



# SELF INSURANCE VOCATIONAL SERVICES CLOSING COVER SHEET

**Complete this form and place it on top of the closing report.**

Referral Type:		Claim No.
<input type="checkbox"/>	Plan Implementation	Worker Name
Date:		

Referral Outcome: Write in the outcome code and exact narrative for the outcome you submitted on the Department of Labor and Industries VOCU screen:			
Outcome Code		Outcome Code Narrative:	
Detail of Outcome			
Attached Documents			
<input type="checkbox"/>	Job Analysis - Job of Injury	<input type="checkbox"/>	Labor Market Information
<input type="checkbox"/>	Job Analysis - Other RTW options	<input type="checkbox"/>	Vocational Eval/Testing results
<input type="checkbox"/>	Educational History	<input type="checkbox"/>	Pre-Job/Job Mod Consultation Eval
<input type="checkbox"/>	Work History	<input type="checkbox"/>	Physical Capacities/Relevant Med Info
<input type="checkbox"/>	Other (please list below)	<input type="checkbox"/>	Job Offer Letter
Payee ID/Branch		Provider ID	VRC Name/Signature