

DARS3106 Instructions

Use

Users (counselors) are introduced to this form by their mentors or managers. Counselors may submit this form to be completed by a physician, physician assistant, or advanced practice nurse who has evaluated the customer's functional abilities, endurance, and environmental limitations. Its content is used to help the counselor determine eligibility and/or plan rehabilitation services.

Copies and Distribution

No copies are required. The completed form is placed in the customer's paper file. If the customer's case is submitted to the state medical director for guidance or a decision about services, a copy of the form is included in the courtesy file.

Retention

This form is placed in the customer's paper file, and is retained until the end of the fiscal year the case is closed, plus five years.

Detailed Instructions

N/A

Acronyms and Definitions

N/A