## **Certification of Vocational Rehabilitation**

## FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251 alaska.gov/drb

Division of Retirement and Benefits P.O. Box 110203 Juneau, Alaska 99811-0203

TL FA

uneau: (907) 465-4460									
DD: (907) 465-2805									
AX: (907) 465-3086	$\Box$	_	_	_	_	_	_	_	

Emplo	yee's Name	Last	First	M.I.	RIN or Last Four of Social Security Number							
I hereby certify that the above-named member:												
	Has not submitte	ed an application a	at this time.									
	Submitted an ap	plication on	(date)	and is being reviewed for eligibility to receive VR benefits.								
	Has been deterr	nined ineligible for	services; if so, give reaso	n:								
	Is currently parti	cipating in a vocat	ional rehabilitation plan.									
			ilitation plan on									
	. ido osprotod o			(date)								
	Has failed to coo	perate in a vocati	onal rehabilitation plan as	of								
•					(date)							
Comi	ments:											
Signat	ture of Vocational	Rehabilitation Co	unselor		Date							
Printe	d Name				Telephone Number							