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| *Texas Workforce Solutions logo* | **Texas Workforce Commission****Vocational Rehabilitation Services****Environmental Work Assessment (EWA)Part C—Signature Page**  |
| **General Instructions**  |
| This form is completed by the provider that conducted the assessment. The following four documents are required for payment:* + A completed VR1877 EWA: Part A (Summary)
	+ A completed VR1877 EWA: Part B (Results)
	+ A completed VR1877 EWA: Part C (Signature Page)
	+ A completed VR1878 EWA: Time Log
 |
| **Customer Information**  |
| Customer’s name:      | Case ID:      |

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| **Provider Signatures**  |
| Environmental Work Assessment Evaluator  |
| * I personally conducted the environmental work assessment;
* I assessed the customer in three work environments;
* I reviewed Part A and Part B in person with the counselor, customer, and/or guardian. If there was an exception to meeting in person, the counselor approved this;
* I completed and turned in VR1877 Part A, Part B, and Part C;
* I completed and turned in VR1878;
* I signed my signature and the date below;
* I maintain the autism endorsement as described in the Standards for Providers manual; and
* I have provided my University of North Texas (UNT) credential number below**.**
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| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3.11.1 Documentation and Signatures)**X** | **Date Signed**:      |
| **Select all that apply:**[ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached |
| **Director** (only required for Traditional-Bilateral Contractors)   |
| **By signing below, I, the Director, certify that:** * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization;
* I maintain UNTWISE Director credential, as prescribed in VR-SFP;
* I signed my signature and entered the date below.
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| **Director Typed or Printed name**:      | **Director Signature:** (See VR-SFP 3.11.1 Documentation and Signatures)**X** | **Date Signed**:      |
| **Select all that apply:** [ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached |
| **VRS Use Only**  |
| If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable.     |
| **Technical Review to Verify Provider Qualifications**(Completed by any VR staff such as RA, CSC, VR Counselor)   |
| **Director’s Credential:**   |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  [ ]  maintained or waived the UNTWISE Director Credential [ ]  did **not** hold a valid UNTWISE Director Credential |
| **Verification of Service Delivery**  |
| **Technical Review** (completed by any VR staff such as RA, CSC, VR Counselor)   |
| Verified that the report is accurately completed per form instructions | [ ]  Yes [ ]  No |
| Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA | [ ]  Yes [ ]  No |
| When applicable, verify a copy of an approved VR3472 is attached to the report? | [ ]  Yes [ ]  No |
| Verifed a VR1877 EWA, Part A (Summary) submitted | [ ]  Yes [ ]  No |
| Verifed a VR1877 EWA, Part B (Results) submitted | [ ]  Yes [ ]  No |
| Verifed a VR1877 EWA, Part C (Signature Page) submitted | [ ]  Yes [ ]  No |
| Verifed a VR1878 EWA, Time Log submitted | [ ]  Yes [ ]  No |
| Sections 1-10 of the EWA Part A are completed. | [ ]  Yes [ ]  No |
| Verified the EWA Time Log is completed and has the required signatures. | [ ]  Yes [ ]  No |
| Verified the customer’s satisfaction with the training through signature on the form and/or by VR staff member contact with customer | [ ]  Yes [ ]  No |
| Verified that the appropriate fee(s) was invoiced | [ ]  Yes [ ]  No |
| **Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:** |
| 1.        | Date:       | 2.        | Date:       |
| **VR Counselor Review**  |
| Verified the customer received necessary accommodations, supplies and resources; various instructional approaches were used | [ ]  Yes [ ]  No |
| Verifed a completed VR1877 EWA, Part A (Summary) and  individualized to the customer | [ ]  Yes [ ]  No |
| Verifed a completed completed VR1877 EWA, Part B (Results) and individualized to the customer | [ ]  Yes [ ]  No |
| Verifed the EWA Part B includes a complete three environmental score sheets that is individualized to the customer | [ ]  Yes [ ]  No |
| Verifed the EWA Part B includes a complete summary and comparison of environments that is individualized to the customer | [ ]  Yes [ ]  No |
| Verifed the EWA Part B includes a complete best fit and recommendations that is individualized to the customer | [ ]  Yes [ ]  No |
| Verified the EWA Time Log no more than 8 **indirect** hours were spent on this assessment | [ ]  Yes [ ]  No |
| Verified the EWA Time Log no fewer than 12 **direct** hours were spent on this assessment. | [ ]  Yes [ ]  No |
| Verified the EWA Time Log no fewer than 20 total hours were spent on this assessment. | [ ]  Yes [ ]  No |
| Verified the EWA Time Log indicates three environments were assessed based on the customer’s individual needs and interest | [ ]  Yes [ ]  No |
| Verified three environmental score sheets are completed.  | [ ]  Yes [ ]  No |
| Verified a summary and comparison of environments are completed. | [ ]  Yes [ ]  No |
| Verified the best fit and recommendations sections are completed and individualized to the customer.  | [ ]  Yes [ ]  No |
| VR Counselor:        | Date:       |