Washington State Department of Labor & Industries

Self-Insured Option 2 Vocational Services Summary Form

Worker information (Please print)			Claim No.
Name (Last, First, Middle Initial)			Date of injury
Home address (not PO Box)		Apt #	Social Security No. (for ID only)
City	State	ZIP	Phone no.

Vocational provider information (please print)			L&I provider number/vocational firm ID
Provider name and firm name			
Address			Federal Tax ID
City	State	ZIP	Phone no.

Summary of Option 2 vocational services and costs*

Document services delivered and costs below. For service type and billing information, see page 2.

Service date(s)	Service type	VRC name(s) and provider number(s)	Service delivered and goal progress	Next steps	Costs	Units
					$	
					$	
					$	
					$	
					$	
				Total	$	

*Bills are paid in the order received. Review the worker's records to ensure there are sufficient Option 2 funds remaining to pay for vocational counseling and job replacement services.

Worker Signature:
These expenses are related to my workers' compensation claim. I agree I have received the services described.

Provider Signature:
I certify that the information in this report is true and correct. I understand that for Option 2 services only, I may bill the worker if there are insufficient funds available to pay for the services provided.

Worker's Signature Date

Vocational Provider's Signature Date

RESET

Key: Option 2 vocational services types

Vocational counseling

V1	Help in accessing community re-integration services.
V2	Assistance in developing a training plan.
V3	Coaching and guidance as requested by the worker.
V4	Interests and skills assessment, if worker request or agrees such is needed to reach the worker's training or employment goals.
V5	Other services directly related to vocational counseling such as job readiness and interview practice.

Job placement services

J1	Help in developing an action plan for return to work.
J2	Job development, including contacting potential employers on the worker's behalf.
J3	Job search assistance.
J4	Job application assistance.
J5	Help in obtaining employment as a preferred worker.
J6	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 deductions.
- **Bills are paid in the order received.**

Example 1:

The worker's maximum retraining fund was $17,500. The worker could potentially spend $1,750 (10% of the $17,500) for vocational counseling and job placement services. The worker spends some of the funds on training and then seeks counseling. The remaining training fund balance is $12,500, so there are sufficient funds to cover the full 10%.

Worker's plan approved; maximum retraining fund available to worker by statute was:	$17,500
Worker enrolled in school and had expenses for tuition and books	- $ 5,000
Remaining training fund balance	$12,500

Example 2:

The worker's maximum retraining fund was $17,500. The worker could potentially spend $1,750 (10% of $17,500) for vocational counseling and job placement services. However, the worker spends most of the funds on training costs before seeking counseling. The remaining training fund balance is $1,000, less than the full 10%. The worker only has $1,000 to spend on vocational counseling and job placement services.

Worker's plan approved; maximum retraining fund available to worker by statute was:	$17,500
Worker enrolled in school and had expenses for tuition and books	- $16,500
Remaining training fund balance	$ 1,000

NOTE: The above examples do not cover every situation. The VRC should verify the remaining balance before providing services.