

**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 Counselor  Claimant's Attorney  Other  \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ WCC #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DOA: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Disability: \_\_\_\_\_

Anticipated duration of the Plan: 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 Benefits: \$ \_\_\_\_\_

---

**Rehabilitation Plan:**

1. Goals and objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Summary of rehabilitation assessment and rationale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach any document to support the plan such as any test, medical, social, and/or economic information; or any other information used in the development of this plan.

