



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION

5221 Yellowstone Road
Cheyenne, WY 82002

<http://www.wyomingworkforce.org>



Robin Sessions Cooley, J.D.
Director

Elizabeth Gagen, J.D.
Deputy Director

Pursuant to W.S. § 27-14-403 you may be entitled to an award for: Permanent Partial Disability as provided under W.S. § 27-14-405 OR Vocational Rehabilitation as provided under W.S. § 27-14-408. Please select which award you are applying for and check the appropriate box.

- By checking this box I am applying for eligibility to receive a **PERMANENT PARTIAL DISABILITY AWARD**.
- By checking this box I am applying for eligibility to participate in a **VOCATIONAL REHABILITATION PROGRAM** as defined by W.S. § 27-14-408 and understand that in order to qualify I must waive all rights for a Permanent Partial Disability award as defined by W.S. § 27-14-405.

Injured Workers' Name _____ Claim No. _____

Address _____ City _____ State _____ ZIP _____

Date of Injury _____ Age at time of injury _____

Social Security No. _____ Phone No. (_____) _____

ELIGIBILITY STATEMENT

Have you received an award for Permanent Partial Physical Impairment for this injury? Yes No

If yes, on what date? _____ body part? _____ Percentage of Disability Awarded? _____

Have you ever been released to work by your physician of record? Yes No

What restrictions, if any has your physician given you for returning to employment? _____

(If you have reports from your physician indicating your physical restrictions, please attach a copy to this form.)

EXAMPLE: lifting restrictions, kneeling, standing, sitting, reaching, repetitive tasks, etc.

List any other injuries/illness you have suffered that contributes to your inability to return to work. _____

What was your wage at the time of this injury? \$ _____ per _____ (hr/wk/mo) (If found eligible, award will be calculated using gross actual monthly earnings.)



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What was your occupation at the time of this injury? _____

Have you ever received a vocational award or loss of earnings award for this injury? Yes No

If yes, please explain _____

Were you participating in any type of training program at the time of your injury? Yes No

If yes, please explain in detail the nature of the program _____

Are you currently employed? Yes No

If yes, give name, address, and phone number of the employer _____

What date did you begin work? _____

What is your occupation with the current employer? _____

Wage agreement \$ _____ per _____ (hours/week/month)

Are you currently self-employed? Yes No

If yes, name and type of business _____

Have you filed a claim for Unemployment Insurance since your injury? Yes No

If yes, what date did you file? _____ Where is the office located? _____

What is the phone number for that office? _____

Are you currently registered with Job Service? Yes No

Where is the office located? _____



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Are you seeking work through any other employment agencies? Yes No

If yes, please list the name, address, and phone number of each _____

Are you currently in any vocational or retraining programs? Yes No

If yes, explain _____

Are you registered with a union? Yes No

If yes, please provide the name of the union and the union number. _____

Explain what other methods you are currently using to find work. **There is a work search form at the end of this application that you must complete for us to verify that you are actively seeking employment. (minimum of 30 contacts required)**

Have you contacted your employer for whom you were working at the time of injury to see if they have work available for you?

Yes No

If yes, name of person contacted _____

Telephone number (_____) _____

Do you have a High School Diploma or GED? Yes No If no, what is the highest grade completed? _____

If you have additional education, what is the highest grade of education you have completed beyond the 12th grade? _____



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WORK HISTORY

List **ALL** jobs in reverse order starting with your present or last job. List your entire work history including volunteer, part-time, temporary, self employment and military jobs. **This section must be accurate and complete.** If more space is needed, attach additional sheets in the same format including your name and social security number.

Employer _____ Address _____
 From: Mo/Yr _____ To: Mo/Yr _____ Position _____
 Last Salary _____ Per _____
 Duties _____

Employer _____ Address _____
 From: Mo/Yr _____ To: Mo/Yr _____ Position _____
 Last Salary _____ Per _____
 Duties _____

Employer _____ Address _____
 From: Mo/Yr _____ To: Mo/Yr _____ Position _____
 Last Salary _____ Per _____
 Duties _____

Employer _____ Address _____
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Employer _____ Address _____

From: Mo/Yr _____ To: Mo/Yr _____ Position _____

Last Salary _____ Per _____

Duties _____

Employer _____ Address _____

From: Mo/Yr _____ To: Mo/Yr _____ Position _____

Last Salary _____ Per _____

Duties _____

Employer _____ Address _____

From: Mo/Yr _____ To: Mo/Yr _____ Position _____

Last Salary _____ Per _____

Duties _____

Employer _____ Address _____

From: Mo/Yr _____ To: Mo/Yr _____ Position _____

Last Salary _____ Per _____

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Hobbies/Other Activities

CERTIFICATION

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in disqualification for entitlement. My signature authorizes the Workers' Compensation Division to receive a copy of the Individualized Plan(s) of Employment and gives approval to discuss my participation in the DVR program.

Signature of worker _____ Date _____

