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| Texas Workforce Solutions logo | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Customized Employment**  **CE Specialist 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, a Customized Employment Specialist, commit to:** | | | | | | | | | | |
| * Securing employment for individuals with disabilities, including individuals with the most significant impact of disability and/or limited to no work history, into CIE matching the customer’s unique strengths, abilities, needs, and interests through CE Services; | | | | | | | Yes | | No | |
| * Collaborating with people with disabilities, family members, direct support professionals, VR staff, Extended Service providers, employers, and business community; | | | | | | | Yes | | No | |
| * Meeting with TWC-VR customers within the customer’s home and community to conduct Discovery, Job Development, provide Ongoing Support Service (CETS) and setup and train Extended Services to ensure long-term employment; | | | | | | | Yes | | No | |
| * Conducting and documenting activities for all phases of CE; | | | | | | | Yes | | No | |
| * Spending a minimum of 6 hour per week with each customer; | | | | | | | Yes | | No | |
| * Achieving the staff qualification of an Advanced CE Specialist which on average takes 12-18 months to achieve; | | | | | | |  | |  | |
| * Completing the [GHA CE ACRE Certificate Training](#_Griffin-Hammis_Associates_(GHA)) to obtain the CE Specialist Credential; | | | | | | | 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 | |
| * Entering information into the “CE Credentialing Management System” (Described in the CE Exhibit, Section 2. Definitions) on topics such fidelity and time for task completion related to training, mentoring, service delivery and documentation; | | | | | | | Yes | | No | |
| * Participating in the “CE COP” (Described in the CE Exhibit, Section 2. Definitions) sessions; | | | | | | | Yes | | No | |
| * Participating in [GHA CE Mentoring Sessions](#_GHA_CE_Mentoring) virtually by email, phone, Teams, etc. with their assigned GHA consultant for each phase and stage of the CE process for at least 3 customers; | | | | | | | Yes | | No | |
| * Registering and completing necessary assignments and tasks in the GHA CE Mentoring Platform; | | | | | | | Yes | | No | |
| * Recording the time it takes to complete identified CE task 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 | |
| **CE Specialist’s typed name:** | | | | | | | | | | |
| **Credential ID:** | |  | | | | | | | | |
| **Meets qualification for Advanced CE Specialist**  Yes  No | | | | | **If yes, expiration date:** | | | | | |
| **CE Specialist’s handwritten signature:**  **X** | | | | | | | | **Date:** | | |
| **Agency Use Only** | | | | | | | | | | |
| Comments, if any: | | | | | | | | | | |
| **Reviewers of the application:** **Record name and date.** | | | | | | | | | | |
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