PRIVATE VOCATIONAL REHABILITATION SERVICES QUARTERLY REPORT

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707-7901
Imaging Server Fax: (608) 260-2503
Telephone: (608) 266-1340
Fax: (608) 267-0394
http://dwd.wisconsin.gov/wc
e-mail: DWDDWC@dwd.wisconsin.gov

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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______________________

____

☐ 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: ______________________

WKC-10369 (R. 06/2017)