



Instructions

- Please print or type.
- Make sure to enter four digits for the year in all date fields.
- If you need more space 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 Managed Care Organization (MCO) Policy Guide)

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO

