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| Department of Labor and IndustriesClaimsPO Box 44291Olympia WA 98504-4291 |  | **ABILITY TO WORK** **ELIGIBLE ASSESSMENT** **CLOSING REPORT**  ***Do not use a cover or routing sheet*** |

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| Worker Name |  | Claim # |  |
|       |  |       |  |
| DOI |  | Worker Age |  |
|      |  |       |  |
| Claim Unit |  | Job at Time of Injury |  |
|      |  |       |  |
| Work Pattern at Time of Injury  |  | Hours per Week |  |
| [ ]  Full time [ ]  Part time  |  |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assigned VRC Name (*Printed or typed*) |  | Assigned VRC Signature |  |
|      |  |       |  |
| VRC Phone # and Extension |  | VRC FAX # |  |
|      |  |       |  |
| Vocational Firm Provider & Branch # |  | Report Date |  |
|      |  |       |  |

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| Recommended Outcome Code Narrative**Eligible for Plan Development** | Recommended Outcome Code**SAS3** |

**Refer to the link in each section heading for instructions on how to complete this report.**

Please do not copy and paste case notes, progress reports, occupational resource information, or entire medical reports in sections 1-3. Submit full reports as attachments in section 5.

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| 1. **[RATIONALE](#Rationale)**

*Provide a brief analysis of the medical and vocational information used to support that this worker is eligible and likely to benefit from further services.* |

1A. Summarize how all employability options were ruled out. Address JOI, light duty with the employer, and all

 work history and transferrable skills jobs.

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1B. Summarize how the worker’s physical and psychological functioning, education, demonstrated aptitudes and participation

 support the ability to benefit from retraining.When addressing the worker’s likelihood to benefit, consider

 the impact and work restrictions of all conditions including pre-existing, accepted, denied and post-injury.

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1C. Identify appropriate training resources for the worker such as: community or technical colleges, private

 career schools, on the job training (OJT) sites, and Internet courses. Indicate if relocation or second

 residence is needed.

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| 1. **[MEDICAL INFORMATION](#MedicalInfo)**

*Address the medical information impacting the worker’s ability to benefit from vocational services.*  |

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| Identify the current physical and/or mental capacities. Include the source(s) and dates used to determine the worker’s capacities and indicate how any conflicting opinions were resolved.2A. Capacities |
|       |

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| Identify if the following conditions exist and the impact on the worker’s plan and job goal. Address physical and mental limitations and any work restrictions:2B. Pre-existing |
|       |

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| 2C. Accepted |
|       |

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| 2D. Denied |
|       |

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| 2E. Post-injury |
|       |

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| 2F. Identify ongoing treatment and the impact on eligibility. |
|       |

2G. Identify available independent medical examinations (IMEs) and summarize the ability to work opinions.

 Include IMEs conducted only after the worker achieved maximum capacities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | IME Provider Specialty | Opinion regarding ability to work | Did AP review the IME? | Did AP concur with work restrictions? |
|       |       |       | [ ]  Yes[ ]  No | [ ]  Yes [ ]  No[ ]  No response |
|       |       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  No response |

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| 1. [**VOCATIONAL INFORMATION**](#VacationalInfo)

*Address vocational information impacting the worker’s ability to benefit from services.*  |

3A. Education

|  |  |  |
| --- | --- | --- |
| Name and Location of High School | Year Graduated  |       |
|       | Last Grade Completed  |       |
| GED | Year Completed  |       |

Other school or vocational training: (college, business school, military, OJT, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates AttendedFrom/To | Name/Type/Location | Completed | Certificate or Degree IssuedMajor/Subjects | Transcripts obtained? |
|       |       | [ ]  Yes[ ]  No |       | [ ]  Yes[ ]  No |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |

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| Describe efforts to obtain transcripts      |

3B. Identify non-work related activities such as hobbies or volunteer experience(s).

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| --- | --- |
| Activity/Experience | Skills Acquired |
|       |       |

3C. List each position in the work history starting with the oldest. Briefly identify the reason the job was ruled

 out and the skills obtained. Address any gaps in employment.

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| --- | --- | --- | --- |
| Date | Position or Gap (*i.e. carpenter*) | Reason ruled out | Skills obtained (*i.e. blue print reading, measuring, woodworking*) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

3D. List potential positions that use the worker’s skills outlined in 3C. Briefly identify the reason the job was

 ruled out. Consider skills from educational and non-work related activities. Submit disapproved job

 analyses (JAs) and supportive and non-supportive labor market surveys (LMSs) as attachments.

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| --- | --- |
| Position | Reason ruled out |
|       |       |
|       |       |
|       |       |

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| [**VOCATIONAL INFORMATION (Cont.)**](#VacationalInfo) |

3E. Describe any concerns, issues or barriers to employment.

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3F. List all licenses, certificates and registrations.

