

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

A party opposing the application shall file an objection no later than 10 business days after receipt of the application per Board Rule Ch. 6, §3 (2). Objections must be filed with the Office of Medical/Rehabilitation Services:

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

**EMPLOYEE**

**EMPLOYER/CLAIM ADMINISTRATOR**

NAME: \_\_\_\_\_  
 STREET/P.O. BOX: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 AVERAGE WEEKLY WAGE: \_\_\_\_\_  
 BOARD FILE NUMBER: \_\_\_\_\_  
 REPRESENTATIVE (IF ANY): \_\_\_\_\_  
 REPRESENTATIVE EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
 STREET/P.O. BOX: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET/P.O. BOX: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

1. On \_\_\_\_\_, \_\_\_\_\_ sustained a work-related injury while working for \_\_\_\_\_.
2. The employee injured their \_\_\_\_\_.
3. Employment rehabilitation services have not been voluntarily offered and accepted.
4. The employee \_\_\_\_\_ received benefits previously and \_\_\_\_\_ receiving benefits currently.

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 relevant medical records to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy with an attachment index to each party **by certified mail, return receipt requested.**
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

\_\_\_\_\_  
 NAME OF APPLICANT  
 \_\_\_\_\_  
 STREET/P.O. BOX  
 \_\_\_\_\_  
 CITY, STATE, ZIP  
 \_\_\_\_\_  
 EMAIL ADDRESS