

Self-Insured Option 2 Vocational Services Summary

Instructions to vocational provider

Complete this form after meeting with the worker. After you and the worker sign, send to the self-insured employer or its representative. Give a copy to the worker.

			Claim num	ber
Worker information (please p	rint)			
Name (Last, First, Middle Initial)		Date of Injury	Phone number	
Vocational provider informati	ion (please print)			
Firm name		Firm ID		
Provider name		L&I provider number	Phone number	
Address			State Zip Code	
Summary of Option 2 vocation	onal services and cost*			
Service date(s) (from/to)	If more than one vocational provider, use a separate form for each provider.		Cost	Units
Next steps				
	ived. Review the worker's records or c ng remains for vocational services. Se			
Worker: These expenses are re	lated to my workers' compensation claim.	l agree I have receive	ed the service	es described
Worker's signature Date signed			ed .	
Provider: I certify that the infor	mation in this report is true and correct.			
Vocational provider's signature			Date signe	

Key: Option 2 types of vocational services

Vocational Counseling

- Help in accessing available community services to assist the worker with reentering the workforce.
- Assistance in developing a training plan.
- Coaching and guidance as requested by the worker.
- Interests and skills assessment, if worker requests or agrees such is needed to reach the worker's training or employment goals.
- Other services directly related to vocational counseling such as job readiness and interview practice.

Job Placement Services

- Help in developing an action plan for return to work.
- Job development, including contacting potential employers on the worker's behalf.
- Job search assistance.
- · Job application assistance.
- Help in obtaining employment as a preferred worker, if certified, up to and including educating the employer on preferred worker incentives.
- Other services directly related to job placement such as targeted resume development and referral to community resources (WorkSource).

How to bill: Contact the self-insured employer or its representative for billing instructions.

How to calculate the 10%

- 10% of the Option 2 training fund means 10% of the worker's maximum available training fund before any deductions or expenditures.
- Bills are paid in the order received.

Example 1:

The worker's maximum retraining fund was \$17,885. The worker could potentially spend \$1,788.50 (10% of the \$17,885) for Option 2 vocational counseling and job placement services. The worker spends some funds on training and then seeks counseling. The remaining training fund is \$12,885, so there are enough funds to cover the full 10%.

Worker's plan approved; maximum retraining fund available to worker by statute was:	\$17,885
Worker enrolled in school and had expenses for tuition and books	- \$ 5,000
Remaining training fund balance	\$12,885

Example 2:

The worker's maximum retraining fund was \$17,885. The worker could potentially spend \$1,788.50 (10% of \$17,885) for vocational counseling and job placement services. However, the worker spends all but \$600 of the funds on training costs before seeking counseling. The worker has \$600 left to spend on Option 2 vocational services.

Worker's plan approved; maximum retraining fund available to worker by statute was:	\$17,885
Worker enrolled in school and had expenses for tuition and books	- \$17,285
Remaining training fund balance	\$ 600

NOTE: The above examples do not cover every situation. The VRC should verify the remaining balance with the self-insurer or its representative before providing services.