THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF INDUSTRIAL ACCIDENTS

Office of Education and Vocational Rehabilitation
Lafayette City Center, 2 Avenue de Lafayette, Boston MA 02111-1750
Information Line (800) 323-3249 in Massachusetts
(857) 321-7303 Outside Massachusetts
www.mass.gov/dia/oevr

DIA Board #: _________________________

INDIVIDUAL WRITTEN REHABILITATION PROGRAM

Please Print or Type

Client Name: ______________________________ V.R. Provider: ______________________________

Street Address: ______________________________ Street Address: ______________________________

City, State, Zip: ______________________________ City, State, Zip: ______________________________

______________________________ ______________________________

Tel. Number: ______________________________ Tel. Number: ______________________________

Date of Birth: ______________________________ V.R. Counselor: ______________________________

Pre-Injury Wage: $______________________________ Insurer: ______________________________

Vocational Goal ______________________________ Claims Representative: ______________________________

DOT Code: ______________________________ Tel. Number: ______________________________

Date of Injury: ______________________________

FUNCTIONAL LIMITATIONS (with supporting documents i.e. physical evaluation etc.):

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LEVEL OF SERVICE - Employment Goal: **(Job Placement, Job Modification, OJT, Training)**

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VOCATIONAL SERVICES PLANNED & COST:	**FROM**	**TO**	**ESTIMATED COST**
Vocational Counseling and Guidance	__________	__________	$__________
Job Seeking Skills Training (with Resume prep.)	__________	__________	$__________
Transferable Skills	__________	__________	$__________
Job Modification (former Employer)	__________	__________	$__________
Vocational Training (including formal classes)	__________	__________	$__________
On-the-job Training	__________	__________	$__________
Job Development & Placement	__________	__________	$__________

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VOCATIONAL SERVICES PLANNED AND COST (CONTINUED):	**FROM**	**TO**	**ESTIMATED COST**
Post-Placement Follow-up	______________	_____________	$_______________________
Transportation	______________	_____________	$_______________________

Program Completion Date:__________ **Total Est. Cost: $**_________________

Program Justification: Submit a comprehensive case analysis of the injured worker, including such things as possible obstacles to rehabilitation, financial and family concerns, level of motivation, personal interests and avocations, and the necessary ingredients for a successful placement. Include injury restrictions, new job goal, why goal is appropriate, expected placement, salary and growth, injured worker's responsibilities, and VR provider responsibilities. (Attach extra sheets if needed).

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EMPLOYEE'S RESPONSIBILITY: I will cooperate and make a good faith effort with all parties involved in my rehabilitation program. This includes the keeping of all appointments and adherence to reasonable requests. I understand that any aspect of my program can be amended with good reason.

SIGNED ____ **DATE** _____________________

CERTIFIED VR PROVIDER RESPONSIBILITY: I will be responsible for timely delivery of the above-referenced services and agree to carry out my professional duties in the interest of the employee's rehabilitation. I understand that this plan cannot be implemented without the approval of the Office of Education and Vocational Rehabilitation of the Department of Industrial Accidents. Should timelines or costs change in this program, I will notify the key parties and develop a program amendment.

SIGNED ____ **DATE** _____________________

EMPLOYER/INSURER RESPONSIBILITY: I agree to pay for all reasonable and necessary VR services, and to monitor the costs and timeliness of services.

SIGNED ____ **DATE** _____________________

OEVR RESPONSIBILITY: I will monitor the delivery of VR services to insure compliance with regulations and policy, ensure cost-effectiveness and quality of services. I agree to conduct team meetings to resolve any conflicts or issues amongst the key parties with respect to VR in a fair, objective and timely manner

SIGNED ____ **DATE** _____________________