

VOCATIONAL REHABILITATION PROVIDER CLAIM

To: Social Security Administration Office of Employment Support Programs VRA Operations Team P.O. Box 17714 Baltimore, Maryland 21235-7714	From: VR Provider Code
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Check One Claim Based On: ☐ Continuous Period of SGA ☐ Medical Recovery during VR

If claim is based upon other than a continuous period of SGA, it is not necessary to complete items 6, 8, 9, or 13 below.

Check One ☐ Initial Claim ☐ Reconsideration ☐ Resubmittal ☐ Supplemental

1. Client (First Name, MI, Last Name)

2. <input type="checkbox"/> SSA <input type="checkbox"/> SSI	SSN (Primary)	3. SSN (Widow or child, if appropriate)	4. <input type="checkbox"/> Blind <input type="checkbox"/> Non-Blind
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5a. Date Client Entered VR OO	5b. Date Signed IPE	6. Date Employment Began	7. Date of Final VR Closure	8. Months Work Activity Tracked After VR Closing (show months)
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9. Medical services were provided, initiated, or coordinated under IWRP ☐ Yes ☐ No

10. Claim based solely on extended evaluation services (VR 06) ☐ Yes ☐ No

11. Direct cost during VR (after 9/30/81) - Total from Item 17d (over)

12. Administrative, counseling and placement costs during VR (after 9/30/81)

13. Administrative costs only for tracking after VR (after 9/30/81)

14. Other (identify in Remarks section below)

15. Total amount claimed

16. What type of occupation(s) did the client perform during the continuous period of SGA:

Remarks:

Signature	Title	Date:
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17. Itemization of direct cost services provided during the period of VR (after 9/30/81): (Use additional sheets as needed)

17a. Date of Service	17b. Type of Service	17c. Cost of Service
	#1	
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	
	#11	
	#12	
	#13	
	#14	
	#15	
17d. Total of column 17c (also enter in item 11 - over)		

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 222(d), and 1615(d) of the Social Security Act, as amended, allow us to collect this information, which we will use to determine claim eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent reimbursement of costs incurred for providing Vocational Rehabilitation services. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0090 and 60-0221, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. We estimate that it will take about 23 minutes to read the instructions, gather the facts, and answer the questions. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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