

Worker Name	Claim Number
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Note: The Narrative Report is required for the [Skill Enhancement Training \(SET\) Application \(F280-086-000\)](#). Use this form to confirm and document how the request meets SET criteria.

Required SET Criteria:

- Confirmation that SET funds are available on the claim.
- Training/course titles with brief description/purpose.
- Itemized total cost of expenditures:
 - Tuition and fees.
 - Software and technology.
 - Required equipment.
 - Vendor bids, including tax and shipping/delivery costs.

In the Narrative Report, please provide clear rationale that addresses the following:

- How does the proposed training or course support the worker's return-to-work goals and interests?
- What are the requirements of the proposed training or course?
- What specific equipment or software (if applicable) is needed to participate?
- What is the worker's medical status during their participation in SET? (Example: upcoming surgery, expected full release, etc.)
- What free community resources did you explore before requesting SET?
- Is the employer involved with SET? If "yes", in what ways?
- Has the worker participated in SET before? If "yes", review CAC for Bill Code 1307W.

Use this section to complete the Narrative Report.

By signing, the worker confirms interest in pursuing SET and understands that any costs are deducted from the maximum SET funds per claim. This was explained to me in my language of preference as indicated in my claim file.

Worker Signature	Date Signed
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VRC Name (Typed/Printed)	VRC Provider Number
VRC Signature	VRC Phone Number & Extension

Firm QA Representative Name (Typed/Printed)	Phone Number & Extension
Firm QA Representative Signature	