

## VOCATIONAL REHABILITATION PROVIDER CLAIM

To:  Social Security Administration P.O. Box 17707 Baltimore, Maryland 21235-7707	From:          VR Provider ID (PID):
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Check One, Claim Based On:      Continuous Period of SGA      Medical Recovery During VR      Pre-ETS

If claim is based upon Medical Recovery During VR, it is not necessary to complete items 6, 8, or 9 below.

Check One:      Initial Claim      Reconsideration      Supplemental

1. Client (First Name, MI, Last Name):

2.      SSDI SSI	SSN (Primary):	3. SSN (Widow or child, if appropriate):	4.      Blind Non-Blind
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5a. Date Client Entered VR:	5b. Date Signed IPE:	6. Date Employment Began:	7. Date of Final VR Closure:	8. <b>For Pre-ETS Claims Only</b> Service Agreement Date:
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9. Medical services were provided, initiated, or coordinated under IWRP:      Yes      No

10. Claim based solely on extended evaluation services:      Yes      No

11. Direct cost during VR (after 9/30/81) - Total from Item 16d (over):

12. Administrative, counseling and placement costs during VR (after 9/30/81):

13. Other (identify in Remarks section below):

14. Total amount claimed:

15. What type of occupation(s) did the client perform during the continuous period of SGA:

Remarks:

Print Name	Title
Signature	Date

16. Itemization of direct cost services provided during the period of VR (after 9/30/81):

16a. Date of Service	16b. Type of Service	16c. Cost of Service
	#1	
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	# 9	
	#10	
	#11	
	#12	
	#13	
	#14	
	#15	
	#16	
	#17	
	#18	
	#19	
	#20	
	#21	
	#22	
	#23	
	#24	
	#25	
	#26	
	#27	
	#28	
	16d. Total of column 16c:	

**Privacy Act Statement**  
**Collection and Use of Personal Information**

See Revised  
Privacy Act  
Statement

~~Section 205(a), 222(d)(1), and 1615(d) of the Social Security Act, as amended, allows us to collect this information is voluntary. However, failing to provide all or part of the information may create costs claims, lead to inaccurate payment of claims, and unnecessarily delay reimbursement to State vocational rehabilitation agencies for reasonable and necessary costs incurred.~~

~~We will use the information to make a determination regarding the reimbursement of costs incurred for providing vocational rehabilitation services. We may also share your information for the following purposes, called routine uses:~~

- ~~• To a State vocational rehabilitation agency or alternate participant regarding the basis for SSA's decision on its claim for reimbursement and the reason(s) costs were allowed or denied; and~~
- ~~• To contractors under contract to the Social Security Administration (SSA), or under contract to another agency with funds provided by SSA, for the performance of research and statistical activities directly relating to this system of records.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0221, entitled Vocational Rehabilitation Reimbursement Case Processing System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1840, and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).~~

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 61 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**