TWS-VRS Staff Signature:  Date: | | |
| **Method of Delivery** | | |
| The individual received the signed document:  In person, hand-delivered  Mailed  E-mailed  Faxed | The guardian or legal representative signed and received the documents:  In person, hand-delivered  Mailed  E-mailed  Faxed | |
| **Information and Referral - Local Employment Resources** | | |
| 1. Texas Workforce Solutions–Vocational Rehabilitation Services and local Workforce Solutions Offices information: [www.twc.state.tx.us](http://www.twc.state.tx.us). Telephone number: (800) 628-5115. 2. Social Security’s Ticket to Work Helpline: (866) 968-7842 / (866) 833-2967 (TTY) Monday through Friday from 7:00AM–7:00PM CST. 3. Ticket to Work Employment Networks: [www.choosework.net](http://www.choosework.net) | | |
| **Additional Information For 14C With Under 15 Employees** | | |
| Self-Advocacy Websites:   1. Texas Project First: [www.texasprojectfirst.org](http://www.texasprojectfirst.org) 2. Texas Advocates: [www.texadvocates.org](http://www.texadvocates.org)   Peer-Operated Support Groups:   1. Via Hope: [www.viahope.org](http://www.viahope.org/) | | |