

## 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:  <hr/> 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.

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				<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Claim based solely on extended evaluation services (VR 06)				<input type="checkbox"/> Yes <input type="checkbox"/> 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
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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	
17d. Total of column 17c (also enter in item 11 - over)		

**Privacy Act Statement**

**Collection and Use of Personal Information**

Sections 205(a), 222(d)(1), and 1615(d) of the Social Security Act, as amended, authorize us to collect the information. We will use this information to determine claim eligibility.

Furnishing us this information is voluntary. However, failing to provide all or part of the information could prevent us from making an accurate decision on the claim determination.

We rarely use the information you supply for any purpose other than the reason stated above. However, we may use the information for the administration of our programs, including sharing information:

1. 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); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices entitled, Master Beneficiary Record, 60-0090 and Vocational Rehabilitation Reimbursement Case Processing System, 60-0221. Additional information about these and other system of records notices and our programs, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

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

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. We estimate that it will take about 23 minutes to read the instructions, gather the facts, and answer the questions. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

[www.socialsecurity.gov/work](http://www.socialsecurity.gov/work)