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| --- | --- |
| Type | Required: Number and Expiration Date  |
| Driver’s License |       |
|       |       |
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3G. Additional information/comments

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| 1. [**WORK HISTORY**](#WorkHistory)

Use one work history page for each job title, beginning with the most recent. Identify duties, skills, and equipment from the worker’s actual jobs. Complete all sections for the JOI; complete only sections A and C for previous and post-injury jobs. |
|  |
| **A. Job Title** |
| Worker’s Job Title |  | Occupational Title and Source |  |
|       |  |       |  |
|  |
| **B. JOI** |
| Employer Name |  | Phone #  |  |
|       |  |       |  |
| JOI Work Pattern  |
| [ ]  Full time [ ]  Part time [ ]  Seasonal  |
| JOI Wages |
|       [ ]  Hourly [ ]  Monthly [ ]  Commission [ ]  Other – Specify       |
|  |
| **C. Employer Information** |
| Employer Name or check box below |  | Dates (mm/yyyy) to (mm/yyyy) |
| [ ]  Worker performed same job multiple/employers |  |       to       |
| DOT Code | Physical Demand Code | Adjusted Code per LMS | SVP Code | Adjusted Code per LMS |
|       |       |       |       |       |
| Hours/Week | Total Months | Highest # of Employees Supervised |
|       |       |       |

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| Provide a description below of the worker’s actual job duties. Occupational resource information such as DOT, O\*Net can be used to assist the worker in identifying specific job duties. **Do not copy and paste DOT, O\*NET, GOE codes, or other occupational resource information into this section.** |
| Describe actual duties and skills identified by the worker and/or employer: |
|       |
| Describe required abilities and qualifications: |
|       |
| Equipment and machinery used: |
|       |
| Physical Demands and Source: |
|       |

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| 1. [**ATTACHMENTS**](#Attachments)

*Submit full reports cited in the AWA and include as attachments.* |

**Identify attached documents**

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| --- | --- | --- | --- | --- | --- |
| **5A** | [ ]  | Educational History | **5F** | [ ]  | Physical Capacities, IMEs or other medical information |
| **5B** | [ ]  | Handwritten Work History | **5G** | [ ]  | Pre-Job Consultation Report |
| **5C** | **[ ]**  | JA -JOI | **5H** | [ ]  | Transcripts |
| **5D** | **[ ]**  | JA - Previous/Transferable Skills Jobs | **5I** | [ ]  | Testing Report |
| **5E** | **[ ]**  | Labor Market Information | **5J** | [ ]  | Other (describe below) |

**Acronym Key**

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| ABE | Adult Basic Education |
| AP | Attending Physician |
| CAC | Claim and Account Center |
| DOI | Date of Injury |
| DOT | Dictionary of Occupational Titles |
| ESL | English as a Second Language |
| GED | General Education Development Test |
| GOE | Guide for Occupational Exploration |
| LMS | Labor Market Survey |
| JA | Job Analysis |
| JOI | Job At Time Of Injury |
| IME | Independent Medical Examination |
| OJT | On-the-job Training |
| SVP | Specific Vocational Preparation Time |
| VRC | Vocational Rehabilitation Counselor |
| WATCH | Washington Access to Criminal History |

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| 1. **INSTRUCTIONS FOR COMPLETING ELIGIBLE ASSESSMENT CLOSING REPORT**

*Please do not copy and paste case notes, progress reports or entire medical reports in sections 1-3.*  |

Create additional rows or boxes in the report if needed. Remember to provide an explanation when requested information is not obtained. See[WAC 296-19A-070 (2).](http://apps.leg.wa.gov/wac/default.aspx?cite=296-19A-070)

It is not necessary to attach a Routing or Cover Sheet with a recommendation of Eligible because the information is included in the index.

**1. Rationale**

Provide a brief analysis of the medical and vocational information used to support that the worker is eligible and likely to benefit from further vocational services.

**NOTE:** To issue a recommendation of eligible, there should be a reasonable expectation that the worker’s physical capacities will not improve.

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| 1A | Address the Return-to-Work Priorities per [RCW 51.32.095 (2)](http://apps.leg.wa.gov/rcw/default.aspx?cite=51.32.095). Summarize whyReturn-to-Work Priorities with the employer of injury and transferable skills jobs were ruled out. Provide the name, title, and the final employer contact date for the JOI. |
| 1B | Summarize how the worker’s physical and psychological functioning, education, demonstrated aptitudes and participation support the ability to benefit from retraining. A retraining JA should only be developed if it necessary to support a likely to benefit recommendation or when requested by a treatment program. If a retraining JA was reviewed by the medical provider, please submit the JA as an attachment. Indicate who approved the JA, and the date. When addressing the worker’s likelihood to benefit, consider the impact and work restrictions of all conditions including pre-existing, accepted, denied and post-injury.See [WAC 296-19A-070 (4) (b) ii D](http://apps.leg.wa.gov/wac/default.aspx?cite=296-19A-070). |
| 1C | Identify community colleges, technical colleges, private career schools, OJT sites, Internet courses, or possibilities that will be explored. Indicate if relocation or second residence will be needed. |

**2. Medical Information**

Address the medical information impacting the worker’s ability to benefit from vocational services. A complete medical history is not required in this section. Before submitting the report, verify the current AP by using the CAC contact screen

**NOTE:** An SAS recommendation cannot be approved if unaddressed contended conditions still exist. Contact the claim manager to resolve contended conditions or to obtain CAC access to previous claims.

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| 2A | Identify the current source(s) used to determine the worker’s physical capacities and indicate how any conflicting opinions were resolved. When referencing a Performance-Based Physical Capacities Evaluation, summarize the results in this section. Submit the full report, minus raw data, as an attachment. |

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| 2B | Identify the pre-existing physical and/or mental conditions at the time of injury and the impact, including work restrictions, on the workers ability to benefit. Include previous claims.  |
| 2C & 2D | Before submitting the AWA, confirm accepted/denied conditions in CAC. Select Board Orders, and Decisions and Notices for the most current information. |
| 2E | The natural progression of a pre-existing condition is considered a post-injury condition. Although the condition existed before the injury, it worsened and the department is not responsible for post-injury conditions when assessing *employability*. The department will consider the whole person with an *eligible* worker who is likely to benefit. |
| 2F | Verify that ongoing treatment will not change the worker’s eligibility for services. |
| 2G | Address current IMEs used to support the recommendation. |

**3. Vocational Information**

Address vocational information impacting the worker’s ability to benefit from services.

**NOTE:** The jobs listed in 3C and 3D may be different. Information in 3C should be limited to jobs in the work history while 3D should address any transferrable skills jobs. For example, in 3C a worker might have worked as a store manager; in 3D the transferable skills jobs might be retail sales clerk or cashier.

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| 3A | Obtain and submit any post high school transcripts. Although transcripts are required, unofficial transcripts are acceptable. If transcripts are unavailable, use the box provided to explain why. Use “N/A” if the worker did not graduate from high school or complete the GED. |
| 3B | Examples of volunteer work or community involvement might include teacher’s aide or firefighter. |
| 3C | Limit information to a short phrase or brief sentences. List main skills obtained from jobs in direct work history. For example if the worker was a carpenter the skills could include wood working, measuring, and blue print reading. |
| 3D | Identify potential positions based on skills obtained. Limit information to a short phrase or brief sentences. A transferable skill may be attained during prior employment, training, or non-work related activities such as hobbies or volunteer experiences. Submit disapproved JAs and supportive and non-supportive LMSs as attachments. Do not repeat occupations ruled out in 3C. For which labor market to use, refer to [WAC 296 19A-010 (4).](http://apps.leg.wa.gov/wac/default.aspx?cite=296-19A-010) |
| 3E | Examples of barriers include, but are not limited to, transportation, ESL, lack of GED/ABE, or criminal history**.** Summarize the criminal history and cite the source used; do not submit the official criminal record. Include the correctional facility, incarceration dates, and DOC number if available. If the worker has an ESL barrier, include the worker’s current ESL level. |
| 3F |  |
| 3F | The driver’s license number is required unless due to a barrier noted in box 3F. Examples of certification or registration include, but are not limited to: food handler permit, forklift operator, or certified nurse’s aide. |
| 3G | Provide any additional important information not discussed elsewhere. |

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| **4.Work History** |

Complete the typewritten work history and identify duties, skills, and equipment from the worker’s actual jobs. Submit the worker’s handwritten work history as an attachment. Include a resume or JOI employment application if available.

Review the complete work history with the worker and obtain the worker’s signature. The typewritten pages do not need the worker’s signature if the handwritten work history is signed. If the worker performed different jobs for the same employer, explain the duties performed for each job by completing a separate work history page. If the worker performed the same job for multiple employers, state “multiple employers” in box 4B. It is not necessary to repeat the job for each employer since box 3C identifies individual employers.

**NOTE:** Include Employment Security public disclosure records if gaps exist in the work history.

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| 4A & 4B | Self-explanatory. |
| 4C  | Occupational resource information such as DOT, O\*Net can be used to assist the worker in identifying specific job duties. **Do not copy and paste DOT, O\*NET, GOE codes, or other occupational resource information into this section.** |

**5. Attachments**

Submit reports cited in the AWA as an attachment and include in the order referenced in this report. Attach only current documents used to support the recommendation. Do not include raw data or return the instructions.

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| 5A &5B5C & 5D | Self-explanatory.Job Analysis - Include a JA of the job at time of injury (JOI) as well as any other JAs with medical comments and signature pages. When multiple parties review the same JA, provide the whole JA only once, but include all signature pages. If there is more than one JA, match each signature page to the correct JA. Include the job title and DOT number on each page of the JA. Ensure the JA includes the doctor’s printed or typed name and signature. |
| 5E - 5J | Self-explanatory. |