

6. BILLING INFORMATION: Complete all applicable items in the section, identifying all costs expected.

<p>It is understood that costs for tuition & fees are estimated and subject to revision.</p> <p>A. TUITION & FEES: \$ _____</p> <p>Authorize to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>It is understood that required book costs, including sales tax, are estimated and subject to revision.</p> <p>B. REQUIRED BOOKS: \$ _____</p> <p>Authorize to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>General supplies (e.g., USB flash-drive, pens, pencils, notebooks) \$30.00 per term or semester, in addition to the \$30.00, include sales tax.</p> <p>C. GENERAL SUPPLIES: \$ _____</p> <p>Authorize to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>Required Supplies must be supported by documentation. An itemized list must be attached and prior approval must be obtained prior to purchase of these supplies. Include sales tax if applicable.</p> <p>D. REQUIRED SUPPLIES: \$ _____</p> <p>Authorize to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>Special Fees are costs which may uniquely apply to an individual's plan, but must be reasonable and necessary. Include sales tax if applicable. Prior approval must be obtained.</p> <p>E. SPECIAL FEES: \$ _____</p> <p>Authorize to: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>
<p>Any tutoring services require prior approval. Documentation of the need for tutoring may be requested.</p> <p>F. TUTOR INFORMATION & FEES:</p> <p>Hourly Rate: \$ _____ x Hours Per Week: _____ x Number of Weeks: _____ = Total: \$ _____</p> <p>Authorize to: _____ Telephone: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p>

7. TRANSPORTATION, BOARD, AND LODGING INFORMATION (Check only applicable items in this section. See plan from instructions regarding reimbursement.)

- | |
|---|
| <input type="checkbox"/> Job Placement Mileage |
| <input type="checkbox"/> Formal Training Mileage |
| <input type="checkbox"/> Supportive Services Mileage |
| <input type="checkbox"/> Room and Board on-campus |
| <input type="checkbox"/> Room and Board off-campus where campus dorms are available |
| <input type="checkbox"/> Room and Board off-campus where campus dorms are not available |

8. PLAN JUSTIFICATION

ATTACH THE PLAN JUSTIFICATION TO THIS FORM

PLAN JUSTIFICATION SHALL INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING SECTIONS
LABELED ACCORDINGLY AND PRESENTED IN THE ORDER SHOWN:

Section A: Background Information

Section D: Career/Job Goal Selection

Section B: Vocational Assessment and Testing

Section E: Labor Market Information

Section C: Priority Selection

SIGNATURES AND CERTIFICATIONS

(Read carefully before signing)

Vocational Rehabilitation Counselor: I hereby certify that: (1) this plan is reasonably necessary to restore the injured employee to suitable employment and that all lower priorities as listed in section 48-162.01(3) of the Nebraska Workers' Compensation Act are unlikely to result in suitable employment for the injured employee; and (2) I have advised the injured employee that he or she may be responsible for any expenses incurred in carrying out this plan (a) without receiving approval of the plan by a vocational rehabilitation specialist of the compensation court and acceptance of the plan by the employer or the employer's workers' compensation insurer or risk management pool, or (b) without receiving approval of the plan by a judge of the compensation court.

Counselor's Signature	Date
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Employee: I hereby certify that: (1) I have reviewed this plan and the justification attached and I agree with the goal(s) of the plan and the means to attain the goal(s); (2) I will make a good faith effort to successfully complete this plan within the specified time frame and I understand that failure to participate or make satisfactory progress may result in cancellation of or termination of funding for the plan; and (3) I have been advised by my counselor that I may be responsible for any expenses incurred in carrying out this plan (a) without receiving approval of the plan by a vocational rehabilitation specialist of the compensation court and acceptance of the plan by the employer or the employer's workers' compensation insurer or risk management pool, or (b) without receiving approval of the plan by a judge of the compensation court. If the projected wage after rehabilitation is significantly less than my time-of-injury wage, I further certify that my counselor has discussed this with me and I understand and voluntarily accept the difference.

Employee's Signature	Date
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Employer/Insurer/Risk Management Pool: I hereby certify that the **Insurer**, **Self-Insured Employer**, **Risk Management Pool** accepts this plan and agrees to pay to the employee weekly compensation benefits for temporary disability while he or she is engaged in this plan.

Employer/Insurer/Risk Management Pool's Signature	Date
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Workers' Compensation Court Vocational Rehabilitation Specialist: I certify that I have evaluated this plan in accordance with section 48-162.01(3) of the Nebraska Workers' Compensation Act and that this vocational rehabilitation plan is hereby

APPROVED **DENIED**

Vocational Rehabilitation Specialist's Signature	Date
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INSTRUCTIONS FOR COMPLETING THE VOCATIONAL REHABILITATION PLAN

1. **EMPLOYEE INFORMATION:** Complete all applicable items in this section. DOT code is required for employee's time-of-injury occupation or an explanation must be provided in the Plan Justification section. The average weekly wage including overtime must be agreed to by all parties or an explanation must be provided in the Plan Justification section. A United States Citizenship Attestation form must be submitted prior to plan approval. Counselors are encouraged to submit the USCA form prior to plan submission to avoid delays. This form can be found at <http://www.wcc.ne.gov>.
2. **COUNSELOR INFORMATION:** Complete all applicable items in this section
3. **INSURER INFORMATION:**
Complete all items in this section. If the employer is self-insured or a member of a risk management pool enter the name of the employer or pool.
4. **MEDICAL INFORMATION:**
Complete all applicable items in this section. Date of MMI and permanent, injury-related restrictions are required and must be authored or endorsed by a physician. Do not rely on employee self-reported limitations. If there are multiple physician opinions with differing permanent restrictions, the permanent restrictions used must be agreed upon by the parties or determined by a Judge. Any FCE results must be endorsed by a physician.
5. **PRIORITY/SUPPORTIVE SERVICES:**
Complete all applicable items in this section. Select and check only one priority, either (A) New Job New Employer or (B) Formal Training. A job goal or goals is required for either type of priority. If multiple job goals are proposed, list each job goal with DOT code, and explain in the plan justification. Report the projected wage or range of projected wages for the each job goal, identifying the geographic coverage area and source(s) of data. For Formal Training, also list the career goal including the program and area of focus, and attach a detailed Program of Study. If supportive services are proposed, see instruction # 8, C for minimum requirements.
6. **BILLING INFORMATION:**
Complete all applicable items in this section, identifying all costs expected, including sales tax if applicable. It is understood that costs for Tuition & Fees and Required Books (parts A & B) are estimates and subject to revision. General Supplies (part C) such as USB Flash-drives, pens, pencils, notebooks \$30.00 per term, in addition to the \$30.00, include sales tax. Required Supplies (part D) must be supported by documentation. An itemized list must be attached and prior approval must be obtained. Special Fees (part E) are costs which may uniquely apply to an individual's plan, but must be reasonable and necessary. Prior approval must be obtained. Any Tutoring Services (part F) require prior approval. Documentation of the need for tutoring may be requested.
7. **TRANSPORTATION, BOARD, AND LODGING INFORMATION:**
Complete all applicable items in this section. Allowable mileage will be reimbursed at the current state rate. Reimbursement for board, lodging, and mileage in formal training plans will vary depending on the location of the student's permanent residence and whether board and lodging are available at the training facility or institution. See Rule 38 for reimbursement when the student's permanent residence is away from the training facility or institution. If such a student temporarily resides at or near the training facility or institution then special one way mileage between the student's permanent and temporary residences may be reimbursed at the beginning and end of each term. If the student's permanent residence is at or near the training institution then local mileage, but not room or board, is reimbursable.
8. **PLAN JUSTIFICATION:**
A clearly legible statement titled Plan Justification must be attached to this form. It shall include at a minimum the following, labeled accordingly and presented in the order shown:
 - A. **Background Information:** Provide a general summary of information relating to the employee's background, educational and vocational history, the occurrence and nature of the work injury, resulting physical limitations, and any other barriers to employment.
 - B. **Vocational Assessment and Testing:** Identify, provide copies of, and summarize the results of all vocational, educational, and psychometric assessments administered and/or utilized in the course of developing this plan.
 - C. **Priority Selection:** Section 48-162.01(3) states that no higher priority may be utilized unless all lower priorities have been clearly shown to be unlikely to result in suitable employment for the injured worker. Clearly state the factors used to rule out lower priorities and to select the priority proposed. Describe any research conducted that supports this selection.
New Job New Employer with Supportive Services or Formal Training with Supportive Services. A plan with supportive services must at a minimum describe (1) why the supportive service is needed to return the employee to work, (2) the nature of the supportive service being proposed, and (3) how the supportive service being proposed will either (a) allow the employee to perform the jobs identified in the plan, in case of a job placement plan, or (b) allow the employee to successfully complete the training for the career goal, in the case of a formal training plan. A tentative start date for job placement services should be included in the plan justification. Job placement plans with ELL as a supportive service should not exceed one year, but may be written for less time. Job placement plans with GED as a supportive service should not exceed two years, but, again, may be written for less time. If a tutor is to be used, the plan must describe what the tutor will be doing, and how this will assist the employee to perform the identified jobs or satisfactorily complete the training for the career goal.
 - D. **Career/Job Goal Selection:** For New Job New Employer priority, clearly explain how the job goal(s) was selected. For Formal Training priority, clearly explain how the career goal (program and focus area) and the job goal(s) were selected. Also explain in detail other options explored and the reasons for ruling them out. Describe any research conducted, testing results, and/or other information used in making the selection.
 - E. **Labor Market Information:** Sufficient labor market information must be submitted to establish (1) that the proposed job is available in the community and the projected outlook for that job, (2) that the employee meets the minimum qualifications for the job, in the case of job placement, or will meet the minimum qualifications after successful completion of training, (3) that the employee will be able to earn a wage comparable to what he or she was earning at the time of the injury, unless the employee has confirmed his or her acceptance of a lower projected wage, and (4) that the job is consistent with the employee's restrictions. Specific job titles (DOT codes), actual and/or projected openings, and actual and/or projected wage (s) or wage range (s) must be included. The labor market resources that were used to determine the job's availability must be identified. A labor market survey (i.e., contacts with employers and documentation of each contact) is not required in every case, but may be necessary in individual cases.