

PRIVATE VOCATIONAL REHABILITATION SERVICES QUARTERLY REPORT

**Department of Workforce Development
Worker's Compensation Division**
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*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

The Quarterly Report should be completed for each WC claimant receiving return to work services from the certified specialist and submitted to the WC Rehabilitation Unit by the 5th day of the months April, July, October and January of each year.

Claimant Name _____ Social Security Number* _____
Provider Name _____ Provider Number _____
Provider Address _____

CURRENT STATUS

Please check the appropriate boxes and fill in the blanks as requested.

- Denied private rehabilitation services by the carrier because _____
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- Conducting Job Search
 In Retraining for _____ weeks in _____ program
 Employed (check the correct response)
1. Same employer: Same job Different job
2. Different employer
 Post injury wage _____ per week
 Post injury occupation _____
 No longer eligible, case fully compromised
 Claimant terminated relationship because _____
 Specialist terminated relationship because _____

CLOSURE INFORMATION

Please fill in the blanks and check the appropriate box as requested.

_____ Number of days in Job Search before placement
_____ Costs of Job Search phase, and _____ Hourly rate for service
_____ Number of weeks in Retraining
_____ Costs of services during or following retraining

Did your costs exceed the cap as determined per DWD 80.49(7)(e)? Yes No If yes, please describe what arrangements were made among all concerned parties to cover your fees? _____

Signature: _____ Date Signed: _____