

VOCATIONAL REHABILITATION PROVIDER CLAIM

PRIVACY ACT STATEMENT: The authority to access information from vocational rehabilitation providers on titles II and XVI beneficiaries is contained in section 205(a) and 1633(a) of the Social Security Act. Completion of this form is voluntary, however, no payment can be made unless required claims information is made available to the Social Security Administration using this form or another mutually agreed upon method for submitting a claim. SSA will use the information provided on this form to make claim determinations.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 23 minutes to read the instructions, gather the necessary facts, and answer the questions.

To: Social Security Administration Office of Employment Support Programs Division of Employment Support and Program Aquisitions P.O. Box 17714 Baltimore, Maryland 21235-7714	From: VR Provider Code
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Check One Claim Based On: Continuous Period of SGA Medical Recovery during VR

If claim is based upon other than a continuous period of SGA, it is not necessary to complete items 6, 8, 9, or 13 below.

1. Client (First Name, MI, Last Name)

2. <input type="checkbox"/> SSA SSN (Primary) <input type="checkbox"/> SSI	3. SSN (Widow or child, if appropriate)	4. <input type="checkbox"/> Blind <input type="checkbox"/> Non-Blind
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5a. Date Client Entered VR OO	5b. Date Signed IPE	6. Date Employment Began	7. Date of Final VR Closure	8. Months Work Activity Tracked After VR Closing (show months)
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9. Medical services were provided, initiated, or coordinated under IWRP Yes No

10. Claim based solely on extended evaluation services (VR 06) Yes No

11. Direct cost during VR (after 9/30/81) -- Total from Item 17d (over) \$

12. Administrative, counseling and placement costs during VR (after 9/30/81) \$

13. Administrative costs only for tracking after VR (after 9/30/81) \$

14. Other (identify) \$

15. Total amount claimed \$

Remarks:

Signature	Title	Date
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16. What type of occupation(s) did the client perform during the continuous period of SGA:

17. Itemization of direct cost services provided during the period of VR (after 9/30/81):
(Use additional sheets as needed)

17a. Date of Service	17b. Type of Service	17c. Cost of Service
	#1	
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	
	#11	
	#12	
	#13	
	#14	
	#15	
	#16	
	#17	
	#18	
	#19	
	#20	
17d. Total of column 17c (also enter in item 11 - over)		\$