Certification of Vocational Rehabilitation

FOR OFFICE USE ONLY

Toll-Free: 1-800-821-2251
www.state.ak.us/drb

Division of Retirement and Benefits
PO Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-4460
TDD: (907) 465-2805
Fax: (907) 465- 1470

EMPLOYEE'S NAME

Last	First	M.I.	Social Security Number

I hereby certify that the above-named member:

☐ Has not submitted an application at this time.

☐ Submitted an application on _____ and is being reviewed for eligibility to receive VR benefits.
(date)

☐ Has been determined ineligible for services; if so, give reason:

☐ Is currently participating in a vocational rehabilitation plan.

☐ Has completed a vocational rehabilitation plan on _____.
(date)

☐ Has failed to cooperate in a vocational rehabilitation plan as of _____.
(date)

Comments:

SIGNATURE

Vocational Rehabilitation Counselor	Date
Printed Name	**Telephone Number**