|  |  |
| --- | --- |
|  | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Workers’ Compensation Contact Verification Letter** |

# VR3415 Instructions

## Purpose

This form is used in workers’ compensation cases to record the level of an injured employee’s participation in the vocational rehabilitation (VR) program. The form is completed by a vocational rehabilitation counselor and given to the individual to provide to the workers’ compensation insurance carrier for determination of ongoing eligibility for supplemental income benefits. VR is not required to provide this form and does so only to assist those individuals who are truly interested in applying for services and returning to work to retain their income benefits.

## Detailed Instructions

Check the appropriate box, and, if needed, record any comments to clarify the level of participation.

## Acronyms and Definitions

**Active Participation**: 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 and any IPE amendments.

## Special Instructions Unique to This Form

Guidance in the use of this form and the eligibility criteria for supplemental income benefits from the Division of Workers’ Compensation can be found on the VR Intranet under “Workers’ Compensation” and “Resources.”

## Send the Completed Form To

The original signed form is provided to the injured employee, and a copy is retained in the case folder, if a case has been initiated. If there is no case initiated, as a best practice, the counselor may choose to maintain a separate folder with copies of the forms that were provided to individuals.

## Note about Retention

Internal VR users: In most cases, the original version of completed forms must be maintained in accordance with federal and state laws and VR policy. If you are unsure how long to maintain a given form, consult the [TWC Records and Information Management Manual](https://twcgov.sharepoint.com/sites/BusOPS/BusOpsIntra/DocServicesManualsHandbooks/Records%20and%20Information%20Management%20Manual%202019-06-Accessible.pdf) or contact the TWC Records Management Center.

Providers and contractors: The original version of completed forms must be maintained in accordance with federal and state laws, VR policy, and your contract with VR. If you have any questions, contact your contract manager.

Customers: You may maintain a copy of the form for your own records if you choose.