Rehabilitation Action Report

U.S. Department of Labor
Office of Workers' Compensation Programs

The OWCP-44 is used by contractors hired by OWCP to provide vocational rehabilitation services to injured workers. The form is submitted to OWCP to provide prompt notification of key events that may require OWCP action in the vocational rehabilitation or claims adjudication process. The information collected will be handled and stored in compliance with the Freedom of Information Act and the Privacy Act of 1974.

OMB No. 1240-0008
Expires: 05/31/2024

1. Name of Injured Worker (Last, First, Middle Initial)

2. OWCP File Number

3. Current Rehabilitation Status

4. Date Rehabilitation Status Began

5. Action Item (Documents describing each item are attached or complete information regarding each item is provided under #6)

- ☐ Job Offered, Description Attached
- ☐ Job Accepted / RTW
- ☐ Job Refused
- ☐ Change in Medical Status
- ☐ Waiver of Testing Request (justification below)
- ☐ VR Plan Submitted for Review
- ☐ Claimant Obstruction: claimant does not appear at scheduled meetings, fails to carry out agreed upon actions, etc.
- ☐ Request for Status Extension
- ☐ Request for Status Change
- ☐ Voc Testing Request: (Information for OWCP-24 provided below)
- ☐ Review for Possible Case Closure

ATTENTION FECA RCs – Please remember to send an email alert to the managing RS when this OWCP-44 is uploaded to file.
ATTENTION FECA CEs - This form is a primary communication from the RC to the FECA RS. Any claims actions must be coordinated with the managing RS.
* These alerts do not apply to the Longshore program.

6. Comments

7. Rehabilitation Counselor's Name (Last, First, Middle Initial)

8. Date

RC Email Address

Telephone Number

9. List any attachments to this form

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act (FECA), as amended and extended (5 U.S.C. 8101, et seq. and the Longshore and Harbor Worker's Compensation Programs (LHWCA) as amended and extended (33 U.S.C. 901 et. Seq) of the U.S. Department of Labor, are administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA and LHWCA , and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA and LHWCA to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/ administrative offset and debt collection actions required or permitted by the FECA and LHWCA and/or the Debt Collection Act. (5) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

PUBLIC BURDEN STATEMENT

According to the Paper Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit (5 U.S.C. 8101 and 33 U. S. C. 901). Send comments regarding the burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, Department of Labor, Room S-3229, 200 Constitution Avenue, N.W. Washington, D.C. 20210, and reference the OMB Control Number 1240-0008. Note: please do not send the completed form to this office.

ACCOMMODATION STATEMENT

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP.