

Texas Workforce Commission

A Member of Texas Workforce Solutions

Joe Esparza, Chairman
Commissioner
Representing
Employers

Alberto Treviño III
Commissioner
Representing
Labor

Brent Connett
Commissioner
Representing
Public

Randy Townsend
Interim Executive Director

Vocational Rehabilitation Services

Office address and phone number: _____

Date: _____

Person's first, middle, and last name: _____

Last four digits of the person's Social Security number: _____

Date of birth: _____

Texas Department of Insurance, Division of Workers' Compensation claim number (if known): _____

To whom it may concern:

This form indicates the level of the above named person's participation in a vocational rehabilitation program leading to employment.

- ☐ The person is scheduled to complete an application on _____
- ☐ The person has completed an application, and
 - ☐ an eligibility determination has not yet been made.
 - ☐ the case was closed before eligibility determination.
 - ☐ the person was determined ineligible for services.

Type comments if any: _____

- ☐ The person was determined eligible for services, and
 - ☐ an Individualized Plan for Employment (IPE) has not yet been developed.
 - ☐ an IPE was developed, and the person was actively* participating from _____ through _____ (dates provided by the consumer and correspond to the supplemental income benefits [SIBs] qualifying period).
 - ☐ an IPE was developed, and the person was not actively* participating from _____ through _____ (dates provided by the consumer and correspond to the supplemental income benefits [SIBs] qualifying period).
 - ☐ *Under Division of Workers' Compensation rules, "Active Participation" means the injured employee is making a reasonable effort to fulfill his or her obligations in accordance with the terms of the IPE.
 - ☐ an IPE was developed, and the case was closed as successful (90 days or more of employment) on _____
 - ☐ an IPE was developed, and the case was closed as unsuccessful on _____
 - ☐ Type comments (if any): _____
 - ☐ Other _____

X

VR counselor's printed name

VR counselor's signature