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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Customized Employment**  **Applicant and Provider Certification** | | | | | | | | | |
| **Reason for Submission** | | | | | | | | | | | |
| **Date of submission:** | **Solicitation ID:** | | | or **Contract #:** | | | | | | | |
| Application package | | | | | | | | | | | |
| Update of information (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: | | | | | | | | | | | |
| **TWC Employment Services contract number:** | | | | | | | | | | | |
| **Describe the entity’s mission or vision, values, goals, and any other pertinent information that demonstrates the organization algins with Customized Employment best practices.**  (Documentation may be attached, if noted below) | | | | | | | | | | | |
| **Acknowledgment Statements and Signatures** | | | | | | | | | | | | |
| **I, the legally authorized representative, and any governing bodies of the entity, certify the Entity’s commitment of Executive Management:** | | | | | | | | | | | | |
| * Creating, implementing, and maintaining policy, procedures and practices that support CE best practices and delivery of all phases of CE services to fidelity; | | | | | Yes | | | | No | | | |
| * Providing TWC-VR customers CE services that meet fidelity that may take over 10 months to achieve; | | | | | Yes | | | | No | | | |
| * Attending the “*CE Training for the TWC-VR Implementation Team and Contractor Organizational Leadership Teams”* (Definition of training in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | | | No | | | |
| * Completing the “GHA Organizational Leadership CE Training Series” (Definition of training in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | | | No | | | |
| * Participating in “GHA Organization Leadership CE Technical Assistance” (Definition found in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | | | No | | | |
| * Entering information into the “CE Credentialing Management System” (Described in the CE Exhibit, Section 2. Definitions) on topics such as fidelity and time for task completion related to training, mentoring, service delivery and documentation; | | | | | Yes | | | | No | | | |
| * Attending the “CE COP” (Described in the CE Exhibit, Section 2. Definitions) sessions; | | | | | Yes | | | | No | | | |
| * Collaborating with Griffin-Hammis Associates (GHA), San Diego State University (SDSU) and TWC-VR in the implementation of CE services including training, mentoring, CE data collection, and CE fidelity standards; | | | | | Yes | | | | No | | | |
| * Exploring options available to compensate the CE Specialists and Advanced CE Specialists commensurate with the skills necessary to perform CE with best practice and fidelity; | | | | | Yes | | | | No | | | |
| * Allocating a minimum of one employee to work 20 hours of a 40-hour work week in the delivery of CE services, but two employees working 20 hours a week is preferred; | | | | | Yes | | | | No | | | |
| * Supporting CE Specialist in achieving the staff qualifications of an Advanced CE Specialist which on average takes 12-18 months to achieve; | | | | | Yes | | | | No | | | |
| * Submitting invoices for CE services only after work has been reviewed by their GHA mentor or after the CE Specialist has become an Advanced CE Specialist; | | | | | Yes | | | | No | | | |
| * Allocating business time and resources for the Director (as defined in [TWC-VR SFP Manual Chapter 3,](https://www.twc.texas.gov/sites/default/files/vr/policy/vr-sfp-03-twc.docx) Section 3.4.2 Director) to fulfill their commitments outlined in CE Exhibit, Section 4.3.1 Director, and to demonstrate the KSAAs necessary to support, advocate, implement CE that meets fidelity into the business’ processes and infrastructure; | | | | | Yes | | | | No | | | |
| * Allocating business time and resources for CE Specialist to fulfill their commitments outlined in CE Exhibit Section 4.3.2 CE Specialist and CE Advanced CE Specialist and demonstrate the knowledge, skills, aptitudes (KSAAs) necessary to delivery of CE services to fidelity; | | | | | Yes | | | | No | | | |
| * Participating in CE Systems Analysis, ongoing program evaluation, continuous quality improvement data collection and the provision of information. | | | | | Yes | | | | No | | | |
| **Legal Authorized Representative’s typed name:** | | | | | | | | | | | | |
| **Legal Authorized Representative’s title:** | | | | | | | | | | | | |
| **Legal Authorized Representative’s handwritten signature:**  **X** | | | | | | | | **Date:** | | | | |
| **Agency Use Only** | | | | | | | | | | | | |
| **Verified the Contractor’s Employment Services Contract contains Supported Employment.** | | | | | | | Yes | | | | No | |
| Comments, if any: | | | | | | | | | | | | |
| **Verified the Contractor’s performance demonstrates successful closures of Supported Employment Cases.** | | | | | | | Yes | | | | No | |
| Comments, if any: | | | | | | | | | | | | |
| **Verified with Region(s) the contractor’s performance demonstrates professionalism and timely invoicing.** | | | | | | | Yes | | | | No | |
| Comments, if any: | | | | | | | | | | | | |
| **Verified with Contract Oversight (COS), the contractor is in good standings with monitoring and has non-remedial Action Recoupments (RARs).** | | | | | | | Yes | | | | No | |
| Comments, if any: | | | | | | | | | | | | |
| **Verified with the Contract Management Unit (CMU), the contractor is in good standing with no unresolved negative performance issues (TWC1300s).** | | | | | | Yes | | | | No | | |
| Comments, if any: | | | | | | | | | | | | |
| **Reviewers of the application: Record name and date.** | | | | | | | | | | | | |
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