



# ReEmployAbility Referral Form

TRANSITION2WORK

Re-employment Services

- Re-employment Assessment
- Labor Market Survey
- Job Analysis
- On-line Job Assistance
- In-Person Job Assistance

## TPA/Company Name

Company Name		Date of Referral		
Address		City	State	Zip
Phone	Fax	Email		
Referral Contact		Title		

## Injured Worker & Employer Information

Injured Worker Name: <input type="checkbox"/> F <input type="checkbox"/> M		Claim Number	Date of Loss	
Address		Last 4 Digits of SSN	DOB	
City	State	Zip	Injured Worker Phone	Jurisdiction
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Bilingual: English/Spanish <input type="checkbox"/> Other: _____		AWW	Comp Rate	
<b>Employer</b>		Employer Contact		
Employer Email	Employer Phone		Employer Fax	

## Return to Work

Release to RTW? <input type="checkbox"/> Yes <input type="checkbox"/> No	RTW Date:	MMI Date	PIR %
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## Litigation Status

Litigation Issues:	Mediation Date	Hearing Date
<b>Claimant Attorney</b>	Phone:	
<b>Defense Attorney</b>	Phone	

## Physician Information

Physician	Phone
Physician	Phone

## For Transition2Work Referrals Only

Rate of Pay for IW while in Program	HOURS/WK	Suitable Jobs: <input type="checkbox"/> Phones <input type="checkbox"/> Computers <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____
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## Special Handling Instructions (optional)

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