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| Bryan Daniel, Chairman  Commissioner Representing  the Public  Alberto Treviño Commissioner Representing  Labor  Joe Esparza  Commissioner Representing Employers  Edward Serna  Executive 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 |