

Submit to:
 Department of Consumer & 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 vocational services

a. Check no more than two reasons: EM JE RR CW FC DC DS NF
 UW NP MS SH CC DA OT

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. Rehabilitation providers and costs

List providers below. Complete cost information for post-1985 injuries only. 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. Vocational assistance providers (List in chronological order, with most recent provider last).

Organization names:	Professional costs:
_____	\$ _____
_____	\$ _____
_____	\$ _____

End-of-services reasons, rule citations, and data codes

Reason for end of services:	Rule(s) that apply OAR 436-120-	Data code:	Reason for end of service:	Rule(s) that apply OAR 436-120-	Data code:
Employed.....	0350(4)(17).....	EM	Denied claim.....	0350(1).....	DC
Refused offer of suitable job or suitable job ended.....	0350(5), 0350(7).....	JE	Declined or unavailable for services (includes left Oregon)	0350(8), 0350(18).....	DS
Released to regular work.....	0350(1), 0350(3), 0320(11)(c)(A) ..	RR	Not feasible (e.g., extensive medical problems).....	0350(11).....	NF
Can return to other suitable and available work.....	0350(1), 0350(3), 0320(11)(c)(B)..	CW	Not authorized to work in U.S.	0350(1), 0320(11)(a).....	UW
Failure to cooperate or misbehavior involving one of the following:			No permanent disability.....	0350(1), 0350(2).....	NP
Participating in light duty work.....	0350(6).....	FC	Maximum services.....	0350(3), 0350(16).....	MS
Participating in voc. assist. process.....	0350(9).....	FC	No longer has substantial handicap.....	0350(1), 0320(11)(c)(C).....	SH
Developing an RTW plan.....	0350(9).....	FC	Change of claim responsibility (Use only when the worker has become eligible under another claim).....	0350(3).....	CC
Participating in RTW plan.....	0350(10).....	FC	Claim disposition agreement.....	0350(15).....	DA
Fails to notify counselor.....	0350(10).....	FC	Other.....	None: Describe below.....	OT
Misrepresented material matter.....	0350(12).....	FC			
Returning property provided by insurer... 0350(13).....	0350(13).....	FC			
Sexual harassment, other abuse.....	0350(14).....	FC			

Signature

Insurer/provider: _____
 Date: _____ Phone: _____

WCD use only



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