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| Department of Labor and Industries | state seal | Plan DevelopmentQuality Assurance Review Form |

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| **Reviewer** | **Review Date** |

**Plan approved first review? Yes  No  Resubmitted plan? Yes  No**

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| Worker Name | Claim Unit | | Claim # |
| DOI | Worker Age | Time of injury job | |

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| --- | --- | --- |
| Vocational Firm | Provider # & Branch # | Report Date |
| Assigned VRC Name & Provider # | | |
| VRC Phone and Extension # | VRC FAX # | |

Mark all boxes where information is complete and accurate:

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| 1. **Proposed Plan** | |
| 1A | Proposed plan information |

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| 1. **Encumbrance Forms** | | |
| 2A | | Plan Time Encumbrance |
|  | Plan Cost Encumbrance | |
|  | Plan Transportation Encumbrance | |
|  | Plan Room and Board Encumbrance | |
| 2B | Explanation of Costs for each billing category on the encumbrance forms | |
|  | Comments | |

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| 1. **Rationale** |
| Rationale for Selection of Return–to–Work Goal completed using information based on worker interest, education, employment history and labor market information |

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| 1. **Medical Information** | |
| 4A | Current Physical Capacities/JA |
| 4B | Pre-existing |
| 4C | Accepted |
| 4D | Denied |
| 4E | Post-industrial |
| 4F | Pre-job accommodations |
| 4G | IMEs |

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| 1. **Vocational Information** | | |
| 5A | | Return-to-Work Priorities addressed |
| 5B | | High school education |
| 5C | | Other school or vocational information |
| 5D | | Licenses, certificates, registrations |
| 5E | | Skills and abilities from previous experience, education, training, hobbies or volunteer work |
| 5F | Participation in a prior plan on this claim |
| 5G | Participation in a prior plan on a different claim |
| 5H | Skills gained on previous plans and validity |
| 5I | Aptitudes based on previous work exp |
| 5J | Results of vocational testing |
| 5K | Reason for no aptitude testing |
| 5L | Consideration of OJT |
| 5M | Language barrier and ESL level |
| 5N | ESL or GED issues addressed by the plan |
| 5O | Barriers and proposed resolution |
| 5P | Training schedule/course outline |
| 5Q | Certificate, Degree. License, or other |
| 5R | Services prior to plan completion |
| 5S | Program acceptance |
| 5T | Skills required for selected occupational goal identified in labor market survey |
| 5T | Curriculum and Skills outline: Skills claimant will learn in comparison with the skills required by the labor market. |

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| 1. **Attachments** | |
| 6A | F245-376-000 Plan Time Encumbrance |
| 6B | F245-374-000 Plan Cost Encumbrance |
| 6C | F245-375-00 Plan Transportation Cost Encumbrance |
| 6D | F245-372-000 Plan Room and Board Cost Encumbrance |
| 6E | JA: Plan Goal |
| 6F | Physical Capacities |
| 6G | Mileage Documentation |
| 6H | For an OJT trainer signed responsibilities |
| 6I | Labor Market Contacts/Summary |
| 6J | Driving Abstract |
| 6K | Curriculum and course descriptions |
| 6L | Program Acceptance Document |
| 6M | Tool List |
| 6N | Signed Ownership Agreement |
| 60 | GED Results |
| 6P | ESL Test Results |
| 6Q | Vocational Evaluation/Testing Results |
| 6R | Accountability Agreement signed by worker |
| 6R | Accountability Agreement signed by assigned VRC |
| 6S | Proof of Insurance |
| 6T | IMEs or other medical info |
| 6U | Pre-Job/Job Mod Consultation Evaluation |
| 6V | Other |