



DEPARTMENT OF LABOR
WORKERS' COMPENSATION
PO BOX 488
MONTPELIER, VT 05601-0488

Rev. 09/08

State File No.: _____
Ins Co. File No.: _____
Date of Injury: _____

(802) 828-2286

Self-Employment Workbook

Name _____
Street _____
City/State _____
Telephone Number _____
Last year of school completed _____

In addition to this workbook, if you are seeking any financial assistance from the insurance employer/insurer, you must submit documentation that you have contacted and discussed the business plans with a qualified small business consultant with a written evaluation including recommendations to be completed by the consultant attached to this workbook.

**Please attach additional sheets if necessary.

List your work history, your responsibilities, your supervisors and the dates of your employment, or attach resume.

Your Work Injury

Describe your work injury and any current limitations it presents. Does it cause you to limit the number of hours you work. Limit lifting, standing, sitting? Does it require you to avoid certain environments? Do repetitive tasks bother you? Are close surroundings a problem for you? Provide as much detail as possible.

What modifications to your work site do you feel will be required? What specially adapted equipment or tools will be necessary for you to perform your proposed job?

How will this work accommodate your disability and make you successfully employed?

Please attach a statement from your doctor which indicates that you can tolerate this type of work.

Business Proposal

Explain the business or service you plan to begin or expand.

List qualifications, experience or training beyond your educational experience which you feel enables you to enter this business and be successful.

List money or property you plan to contribute to your proposal.

Zoning Regulations

Explain your status with respect to 24 VSA 91 – your local and state zoning regulations.

Trade Name Registration

Per 11 VSA 15 §1621 is your business recorded with the Secretary of State and the town clerk's office in the town in which your business is located?

Yes No

Employees

If you intend to employ people, describe your state and federal responsibilities as an employer.

Recordkeeping

Explain your proposed method of recordkeeping.

Market Survey

Describe your potential customers in generic terms. Describe your competition, their years of service, and proximity to your proposed business.

Insurance

Describe what type(s) of insurance you intend to carry, the limits and the premium costs.

Advertising Plan

Explain the forms of advertising you intend to use, the frequency of advertising and the total cost.

Personal Financial Information

Gross Monthly Income		Gross Monthly Expenses	
Applicant's Income	\$	Home mortgage or rent	\$
Spouse's Income	\$	Home improvements	\$
Dividend/Interest	\$	Home/Apartment Insurance	\$
Rental Income	\$	Owner/Renter Insurance	\$
Social Security	\$	Property Taxes	\$
Welfare	\$	Electric	\$
Unemployment Insurance	\$	Heating	\$
Workers' Compensation	\$	Water/Sewer	\$
VA Income	\$	Telephone	\$
Miscellaneous Monthly Income	\$	Motor Vehicle Loans	\$
		Motor Vehicle Insurance	\$
		Food Expense	\$
		Clothing Expense	\$
		Medical Insurance	\$
		Dental Insurance	\$
		Child Care	\$
		Credit Cards	\$
		Miscellaneous Monthly Expenses	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

Personal Assets

All Checking Account Balances (List Each Bank)	\$

All Savings Account Balances (List Each Bank)	\$

Total Real Estate Value (List Each Property)	\$

Total Auto Value (List Each Vehicle)	\$

Total Household Property	\$
Total Miscellaneous Assets (List only those in excess of \$500 on a separate page)	\$

TOTAL ASSETS	\$

Personal Liabilities

Balance on car(s)	\$
Balance on home	\$
Balance on loans	\$
TOTAL LIABILITIES	\$

Describe each debt by lien holder. Include any other debts.

Fixed Monthly Expenses for the Business

Item	Amount
Mortgage or rent	\$
Loans	\$
Heat	\$
Electricity	\$
Water	\$
Sewer	\$
Telephone	\$
Insurance	\$
Transportation	\$
Advertising	\$
Accounting/Legal Fees	\$
Salaries (Self and Others)	\$
Replacement Stock	\$
Taxes	\$
TOTAL MONTHLY FIXED EXPENSES	\$

Indicate the total amount required to adequately finance the business' start-up as itemized in this Self-Employment Workbook.

Indicate the extent to which you will incur extraordinary costs as a result of your work injury that are distinguishable from the ordinary costs associated with the proposed business venture, such as the cost of modified equipment and/or assistive technology.

Indicate the availability of financing from other sources.

Requested Services

Thoroughly describe all the services or equipment that you are requesting.

Summary

Counselor's Comments:

SIGNATURES:

Employee Signature

Date

V R Counselor / Intern Signature

Date

V R Supervisor (If Applicable)

Date

Claim Representative Signature

Date

Commissioner of Labor/Designee

Date

Grounds for refusal to sign: