

PO Box 44291
Olympia WA 98504-4291

Option 2 Helpline: 360-902-9135

Fax: 360-902-4567

Web: www.Lni.wa.gov

Part A — To be completed by the worker at the start of each term

Worker name	Phone number	Claim number
Mailing address		Check if address change <input type="checkbox"/> Yes
City	State	Zip Code +4
What job are you training for?		
Check the vocational costs you plan to use: <input type="checkbox"/> Tuition/Training Fees <input type="checkbox"/> Books, Supplies, Equipment/Tools <input type="checkbox"/> Exam/License Fees <input type="checkbox"/> Computer <input type="checkbox"/> Licensed Child or Dependent Care <input type="checkbox"/> Other: Explain: _____		
You cannot use your benefits for transportation, lodging, relocation, job modification or pre-job accommodations.		

I am applying to use vocational rehabilitation benefits to attend a licensed, accredited, or department approved school or training program. I authorize release of claim information regarding these benefits to the school, training program, and providers of the above vocational costs.

Worker's signature _____

Date _____

Part B — To be completed by registration official at school or training program

The above named student is enrolled or plans to enroll in the following school or training program:

Name of school or training program				
Address				
City	State	Zip Code +4		
Does the school or training program have an L&I provider number? <input type="checkbox"/> Yes <input type="checkbox"/> No — Please explain: <i>If unsure, call the Option 2 Hotline at 360-902-9135</i>				
Training/term begin date		Training/term end date		Enrolled credits or hours
Tuition/Training Fees	Books/Supplies/Equipment/Tools	Exam Fees	Other	Total
Contact person for questions about billing (if different than listed below) Name			Title	
			Phone number	

Print name _____

Title _____

L&I provider number _____

Signature _____

Date _____