

VOCATIONAL REHABILITATION PROVIDER CLAIM

To: Social Security Administration Office of Employment Support Programs VRA Operations Team P.O. Box 17714 Baltimore, Maryland 21235-7714	From: VR Provider Code
---------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

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.

Check One Initial Claim Reconsideration Resubmittal Supplemental

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

2. <input type="checkbox"/> SSA <input type="checkbox"/> SSI	SSN (Primary)	3. SSN (Widow or child, if appropriate)	4. <input type="checkbox"/> Blind <input type="checkbox"/> Non-Blind
-----------------------------------------------------------------	---------------	-----------------------------------------	-------------------------------------------------------------------------

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)
-------------------------------	---------------------	--------------------------	-----------------------------	----------------------------------------------------------------

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 in Remarks section below) \$

15. Total amount claimed \$

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

Remarks:

Signature	Title	Date
-----------	-------	------

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	
	#1	
	1	
	#12	
	#13	
	#14	
	#15	
17d. Total of column 17c (also enter in item 11 - over)		\$

**Privacy Act Statement
 Collection and Use of Personal Information**

Sections 205(a) and 1633(a) of the Social Security Act authorize us to collect this information. The information you provide us on this form will be used to make claim determinations.

Completion of this form is voluntary, however, we cannot make a payment unless you make the required claims information available to us using this form or another mutually agreed upon method for submitting a claim.

We rarely use this information you supply for any purpose other than for deciding on a claim. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following: 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs); 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and 4. To audit or investigate activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 23 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

www.socialsecurity.gov/work