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| Submit to:  Department of Consumer and Business Services  Workers’ Compensation Division  350 Winter St. NE  P.O. Box 14480  Salem, Oregon 97309-0405 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Vocational Closure 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 apply OAR 436-120-** | | | | | | | **Code** | | |  | | | | | | | **Reason** | | | | | | | | | | | | | | | | **Rules that apply OAR 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |