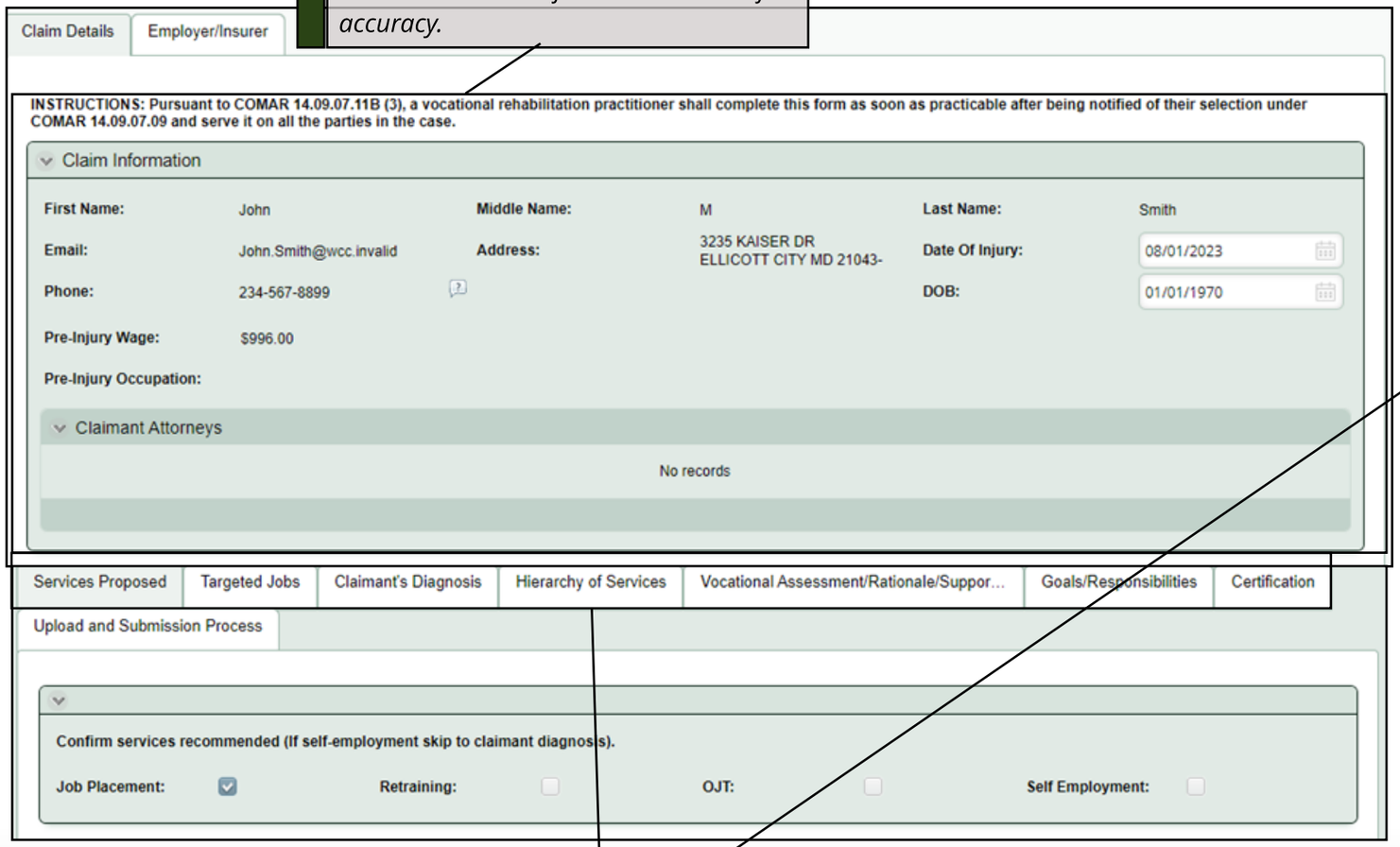
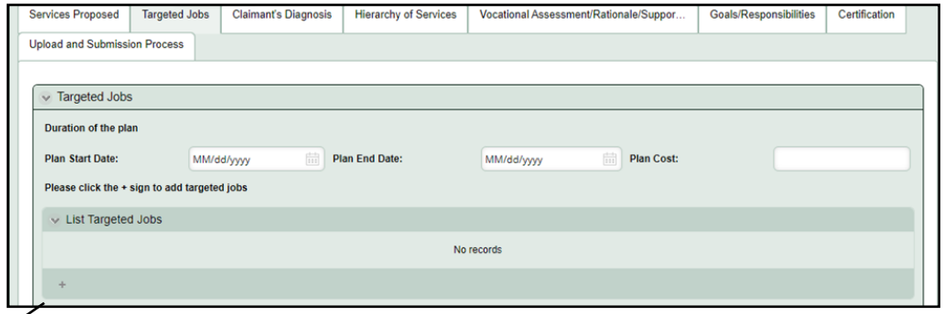
Voc. Rehab Plan

