



# Accountability Agreement

Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
VRC's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

## **This document:**

- Gives you facts to make an informed decision about vocational retraining benefits.
- Explains roles and responsibilities for you and your vocational counselor (VRC).

## **What you need to do:**

- Discuss this information with your VRC.
- Initial each item.
- Call the department if you have questions about this document before you sign and return it.

## **What are your options?**

Option 1 is to participate in the plan approved by L&I.

- Your claim remains open.
- You remain on time-loss for the duration of the plan.

Option 2 is a plan you develop on your own.

- Your claim closes.
- You will receive a vocational award equivalent to nine months of time-loss.
- You have 5 years to use your training funds.



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## Worker Accountability Agreement

### If I select the training plan (Option 1):

- a. I understand that if I fail to comply with this accountability agreement and my retraining plan the benefits under my claim may be suspended or terminated per RCW 51.32.099. \_\_\_\_\_ INITIAL
- b. I have read and understand \_\_\_\_\_  
(training provider) attendance and performance policies. \_\_\_\_\_ INITIAL
- c. I will fully participate in my retraining plan in compliance with the training provider's attendance and performance policies \_\_\_\_\_ INITIAL
- d. I will keep all records related to my retraining plan including training expenses and all plan related correspondence including (check all that apply):  
 Attendance reports  Class registration and schedules  
 Grade reports  Receipts for all expenses, including tools, equipment, and supplies.  
 Mileage vouchers  
 Other (specify): \_\_\_\_\_ \_\_\_\_\_ INITIAL
- e. I will notify my VRC of any absences from my classes or retraining plan. \_\_\_\_\_ INITIAL
- f. I will quickly respond to my VRC and reply to all contact requests within 48 hours. I realize my VRC is required to contact me at least twice a month. \_\_\_\_\_ INITIAL
- g. I will sign a release of information, allowing \_\_\_\_\_  
(training provider) and my VRC to share information about my retraining progress. \_\_\_\_\_ INITIAL
- h. I will work with my instructor and VRC if I need any help. I understand my retraining progress will be monitored by my instructor and VRC. \_\_\_\_\_ INITIAL
- i. I will notify my claim manager and VRC right away if I have any concerns about my ability to complete my retraining plan, including difficulty with course materials, changes in medical conditions or physical restrictions, and home and family situations. \_\_\_\_\_ INITIAL
- j. I understand my VRC will be required to contact my training instructor(s) to:  
• Obtain records of my attendance and plan participation.  
• Complete regular evaluations on my behalf, including: skills and knowledge gained, degree of participation, actual attendance and degree of achievement in the retraining plan. \_\_\_\_\_ INITIAL
- k. I will participate in all vocational placement activities, which may include preparing employment applications, a resume, and other activities to assist me in obtaining a job. \_\_\_\_\_ INITIAL
- l. I understand that the department (L&I) or my self-insured employer will continue to provide all benefits I am entitled to receive on my claim while I am participating in my retraining plan. \_\_\_\_\_ INITIAL
- m. I understand my VRC's responsibilities in this document. \_\_\_\_\_ INITIAL

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## Worker Accountability Agreement (Continued)

n. I understand that employers may require pre-employment screening. I attest that I can meet the hiring requirements that I have initialed below.

*Initial only those requirements that apply to your retraining goal.*

\_\_\_\_\_ Driving history \_\_\_\_\_ Criminal background check  
\_\_\_\_\_ Drug screening test \_\_\_\_\_ Other (Specify): \_\_\_\_\_ INITIAL

o. I understand I can choose Option 2 after starting Option 1 and the following will occur:

- My training benefit will be reduced by the amount I have expended during my Option 1 retraining program.
- My nine-month vocational award will be reduced by any time-loss I have received since the beginning of my Option 1 retraining plan.

\_\_\_\_\_ INITIAL

I have reviewed and I understand and agree with my retraining plan. I have discussed the information in this Accountability Agreement with my VRC. I understand that I must perform the described responsibilities.

