## Rehabilitation Plan And Award

## U.S. Department of Labor

Employment Standards Administration Office of Workers' Compensation Programs

INSTRUCTIONS: Complete items 1 through 13 and send to the Division of Rehabilitation. Attach the maintenance request, complete testing or work evaluation information and the justification for the rehabilitation program. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. OWCP exercises discretion to terminate or revise the plan when it becomes evident that the planned conditions will not be met. Note: Persons are not required to respond to this collection of information unless It displays a currently valid OMB control number.



OMB No. 1215-0067 Expires: 07-31-08

Name of injured worker (First, middle initial, last)		2.Date of Birth(M	o.,Day,yr.)		3.OWCP N	lo.	
Address (Number, street, city, state, ZI	P Code)						
. Rehabilitation services or program			6. Rehabilitation period (Month, day, year)				
			From to				
. Name and address of rehabilitation facilitator (school, etc.)			8. Is this complete	plan?			
			🗌 Yes 🗌 N	lo - Explain			
Occupation after rehabilitation program			<ol> <li>Estimated yearly earnings after rehabilitation program</li> <li>\$</li> </ol>				
1. REHABILITATION COST							
Fees - Specify		¢	e. Other costs Spec	cify			\$
\$ per	×	- =		\$	per	X	— =   <del>•</del>
\$per_				\$	per	X	- =
\$per_				\$	per	X	- =
\$per				\$	per	X	=
o not include amounts previously authorized on e e e e e e e e e e e e e e e e e e			f. TOTAL OTHER COST				= \$
TOTAL FEE COST		\$	g. Tuition			X	
Supplies (Books, tools, etc.)							
\$ per .	x	\$	_				
\$per	x	- =	h. Maintenance	\$	per	X	— = \$
TOTAL SUPPLIES COST \$			TOTAL REHABILITATION COST \$				
TOTAL SUPPLIES COST		\$	TOTAL REHABILIT	ATION COST			\$
TOTAL SUPPLIES COST 2. INJURED WORKER: I understand a	and approve of th	e provisions of this pla	An of services. I believ	e this plan wi		get and ke	
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DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

PINK - Dist. R-file GREEN - Rehab. Agency CANARY - Injured Worker GOLDENROD - Longshore Nat'l Ofc.