



Vocational Rehabilitation Closure Report

Instructions

- Please print or type.
Make sure to enter four digits for the year in all date fields.
Follow the distribution on the bottom of the form.
Include narrative.
Note: Injured worker's name, claim number and date must be on each page of attached narrative and justification.

Form with fields for Injured worker name, Claim number, Date of rehab case closure, Total length of services, Total service cost, Total living maintenance cost, Total case management cost, Case resolution (check one), Injured worker received the services noted below during the rehabilitation referral, Instructions for narrative and justification for closure, Job at time of injury, Job injured worker returned to, Date of RTW, RTW employer, \* Total weekly hours scheduled, \* Current gross weekly rate of pay, RTW employer address, City, State, Nine-digit ZIP code, Managed Care Organization, Date of referral, Case management company, Date case assigned, Vocational case manager signature, Telephone number, Date.

\* Obtain this information from the injured worker unless authorized to contact the RTW employer.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative