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| Department of Labor and IndustriesClaimsPO Box 44291Olympia WA 98504-4291 |  | **ABILITY TO WORK**  **NON-ELIGIBLE ASSESSMENT** **CLOSING REPORT**  ***Do not use a cover or routing sheet*****Not for use with SAS3 closures** |

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| Claim #:  | Worker Name:  |
| Claim Unit:  | Worker Age:  |
|  Date of Injury:  | Job at time of injury:  |
| Work pattern at time of injury [ ]  Full time [ ]  Part time  | Hours per week:  |

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| Assigned VRC Name (Printed or typed): | Assigned VRC Signature: |
| VRC Phone # and Extension: | VRC FAX #: |
| Vocational Firm Provider & Branch #: | Report Date: |
|  |
| Recommended Outcome Code:  | Recommended Outcome Code Narrative: |
| Return to Work Date: | Name of Employer: |
| Monthly Wages at Date of Injury: | Monthly Wages for Return to Work: |
| The worker is able to work as: | Was all missing information explained?[ ] Yes [ ] No |
| WorkSource Visit Date:  | Job Search Tools Used: |
| Resume Assistance Date: | Resume Attached?[ ] Yes [ ] No |

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| Date of Referral:   | Intake Date: |
| Date Job Analyses(JA) Sent to Attending Physician (AP):  | Date Job Analyses (JA) Addressed by Attending Physician (AP): |

**Refer to the instructions for more information about how to complete this form.**

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.

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

Provide a brief analysis of the medical and vocational data used to support that this worker is able to work/or not able to work. |

1A. Summarize all employability options. Address Job of Injury (JOI), light duty with the employer, and all work history and transferrable skills jobs. Please include the return to work priorities within this section.

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

Address the medical information impacting the worker’s ability to work. |
| 2A. Identify the worker’s current physical and/or mental abilities. Include the source(s) and dates used to determine the abilities and indicate how any conflicting opinions were resolved. Do not copy and paste any medical reports. |
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| 2B. Identify if the following conditions exist **and the impact on the worker’s ability to work**. Address physical and mental limitations and any work restrictions:Pre-existing |
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| Accepted |
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| Denied |
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| Post Injury |
|  |
| Contended |
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| 2C. Identify ongoing treatment and the impact on ability to work. |
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2D. Identify available independent medical examinations (IMEs) and summarize the ability to work opinions. Include IMEs conducted only after the worker achieved maximum abilities.

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| Date | IME Provider Specialty | Opinion regarding ability to work | Did AP review the IME? | Are AP work restrictions in line with IME? |
|  |  |  | [ ]  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 work. |

3A. Education

|  |  |  |  |
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| Name and Location of High School | Graduated? | [ ]  Yes | If yes, year: |
|  | [ ]  No | If no, last grade completed: |
| GED? | [ ]  Yes | If yes, year: |
| [ ]  No |  |

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

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| --- | --- | --- | --- | --- |
| Dates attendedFrom/To | Name/Type/Location | Completed | Certificate orDegree IssuedMajor/Subjects | Transcripts obtained? |
|  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |
|  |  | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

If applicable, explain why transcripts are unavailable.

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

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| Activity/experience | Skills acquired |
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3C. List each position in the work history starting with the **oldest**. Address any gaps in employment.

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| Date | Position or Gap (*i.e. carpenter*) | Skills obtained (*i.e. blue print reading, measuring, woodworking*) |
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3D. List potential positions that use the worker’s skills outlined in 3C. Consider skills from educational and non-work related activities. Submit job analyses (JAs), supportive and non-supportive labor market surveys (LMSs) as attachments.

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| Position | Reasoning |
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3E. Describe any concerns, issues or barriers to employment and the proposed resolution.

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3F. Summarize any tests administered to support unlikely to benefit recommendation.

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| Date | Name of Test /Inventory | Results |
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3G. List all licenses, certificates and registrations.

