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| Bryan Daniel, ChairmanCommissioner Representingthe PublicAlberto Treviño Commissioner Representing LaborJoe EsparzaCommissioner Representing EmployersEdward SernaExecutive Director |

Vocational Rehabilitation Services

Type office address and phone number

Type date: Month Day, Year

Person’s first, middle, and last name:

Last four digits of the person’s Social Security number:       Date of birth:

Texas Department of Insurance, Division of Workers’ Compensation
claim number (if known):

To whom it may concern:

This form indicates the level of the above named person’s participation in a vocational rehabilitation program leading to employment.

[ ]  The person is scheduled to complete an application on      .

[ ]  The person has completed an application, and

[ ]  an eligibility determination has not yet been made.

[ ]  the case was closed before eligibility determination.

[ ]  the person was determined ineligible for services.

Type comments (if any):

[ ]  The person was determined eligible for services, and

[ ]  an Individualized Plan for Employment (IPE) has not yet been developed.

[ ]  an IPE was developed, and the person was actively\* participating from       through       (dates provided by the consumer and correspond to the supplemental income benefits [SIBs] qualifying period).

[ ]  an IPE was developed, and the person was not actively\* participating from       through       (dates provided by the consumer and correspond to the supplemental income benefits [SIBs] qualifying period).

\*Under Division of Workers’ Compensation rules, “Active Participation” means the injured employee is making a reasonable effort to  fulfill his or her obligations in accordance with the terms of the IPE.

[ ]  an IPE was developed, and the case was closed as successful (90 days or more of employment) on      .

[ ]  an IPE was developed, and the case was closed as unsuccessful on      .

Type comments (if any):

[ ]  Other

|  |  |  |
| --- | --- | --- |
| Type name. |  | **X**       |
| VR counselor’s printed name |  | VR counselor’s signature  |