

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	Rule(s) that apply OAR 436-120-	Code	Reason	Rule(s) that apply OAR 436-120-	Code
Suitably employed more than 60 days	0165(2)	EM <input type="checkbox"/>	Declined or unavailable for services	0165(7)	DS <input type="checkbox"/>
Refused offer of or left suitable job	0165(3), (4), and (6)	JE <input type="checkbox"/>	Voc assistance won't resolve unemployment	0165(10)	NF <input type="checkbox"/>
Failure to cooperate or misbehavior involving one of the following:			Claim Disposition Agreement	0165(15)	DA <input type="checkbox"/>
Participating in light-duty work	0165(5)	FC <input type="checkbox"/>	Maximum services	0165(16)	MS <input type="checkbox"/>
Refused suitable training site	0165(8)	FC <input type="checkbox"/>	New information:	0165(1)	
Develop or participate in RTW plan	0165(9)	FC <input type="checkbox"/>	Not authorized to work in the U.S.		UW <input type="checkbox"/>
Fails to notify counselor	0165(9)	FC <input type="checkbox"/>	No longer has substantial handicap		SH <input type="checkbox"/>
Misrepresented material matter	0165(11)	FC <input type="checkbox"/>	Released to regular work		RR <input type="checkbox"/>
Returning property provided by insurer	0165(12)	FC <input type="checkbox"/>	Can return to other suitable and available work		CW <input type="checkbox"/>
Misused funds	0165(13)	FC <input type="checkbox"/>	Other (describe below):		OT <input type="checkbox"/>
Harassment, other abuse	0165(14)	FC <input type="checkbox"/>			

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. 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:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature Insurer/provider: _____ Date: _____ Phone: _____	WCD use only



2800