

VOCATIONAL REHABILITATION CLOSURE REPORT

K-WC-R 93-5 (11-16)

Vendor: _____ Vendor number: _____

Claimant: _____ Social Security number: _____

Street: _____ City: _____ State: _____ ZIP: _____

Date of accident: _____

Total cost for vocational rehabilitation services exclusive of weekly compensation, medical costs and medical management \$ _____

Total cost paid by insurance company/employer for vendor costs (if different from above) \$ _____

Subcontracted costs \$ _____

Reason for case closure:

- 1. Successful return to work (791) Date returned to work: _____
- 2. Return to work prior to plan (795) D.O.T. number or job title: _____
- 3. Return to work other (796) D.O.T. number or job title: _____

Employer: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Contact: _____

Average weekly wage (AWW) at date of accident: \$ _____ Current AWW: \$ _____

Job description:

- 4. Plan completed, ability restored (793)
- 5. Rehabilitation not practical (797)
- 6. Not entitled to rehabilitation (198)
- 7. Refused services (194)
- 8. Settled after plan approved (199)
- 9. Settled (192)
- 10. Other closure (190)

Explain reason for closure:

Counselor signature: _____ QRP number: _____ Date: _____

cc:

The Division retains the right to enter the appropriate closure code based on a review of the file.