## **WORKERS' COMPENSATION COMMISSION**

10 East Baltimore Street - Baltimore, Maryland 21202-1641

Phone: (410) 864-5100

## MARYLAND WORKERS' COMPENSATION REHABILITATION SERVICE PLAN

Job Placement	] On-The-Job	Training Training	Self Employment	
Plan submitted by: DORS Cou	nselor C	laimant's Attorney  Other		
Claimant's Name:			WCC #:	
Address:				
Phone #:	DOB:	SS#:	DOA:	
Education:		Occupation:		
Disability:				
Anticipated duration of the Plan	n: Start date: _	Completion date:	(Attach details if any)	
Claimant's attorney:		Pre-Injury Wage:	Anticipated Wage:	
Attorney's phone #:		Rehabilitation service provider:		
Counselor:		Counselor's phone #:	Cert. #	
Counselor's business address: _				
Weekly Temporary Total Bene	fits: \$	_		
Rehabilitation Plan:				
Goals and objectives:				
1. Godis and objectives.				
			_	
2. Summary of rehabilitation a	occecement an	d rationale:		
2. Summary of Tenaomication of	issessificht an	d fationaic.		
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Attach any document to support the plan such as any test, medical, social, and/or economic information; or

WCC Form VR 10R (Rev 11/2000)

any other information used in the development of this plan.

3.	Steps to achieve goals:		
4.	Rehabilitation counselor's responsibilities (if applicable):		
5.	Insurer's responsibilities:		
6.	Claimant's responsibilities:		
7.	Party responsible for providing financial support for this pla	ın:	
8.	Detailed cost of rehabilitation including training tuition, equatransportation, etc.	ipment, bool	ks, supplies, working funds, and
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Tota	al cost:	\$
Cla	imant's Signature:		Date:
Coı	unselor's/Attorney's Signature		Date:
Oth	er Name/Signature:	Date:	