QuickStart Guide

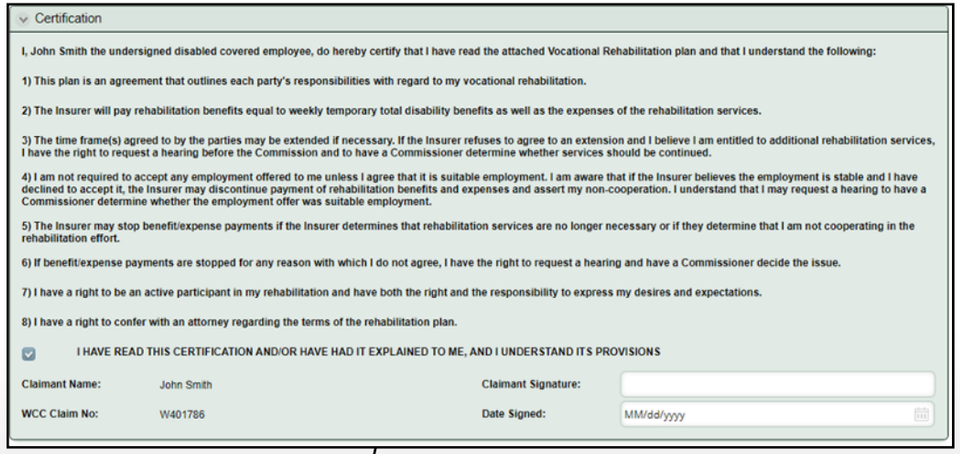
The Vocational Rehabilitation Plan can be submitted directly through CompHub by a Practitioner. Using the Voc Rehab Plan Form you will complete the Plan using the space provided, acquire signature(s), and upload the approved VR Plan. **Find this process under Start New Action>Voc. Rehab>Voc. Rehab Plan**.

1 *Review the Claim Information section for accuracy.*





Targeted Jobs Tab



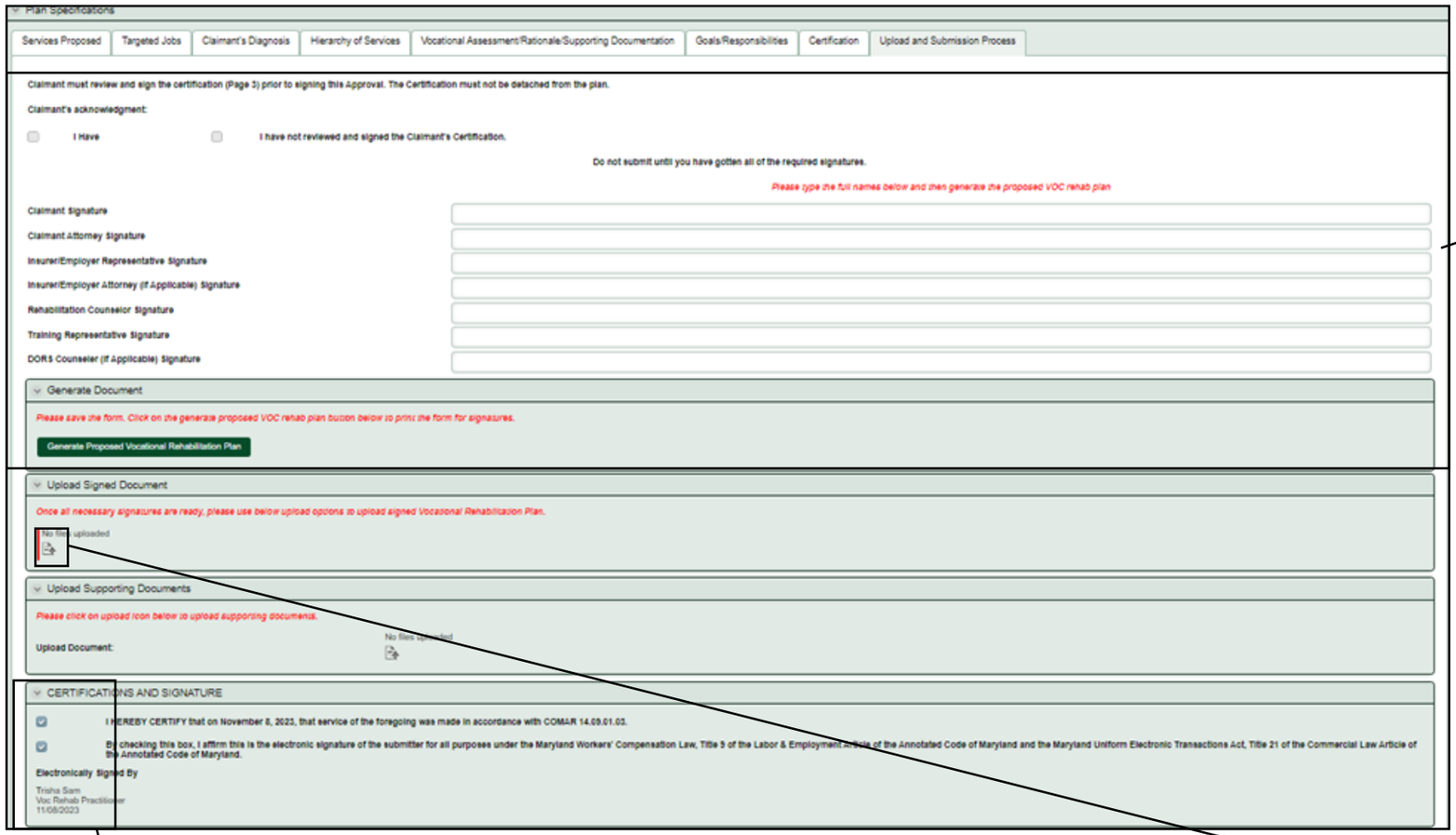
2 *Complete the form by entering the respective data into the Targeted Jobs, Claimant's Diagnosis, Hierarchy of Services, Voc. Assessment, and Goals tabs.*

