



Instructions

- Type or print legibly.
- You must complete all information.
- You may submit the completed form in one of three ways listed below.

Fax: 614-621-5758

Email: TWSupport@bwc.state.oh.us with questions

Mail: BWC's Transitional WorkGrant Program

30 W. Spring St., 20th Floor

Columbus, OH 43215-2256

Personal information

Applicant name		Telephone number ()	Fax number ()
Business name		Email address	
Business street address	City	State	ZIP code
Mailing address (if different than business address)	City	State	ZIP code

Workers' compensation policy number.....

Input box for policy number

Certification

<input type="checkbox"/> ABVE certification number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> CRC certification number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> CDMS certification number _____ Expiration date (mm/yyyy) _____
<input type="checkbox"/> CVE certification number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> CCM certification number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> COHN certification number _____ Expiration date (mm/yyyy) _____
<input type="checkbox"/> CRRN certification number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> OT license number _____ Expiration date (mm/yyyy) _____	<input type="checkbox"/> PT license number _____ Expiration date (mm/yyyy) _____

Experience

Attach a one-page typed narrative of your experience in transitional work development. You must address all components listed. Refer to page 2 for a description of each component.

- Corporate analysis
- Employer/employee negotiations
- Policy/procedure development
- Job analysis
- Program evaluation

References

List two companies that you assisted in developing a transitional work program.

1. Company name	Contact person	Telephone number ()
2. Company name	Contact person	Telephone number ()

Availability

Please list the counties you serve.

1.	3.	5.	7.
2.	4.	6.	<input type="checkbox"/> Available statewide

Applicant signature	Date
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Transitional work program components

Listed below are the components and standards that must be included in a transitional work program. Attach a one-page narrative describing your experience in each of the five components below.

1. **Corporate analysis** – Describe your organizational status, barriers and program objectives, including:
 - Demographic information – number of employees, job classifications, union and managed care organization (MCO) information;
 - On-site interviews with employer, employees and/or their representatives;
 - A review of accident reporting, current modified-duty programs, dispute procedures and return-to-work policies;
 - Barriers to the implementation of a transitional work plan;
 - Recommendations for improvement to the current system;
 - Transitional work goal.
2. **Employee/employer relations** – Describe your approach to developing a joint management/employee team for planning and implementation. Include evidence that management and employees have contributed to the transitional work plan development. Where applicable, please include union participation in the grant process.
3. **Policy and procedure development** – Describe your policies and procedures to support program implementation. A policy and procedure manual is essential to the development of a sound transitional work plan. The manual should demonstrate a program that is customized and progressive. The manual must include:
 - Employer’s mission statement;
 - Outline of the dispute-resolution policy;
 - Transitional work plan eligibility, entry and exit guidelines, Americans with Disabilities Act of 1990 compliance, etc.;
 - Roles and responsibilities and how those are communicated to all parties (MCOs, third-party administrators, BWC, employer representatives, vocational rehabilitation professionals, hospital/clinic representatives, etc.);
 - Training plan for all employees, direct supervisors and top management;
 - Community resources, including physicians, vocational-rehabilitation professionals, physical therapy/occupational therapy clinics, etc.;
 - Evaluation process;
 - Development of additional policies and procedures based on employer’s needs.
4. **Job analyses** – The job analyses will include and identify the following information:
 - Job title with a summary description;
 - Essential job functions in functional terminology;
 - Essential job functions divided into functional job task elements;
 - Physical demands for the job-task elements, which are analyzed at the job site with the worker’s input using devices to measure forces;
 - The physical demands quantified using actual measurements. This will include forces, frequency and/or duration and postures;
 - Equipment or tools used by the worker to perform the job tasks;
 - Work environment;
 - Creation of job banks with physical demands as transitional job tasks are developed;
 - Ergonomic concerns, safety considerations and recommendations for job modifications need not be a part of the job analyses. You should address them with the employer. Make recommendations and referrals to the appropriate community resources such as BWC’s Division of Safety & Hygiene.
5. **Plan evaluation** – Describe your evaluation process for measuring the effectiveness of a transitional work plan from employer and employee perspectives. Areas measured should include, but are not limited to, the following:
 - Workers’ compensation cost-savings analysis;
 - Productivity measurement;
 - Worker/management satisfaction;
 - Process for follow up with your developer to discuss program improvement with time frames given.