

REHABILITATION VENDOR PROGRESS REPORT

K-WC-R 93-3 (11-16)

Claimant: _____ Social Security number: _____

Vendor: _____ Vendor number: _____

Date of accident: _____ Date referral received: _____

Claimant continues to indicate interest in vocational rehabilitation? YES NO

Date claimant last seen: _____

Travel and wait (T&W)
cost to date: \$ _____

Total cost to date
(includes amount from T&W to the left): \$ _____

Report on: Vocational Assessment Rehabilitation Plan

Report due 30 days from receipt of referral and each additional 30 days until the rehabilitation process is completed.

Describe progress and discuss issues to be resolved:

Signature: _____ QRP number: _____

Date: _____

(Attach additional sheets as needed)

cc: