

DATE: _____

TO: Vocational Rehabilitation Coordinator
NH Department of Labor

VOCATIONAL REHABILITATION CLOSURE FORM

EMPLOYEE _____

DATE OF INJURY _____

SOCIAL SECURITY NUMBER _____

EMPLOYER OF INJURY _____

REHABILITATION SPECIALIST _____

REFERRAL DATE _____

CLOSURE DATE _____

REASON FOR CLOSURE (Check one):

- RWS: Return to work with rehabilitation services provided
- RWN: Return to work with NO rehabilitation services provided
- NRP: No rehabilitation potential
- LSS: Lump sum settlement
- LDH: Labor Department hearing decision
- BCR: By carrier request
- MMO: Medical management only
- OOO: Other (Relocation, refusal of services, death, etc.)