

**INDIVIDUALIZED
VOCATIONAL REHABILITATION PLAN****INSTRUCTIONS:**

- Please print or type
- Make sure to enter 4 digits for the year in all date fields.
- If more space is needed for narrative justification, use a blank sheet and attach to this plan.
- Follow distribution list at bottom of page 2.

Injured worker	(Last)	(First)	(M.I.)	Claim number
Date recommended for Vocational Rehabilitation Services		RTW goal (check one) <input type="checkbox"/> SJSE <input type="checkbox"/> DJSE <input type="checkbox"/> SJDE <input type="checkbox"/> DJDE		
Allowed injury –				
Targeted job/job group –				

Narrative Justification: (Should include medical and vocational history; level of hierarchy for return-to-work (RTW), and rationale; barriers to RTW, including unallowed conditions; plan strategies and services for injured worker's RTW; and in amended plans, rationale for additional services and/or change in plan direction. See the vocational rehabilitation plan element section in Chapter 4 of the MCO Policy Guide.)

Distribution: BWC claim file, Injured worker, Injured worker representative, Employer, Employer representative, MCO