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date



[www.Lni.wa.gov](http://www.Lni.wa.gov)

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## Vocational Rehabilitation Counselor (VRC) Responsibilities During Plan

### If the worker selects the Training Plan (Option 1):

- a. I will review with the worker all records, expenses, and correspondence relating to the training plan. This includes supplies, materials, and performance records provided by the worker and training provider.
- b. I will contact the training provider regularly to review the worker's progress. I will request a written evaluation of the worker's participation, attendance, and progress in the training plan.
- c. I will meet with or contact the worker at least twice a month to monitor their progress.
- d. I will be aware of attendance and performance policies established by the training provider and will review these with the worker within one week of the start of each quarter.
- e. If the worker fails to cooperate I will provide oral notification to L&I immediately to be followed by written notification and documentation within two working days.
- f. I will assist the worker in developing job seeking skills during the job placement phase of the retraining plan. This will include learning how to prepare and submit letters of interest and employment applications, developing a resume, and interviewing and other job seeking skills. I will also review the results of the worker's contact with employers.
- g. I will report to L&I on the worker's progress as required.
- h. Within two weeks before the end of the first academic quarter or 3 months of retraining, I will discuss Option 2 with the worker again and remind them of their deadline to choose Option 2.

I have read and discussed the Accountability Agreement and the retraining plan with the worker and answered all questions.

\_\_\_\_\_  
VRC's Signature

\_\_\_\_\_  
Date



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## Option 2 Discussion

**I am not selecting Option 2 benefits at this time.** I am discussing the choice to participate in my retraining plan or select Option 2 benefits. This discussion is required if I have not previously received Option 2 benefits on this or any other claim.

If my retraining plan is approved, I will receive a plan approval letter. The letter includes a Retraining Plan Option Form that I will use to notify L&I if I will participate in my approved retraining plan (Option 1) or select an alternative self-directed training (Option 2).

### If I select Option 2 benefits:

- a. I must complete the Retraining Plan Option Form and mail it to L&I. If I don't submit this form before my Option 1 retraining plan begins, I must begin my Option 1 retraining plan. \_\_\_\_\_ INITIAL
- b. I understand that once my plan is approved, I have up to 15 days after the end of the first academic quarter or three months of retraining to make my Option 2 selection. \_\_\_\_\_ INITIAL
- c. I understand I can only choose Option 2 once in my lifetime. \_\_\_\_\_ INITIAL
- d. I understand my time-loss will end on the day my Option 2 request is approved. I also understand my medical treatment will end and my claim will close. \_\_\_\_\_ INITIAL
- e. I understand I will receive a one-time vocational award equal to nine-months of time-loss benefits (less any overpayments or Washington State Department of Social and Health Services, Division of Child Support liens). This award will be paid every two weeks until the award balance is paid or my eligibility ends. \_\_\_\_\_ INITIAL
- f. I understand starting on the day Option 2 benefits are approved, I'll have up to five years to use my training fund. \_\_\_\_\_ INITIAL
- g. I understand if I choose Option 2 I will not continue with my Option 1 retraining plan; however, I can make arrangements with the school or training program to attend using my Option 2 benefits. \_\_\_\_\_ INITIAL
- h. I understand I can attend any licensed, accredited or L&I-approved school or training program. \_\_\_\_\_ INITIAL
- i. I understand I can use my training funds on the following expenses:
  - Tuition or training fees for approved programs or courses.
  - Books, fees, supplies, equipment or tools required for the program or course.
  - Licensed childcare or dependent care while attending approved programs or courses.
  - Up to 10 percent of the training fund for vocational counseling and/or job placement services.\_\_\_\_\_ INITIAL

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## Option 2 Discussion (Continued)

- j. I understand Option 2 will be a self-directed training program. L&I will not provide a VRC to assist me to plan or organize my training. However, I may use up to 10% of the training fund for vocational counseling and/or job placement services. I will be responsible to find a school or training program, register for classes, and follow the proper process for accessing my training funds. \_\_\_\_\_ INITIAL
- k. I understand my training funds cannot be used for on-the-job training, self-employment, job modifications, lodging, relocation or transportation costs (including mileage and parking). \_\_\_\_\_ INITIAL
- l. I understand I cannot use my Option 2 training funds for costs such as special ergonomic equipment to attend training or to aid employment. Additional funds for these purposes are also not available from L&I. \_\_\_\_\_ INITIAL
- m. I understand I can choose Option 2 after starting Option 1 and the following will occur:
  - My training benefit will be reduced by the amount I have expended during my Option 1 retraining plan.
  - My nine-month vocational award will be reduced by any time-loss I have received since the beginning of my Option 1 retraining plan. \_\_\_\_\_ INITIAL

I have discussed with my VRC and I understand the Option 2 benefits. If I have already received Option 2 benefits previously, this Option 2 discussion does not apply.

\_\_\_\_\_  
Worker's Signature Date

I have explained the Option 2 benefits and answered all questions. If the worker has already received Option 2 benefits previously, this Option 2 discussion does not apply.

\_\_\_\_\_  
VRC's Signature Date