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

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

Use one work history form 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 |  |
|       |  |       |  |       |  |
| **Job Title – All Employers** |
| 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: |
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| 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. Do not return the Instructions. |

**Identify attached documents**

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| **5A.** | **[ ]**  | Educational History | **5F. [ ]**  |  | Labor Market Information |
| **5B.** | **[ ]**  | Handwritten Work History | **5G. [ ]**  |  | Supporting Medical documents related to physical capacities, FCEs, IMEs, etc. |
| **5C.** | **[ ]**  | JA JOI | **5H. [ ]**  |  | Transcripts |
| **5D.** | **[ ]**  | JA Previous/Transferable Skills Jobs | **5I. [ ]**  |  | Testing Report |
| **5E.** | **[ ]**  | Job Mod/Pre-Job Consultation Report | **5J. [ ]**  |  | Other (describe below) |

**Acronym Key**

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|  AP | Attending physician |
| ATW | Able to work |
| DOI | Date of injury |
| DOT | Dictionary of Occupational Titles |
| LMS | Labor market survey |
| JA | Job analysis |
| JOI | Job at time of injury |
| IME | Independent medical examination |
| OJT | On-the-job training |
| RTW | Return to work |
| SNA | Services not appropriate |
| SVP | Specific vocational preparation time |
| VRC | Vocational rehabilitation counselor |
| FCE | Functional Capacity Evaluation |

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| **Instructions****Do not include the instructions when submitting your closing report.***Do not copy and paste case notes, progress reports or entire medical reports in sections 1-3.*  |

Create additional rows or boxes in the form if needed. Enter N/A if a box does not apply. **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 the recommendation because the information is included in the index.

**Cover Page**

**Enter all information requested. Remember to provide an explanation when requested information is not obtained.**

 Return to work date: **required** for RTW outcomes.

 Monthly Wages for Return to Work: **required** for RTW outcomes.

 WorkSource Visit Date: If unable, please explain why in the space provided.

 Job Search Tools Used: If unable, please explain why in the space provided.

 Job Possibilities that the Worker is qualified for: **required** for all outcomes.

 Monthly Wages at Date of Injury: **required** for all outcomes.

**Required**: Enter VRC standard work information, intake date, date JAs sent to AP, and date JAs addressed by AP.

**1.** **Rationale**

Provide a **brief** synopsis of relevant information. Include information regarding the outcome used and the reasoning. Provide an analysis regarding whether vocational services are relevant and any barriers identified.

**2.** **Medical Information**

Address the medical information impacting the worker’s ability to work. A complete medical history is not required in this section. Please do not copy and paste any medical reports. Before submitting the report, verify the current AP by using the CAC contact screen.

**NOTE:** An ATW 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 Functional Capacity Evaluation (FCE) **summarize** the results in this section. Include the full report as an attachment.  |
| 2B | Identify the pre-existing, accepted, denied, post-injury and contended physical and/or mental conditions at the time of injury and the impact, including work restrictions, on the workers ability to work. Include previous claims. Confirm accepted/denied conditions in CAC. Select Board Orders, and Decisions and Notices for the most current information. 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. |
| 2C | Identify any ongoing treatment and the impact on employability. |
| 2D | Address current IMEs used to support the recommendation.  |

**3.** **Vocational Information**

Address vocational information impacting the worker’s ability to work. If information is not available, provide an explanation.

**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. |
| 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. Beginning with the **oldest**, 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. **Address any gaps in work history.**  |
| 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 | Summarize vocational tests, interest inventories, and placement results used to support unlikely to benefit recommendation.  |
| 3G | The driver’s license number is **required** unless due to a barrier noted inbox 3E. Examples of certification or registration include, but are not limited to: food handler permit, forklift operator, or certified nurse’s aide. |
| 3H | Provide any additional important information not discussed elsewhere. Include explanations regarding requested information which was not obtained. |

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| **4. Work History** |

Complete the typewritten work history forms and identify duties, skills, and equipment from the worker’s actual jobs. Submit the worker’s handwritten work history as an attachment. Remember to 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 forms do not need the worker’s signature if the handwritten work history is signed.

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

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| 4A & 4B | If the worker performed different jobs for the same employer, explain the duties performed for each job by completing a separate work history form. If the worker performed the same job for multiple employers, list “multiple employers.” It is not necessary to repeat the job for each employer since box 3C identifies individual employers. Occupational resource information such as DOT, O\*NET can be used to help the worker identify 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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| 5C & 5D | 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.  |
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