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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Temporary Waiver of Qualifications** | | | | | | | |
| **Instructions**:   * The Temporary Waiver of Qualifications is not effective until approved by the Director of Vocational Rehabilitation Division. * Complete and type all sections of the form. Note “not applicable” (N/A) if a question does not apply. * Form must be signed by the provider’s Director prior to submitting to VRS. * The provider’s Director completes the Temporary Waiver of Qualifications when requesting use of a staff person who does not hold a required qualification, including UNTWISE Credentials, for a defined period of time until the staff person gains the required qualification as defined in the Standards for Providers. **Note:** The Temporary Waiver of Qualifications is limited only to the time indicated and approved on the form. * Submit the completed and signed form to the Regional Quality Assurance Specialist (Regional Q) or the Regional Program Support Specialist (RPSS) for approval. The Regional Q and RPSS will review and obtain required regional approval and submit the form to the VRS.program.contract.approval@twc.texas.gov. * After Director of Vocational Rehabilitation Division approval, the Regional Q or RPSS will maintain a copy of the form in the contractor’s file and will provide a copy to the contractor. The contractor must submit a copy of the form with any applicable invoice for services provided by the staff person listed in the form.   **Note:** Temporary Waivers are not available for UNTWISE Endorsements. | | | | | | | | |
| **Contractor Information** | | | | | | | | |
| **TWC contract number:** | | **Texas identification number** (TIN): | | | | | | |
| **Legal name:** | | **Doing Business As** (DBA) **name:** | | | | | | |
| **Main phone number:**  (   ) | | **General email address:** | | | | | | |
| **Entity’s** (contractor’s) **legally authorized representative’s name:** | | | | | | | | |
| **Street address** (include suite number, if any): | | | | | | | | |
| **City:** | | | | **State:** | | **ZIP code:** | | |
| **Director’s Name:** | | | | | | | | |
| **Director’s email:** | | | | | **Director’s phone number:**  (   ) | | | |
| **Staff Person’s Information** | | | | | | | | |
| **First name:** | | | **Last name:** | | | | | |
| **List the VR-SFP section where the required qualifications are listed:** | | | | | | | | |
| **If request is to waive a credential, complete the following:** | | | | | | | | |
| **Type of Requested Credential to be Waived:** | **Enrollment Dates of Credential Class** | | **Anticipated Completion Date** | | **TWC-TWS-VRS Approved** | | | **Date Waiver Expires** |
| Job Skills Training |  | |  | | Yes  No  NA | | |  |
| Job Placement |  | |  | | Yes  No  NA | | |  |
| Supported Employment |  | |  | | Yes  No  NA | | |  |
| Self-Employment |  | |  | | Yes  No  NA | | |  |
| Work Readiness (formally Vocational Adjustment Training) |  | |  | | Yes  No  NA | | |  |
| Director |  | |  | | Yes  No  NA | | |  |
| CBTAC (self-employment) |  | |  | | Yes  No  NA | | |  |
| **Note: Attach proof of enrollment into required credential course.** | | | | | | | | |
| **If not listed above, describe the specific qualification the staff person does not meet.** | | | | | | | | |
| **Describe the staff person’s abilities, skills, work experience and education related to the services provided associated to the requested service(s) to receive a Temporary Waiver.** | | | | | | | | |
| **Is an accurate and complete VR3455, Program Staff Information Form, for the above person on file with the Contract Manager and Regional Quality Assurance Specialist or Regional Program Support Specialist?**  Yes  No | | | | | | | | |
| **Director’s Justification for Wavier** | | | | | | | | |
| **Describe why the provider is requesting the wavier:** | | | | | | | | |
| By signing below, I verify that I provided the Director’s justification above.  **Director’s signature:**  **X** | | | | | | | **Date:** | |
| **Authorized Service Provider Representative Signature** | | | | | | | | |
| A legally authorized representative is the person who is authorized to sign contracts and other official documents for the entity. | | | | | | | | |
| By signing below, I, the entity’s legally authorized representative, acknowledge:   * this is a temporary waiver; * the need to train and/or hire credentialed staff members; and * the continued lack of credentialed staff may result in termination of our contract. | | | | | | | | |
| **Entity’s legally authorized representative’s signature:**  **X** | | | | | | | **Date:** | |
| **Authorizations and Signatures** | | | | | | | | |
| **Regional Quality Assurance Specialist or** **Regional Program Support Specialist** | | | | | | | | |
| **How was the waiver need determined by Q/RPSS?** | | | | | | | | |
| Regional Quality Assurance Specialist or Regional Program Support Specialist agrees with the contractor’s justification and need for use of a non-credentialed staff person. | | | | | | | Approved  Denied | |
| If the response above is denied, the Regional Quality Assurance Specialist or Regional Program Support Specialist will provide an explanation below: | | | | | | | | |
| By printing my name below, I, the Regional Quality Assurance Specialist or Regional Program Support Specialist verify the information above.  **X** | | | | | | | Date: | |
| **Regional Director** | | | | | | |  | |
| By printing my name below, I, the Regional Director, verify that I agree with the above request.  **X** | | | | | | | Date: | |
| **Director of Vocational Rehabilitation Services** | | | | | | | | |
| By printing my name below, I, the Director of Vocational Rehabilitation Services, verify that I agree with the Temporary Waiver of Credential information on this form.  **X** | | | | | | | Date: | |
| **Additional Comments, if any** | | | | | | | | |
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