VOCATIONAL REHABILITATION ANNUAL SURVEY FORM

Date: ________________________ Certification Number: ________________________
Vocational Rehabilitation Counselor: ________________________________
Current Business Address: __________________________________________
Phone: ______________________ E-Mail: ________________________________
Self Employed ☐ Check if yes Employer: ____________________________________

Requested Information

Note: Please provide answers based upon your individual caseload for calendar year 2004. Calendar year 2004 runs from January 1, 2006 – December 31, 2006.

1. Caseload. Indicate your average caseload. Less than 10 ☐ 10-40 ☐ 40-70 ☐ 70-100 ☐ More than 100 ☐

   Number of claims in which you provided any vocational rehabilitation services. __________
   Number of claims in which you performed an entitlement assessment. __________
   Number of claims in which you provided vocational rehabilitation services but did not perform an entitlement assessment. __________

2. VR Costs and Expenses Billed.
   a. Indicate total costs for claims in which you found Claimant Not Entitled $ __________
   b. Indicate total costs for all other VR provided (EA’s found entitled, all plans, amendments and all other VR costs billed in all cases other than Not Entitled). $ __________
   c. Indicate TOTAL costs of ALL vocational rehabilitation services and costs you billed for ALL claims in which you provided VR services over past year. $ __________

3. Plans; Return to Suitable Employment. For all cases in which you prepared an IWRP or amendment indicate the total number of cases in which:
   a. You prepared any IWRP or amendment __________
   b. The vocational plan was completed __________
   c. Claimant returned to suitable employment for 60 days or more __________
   d. Plan was completed but return to work for at least 60 days was not achieved __________

4. Closures. Total number of closures Voluntary withdrawals __________

5. Duration. For claims in which Claimant was found Entitled, indicate average length of time (in months) that vocational rehabilitation services were provided per claim: Average number of months service was provided: __________

REPORT DUE BY MARCH 30, 2007