|  |  |
| --- | --- |
| Submit to:Department of Consumer and Business ServicesWorkers’ Compensation Division350 Winter St. NEP.O. Box 14480 Salem, Oregon 97309-0405  | VocationalClosure Report |
| Worker name: |  |  | WCD file no.: |  | DOI: |  |
| Insurer: |  |  | Claim no.: |  |
| **1. End of eligibility for vocational services** |  |
|  |
|  a. Reason (check up to two):  |  |
| **Reason**  | **Rules that applyOAR 436-120-** | **Code** |  | **Reason**  | **Rules that applyOAR 436-120-** | **Code** |  |
| Suitably employed more than 60 days | 0165(1)(b) | EM | **[ ]**  | Declined or unavailable for services | 0165(1)(h) | DS | **[ ]**  |
| Refused offer of or left suitable job | 0165(1)(d), (e), and (g) | JE | **[ ]**  | Voc assistance won’t resolve unemployment | 0165(1)(k) | NF | **[ ]**  |
| Failure to cooperate or misbehavior involving one of the following: |  | Claim disposition agreement | 0165(1)(p) | DA | **[ ]**  |
|  Participating in light-duty work | 0165(1)(f) | FC | **[ ]**  | Maximum services | 0165(1)(q) | MS | **[ ]**  |
|  Refused suitable training site | 0165(1)(i) | FC | **[ ]**  | New information: | 0165(1)(a) |  |  |
|  Develop or participate in a return-to-work (RTW) plan | 0165(1)(j) | FC | **[ ]**  |  No longer has substantial handicap  |  | SH  | **[ ]**  |
|  Released to regular work  |  | RR  | **[ ]**  |
|  Fails to notify counselor | 0165(1)(j) | FC | **[ ]**  |  Can return to other suitable and available work  |  | CW  | **[ ]**  |
|  Misrepresented relevant information | 0165(1)(l) | FC | **[ ]**  | Other (describe below):  |  | OT  | **[ ]**  |
|  Returning property provided by insurer | 0165(1)(m) | FC | **[ ]**  |  |  |  |  |
|  Misused funds | 0165(1)(n) | FC | **[ ]**  |  |  |  |  |
|  Harassment, other abuse | 0165(1)(o) | FC | **[ ]**  |  |  |  |
|  b. Decision effective date:  |  |  |
|  c. Return to work. Complete if code checked above includes EM or JE: |  |
|  RTW date: |  |  | SOC/DOT code: |  |
|  RTW weekly\* wage: | $ |  | Job title: |  |
|  Employer is: | [ ]  employer at injury | [ ]  employer at aggravation | [ ]  new employer |
|  Job type is: | [ ] [ ]  regular | [ ]  modified | [ ] [ ]  new |
|  \* To convert an hourly wage to weekly, multiply hourly wage by hours worked per week. To convert a monthly wage to weekly, divide monthly wage by 4.35. |
| **2. End of training** |  |
|  |
| 1. Did worker complete training? [ ]  Yes [ ]  No
 |
| b. Date training ended:  |  |  |
| c. Date Notice of End of Training sent to worker: |  |  |
| **3. Return-to-work and rehabilitation providers and costs** |  |
|  |
| List providers below. Enter total costs of vocational assistance since the most ***recent*** start or restoration of assistance. Do ***not*** include costs for eligibility evaluations or temporary disability during training. |
| a. Direct worker purchases under OAR 436-120-0710 (tuition, fees, books, OJT reimbursement, mileage, etc.): |
|  | $ |  |
| b. RTW and vocational assistance providers (List in chronological order, with most recent provider last). |
| Organization names: |  | Professional costs: |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  | http://inside.cbs.state.or.us/docs/branding/logos/wcd/en/JPEG/WCD-logo-black.jpg **2800** |
|  |
|  |
| **Signature** | WCD use only |
| Insurer/provider: |  |
| Date: |  | Phone: |  |
|  |
| 440-2800 (5/25/DCBS/WCD/WEB) |