APPLICATION FOR EVALUATION
EMPLOYMENT REHABILITATION SERVICES
PURSUANT TO 39-A M.R.S.A. §217(1)

STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MEDICAL/REHABILITATION SERVICES
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

EMPLOYEE

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
PRIMARY PHONE NUMBER: _____
OTHER PHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: XXX-XX- _____
(only last four digits required)
DATE OF INJURY: _____
BOARD FILE NUMBER: _____
AVERAGE WEEKLY WAGE: _____
PRIMARY HEALTH CARE PROVIDER: _____
PHONE NUMBER: _____

EMPLOYER

NAME: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
NATURE OF BUSINESS: _____
CONTACT: _____
PHONE NUMBER: _____

CLAIM ADMINISTRATOR

NAME: _____
CLAIM NUMBER: _____
ADJUSTER NAME: _____
PHONE NUMBER: _____

1. On _____, _____ sustained a work-related injury while working for _____.
   MONTH DAY YEAR — EMPLOYEE NAME — EMPLOYER NAME

2. The employee injured his/her _____.
   LIST BODY PARTS INJURED

3. Employment rehabilitation services have not been voluntarily offered and accepted.

THEREFORE, the applicant asks the board to refer the employee to a board-approved facility for evaluation of the need for and kind of service, treatment, or training necessary and appropriate to return the employee to suitable employment pursuant to 39-A M.R.S.A. §217(1).

_____
SIGNATURE OF APPLICANT

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original application along with a copy of the applicant's medical records to the Workers' Compensation Board at the above address by regular mail.
2. Keep one (1) copy for yourself.

_____
NAME OF EMPLOYEE'S ATTORNEY OR ADVOCATE (IF ANY)

_____
STREET/P.O. BOX

_____
CITY, STATE, ZIP

_____
TELEPHONE NUMBER

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.
WCB-320 (eff. 1/1/13)