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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Customer Orientation Checklist** **for VR Service Providers** |
| **Instructions**: Complete one form per customer and file in their case file.   |
| **Customer Name:**  | **Case ID:**  |
| **Orientation was conducted:** [ ]  In-person [ ]  Remotely |
| **Checklist** |
| As the following content is covered with the customer, check the box to the right.   |
| **Overview of services:** |  |
| * Description of the individual services to be provided,
 |  |
| * How services will be conducted (In-person and/or Remotely),
 |  |
| * Orientating the customer to the physical space where services are provided, if applicable.
 |  |
|  | [ ] Covered |
| **Expectations:** |  |
| * Attendance and tardiness,
 |  |
| * Customer participation,
 |  |
| * Rules,
 |  |
| * Appropriate behaviors, and
 |  |
| * Health and Safety (e.g. orientating to the physical space where services are provided if applicable).
 |  |
|  | [ ] Covered |
| **Behaviors that could lead to service termination:** |  |
| * Dangerous behaviors towards oneself or others,
 |  |
| * Serious or continual infraction of the provider’s rule,
 |  |
| * Frequent unexcused absences and tardiness,
 |  |
| * Lack of cooperation, and
 |  |
| * Disrespectful behavior.
 |  |
|  | [ ] Covered |
| **Customer Rights and Resources:** |  |
| * How to report complaints about a contractor to TWC-VR at 1-800-628-5115.
 |  |
| * Explained the purpose of the [Client Assistance Program (CAP) In Texas - Disability Rights](https://www.disabilityrightstx.org/en/handout/client-assistance-program-cap-in-texas/)
 |  |
| * Provided the phone number for CAP – 1-800-252-9108
 |  |
|  | [ ] Covered |
| **Signature** |
| **By signing below, I certify that I guided the customer through an orientation that detailed the above information.** |
| **Provider Staff Member Printed Name:**  | **Provider Staff Member Title:** | **Date:** |
| **Provider Staff Member Signature:** **X** |
| **Once completed, file this form in the provider’s customer case file. It is recommended that a copy of this form also be given to the customer for their records.**  |