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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Customized Employment**  **Director 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: | | | | | | | |
| **Acknowledgment Statements and Signatures** | | | | | | | | |
| **I, the Director for Customized Employment Services, am committed to:** | | | | | | | | |
| * Completing the “GHA Organizational Leadership CE Training Series” (Definition of training in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | No | |
| * Completing the GHA CE ACRE Certificate Training (Definition of training in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | No | |
| * Completing the [GHA CE Fidelity Training](#_GHA_CE_Fidelity) for Discovery, Job Development and Placement, or Business Plan Development; and Consultative Employment Training and Support Services (Definition of training in the CE Exhibit, Section 2. Definitions); | | | | | Yes | | No | |
| * Participating in the “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 | |
| * Supporting CE Specialists in serving individuals with the Most Significant Disabilities and/or with limited to no work history to achieve CIE through matching the customer’s unique strengths, abilities, needs, interests through CE services; | | | | | Yes | | No | |
| * Delivering CE Services that meet best practice and GHA Fidelity (Refer to the CE Exhibit, the [Essential Elements of Customized Employment](https://vrtac-qm-drupal-shared-files.s3.us-west-2.amazonaws.com/s3fs-public/site-files/prog-perform-qm/cie/Essential-Elements-of-Customized-Employment-for-Universal-Application.pdf) and the [Griffin-Hammis Associates CE Fidelity Scales](https://www.griffinhammis.com/resources/cefidelityscales/); | | | | | Yes | | No | |
| * Following the prescribed TWC-VR policy and procedures when implementing CE services; | | | | | Yes | | No | |
| * Meeting routinely with customer’s team (customer, customer’s family/supports, CE Specialist, VR staff, etc.) to review and discuss the progress of the CE cases; | | | | | Yes | | No | |
| * Supporting, training, assisting, and reviewing assigned CE specialist’s service delivery and documentation ensuring it meets the required fidelity; | | | | | Yes | | No | |
| * Participating in [GHA CE Mentoring Sessions](#_GHA_CE_Mentoring) with assigned CE Specialists and their assigned GHA mentor; | | | | | Yes | | No | |
| * Registering, reviewing, and completing necessary tasks in the GHA CE Mentoring Platform; | | | | | Yes | | No | |
| * Recording the time it takes to complete identified CE tasks related to training, mentoring, supervising, and documenting; | | | | | Yes | | No | |
| * Participating in CE Systems Analysis, ongoing program evaluation, continuous quality improvement data collection and the provision of information. | | | | | Yes | | No | |
| **Director’s typed name:** | | | | | | | | |
| **UNTWISE Credential ID:** | | | | | | | | |
| **Director’s handwritten signature:**  **X** | | | | | | **Date:** | | |
| **Agency Use Only** | | | | | | | | |
| Comments, if any: | | | | | | | | |
| **Reviewers of the application: Record name and date.** | | | | | | | | |
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