

DATE: \_\_\_\_\_

TO: Deloris L. Jay, CRC, CCM  
Vocational Rehabilitation Coordinator  
NH Department of Labor

REHABILITATION CLOSURE FORM

EMPLOYEE \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYER OF INJURY \_\_\_\_\_

REHABILITATION SPECIALIST \_\_\_\_\_

REFERRAL DATE \_\_\_\_\_

CLOSURE DATE \_\_\_\_\_

REASON FOR CLOSURE (Check one):

\_\_\_\_\_ RWS: Return to work with rehabilitation services provided

\_\_\_\_\_ RWN: Return to work with NO rehabilitation services provided

\_\_\_\_\_ NRP: No rehabilitation potential

\_\_\_\_\_ LSS: Lump sum settlement

\_\_\_\_\_ LDH: Labor Department hearing decision

\_\_\_\_\_ BCR: By carrier request

\_\_\_\_\_ MMO: Medical management only

\_\_\_\_\_ OOO: Other (Relocation, refusal of services, death, etc.)