3 *Once the Certification tab is reached, the Claimant must review the proposed plan and enter the Claimant Name and Date Signed.*

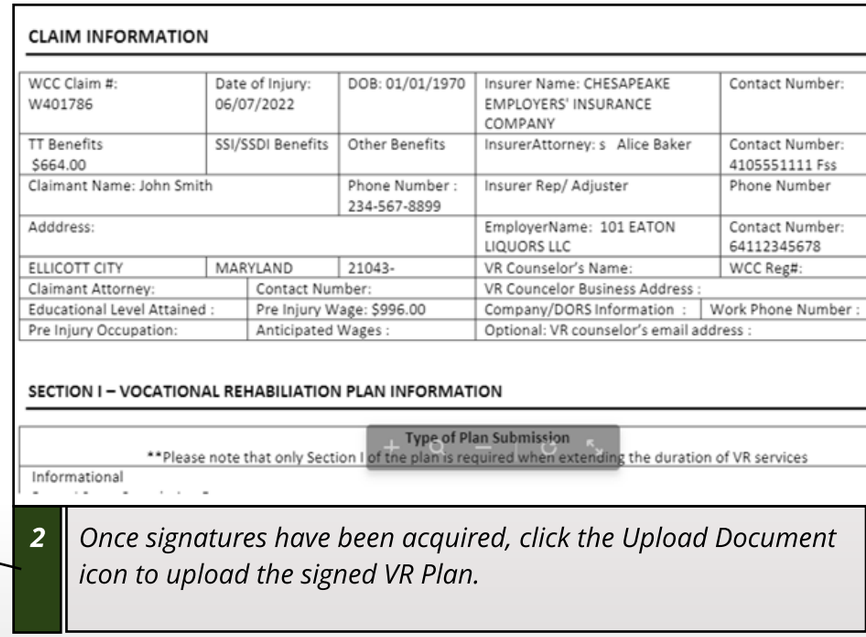
Voc. Rehab Plan

Plan Submission

The final tab of the form allows you to generate the VR Plan, acquire signatures, upload any supporting documentation, and sign your submission. Once the plan has been received by the Commission you will receive electronic notification.



1 *Electronic Signatures: Enter the names of the parties and llick the Generate Document button. Print/Download the document and obtain physical signatures on the plan. Remember, you can save this task and come back later!*



CLAIM INFORMATION

WCC Claim #: W401786	Date of Injury: 06/07/2022	DOB: 01/01/1970	Insurer Name: CHESAPEAKE EMPLOYERS' INSURANCE COMPANY	Contact Number:
TT Benefits $664.00	SSI/SSDI Benefits	Other Benefits	InsurerAttorney: s Alice Baker	Contact Number: 4105551111 Fss
Claimant Name: John Smith		Phone Number : 234-567-8899	Insurer Rep/ Adjuster	Phone Number
Adddress:			EmployerName: 101 EATON LIQUORS LLC	Contact Number: 64112345678
ELLICOTT CITY	MARYLAND	21043-	VR Counselor's Name:	WCC Reg#:
Claimant Attorney:	Contact Number:		VR Councelor Business Address :	
Educational Level Attained :	Pre Injury Wage: $996.00		Company/DORS Information :	Work Phone Number :
Pre Injury Occupation:	Anticipated Wages :		Optional: VR counselor's email address :	

SECTION I – VOCATIONAL REHABILIATION PLAN INFORMATION

Type of Plan Submission
**Please note that only Section I of the plan is required when extending the duration of VR services
Informational

2 *Once signatures have been acquired, click the Upload Document icon to upload the signed VR Plan.*

3 *Don't forget to Sign and Certify!*