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|  | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **End-Stage Renal Disease Evaluation** |

# VR3111 Instructions

## Use

Counselors must evaluate information included in this form to determine whether a customer is eligible for services. The examining physician uses the form to provide information about dialysis, functional capabilities, transplant history, medications, and side-effects of anti-rejection medications in addition to laboratory data and current treatments.

## Copies and Distribution

No copies are required. The completed form is placed in the customer’s paper file. If the customer’s case is submitted to the state medical consultant for guidance and/or decision about services, a copy of the form is included in the courtesy file.

## Retention

The completed form is part of the customer’s paper file and is retained until the end of the fiscal year the case is closed, plus five years.

## Detailed Instructions

N/A

## Acronyms and Definitions

CAPD—Continuous ambulatory peritoneal dialysis