

§10122. Definitions.

The following definitions apply to this article and are in addition to those as set forth in Labor Code section 4635:

(b)~~(a)~~ Case Initiation Document. The cover sheet that provides the name and address of the party(ies) and their representatives, if any, requesting action from the rehabilitation unit.

(c)~~(b)~~ Claims Administrator. The person or entity responsible for the payment of compensation for a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party claims administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(d)~~(c)~~ Correct Rehabilitation Unit District Office. The district office venue assigned by the Rehabilitation Unit.

(e)~~(d)~~ Employer. The person or entity that employed the injured employee at the time of injury.

(f)~~(e)~~ In-House Qualified Rehabilitation Representative. An employee of the claims administrator who is capable of developing and implementing a vocational rehabilitation plan and whose experience and regular duties involve the evaluation, counseling or placement of disabled persons, and who is familiar with this article and Article 2.6 (commencing with Section 4635) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

(g)~~(f)~~ Insurer. Has the same meaning as in Labor Code Section 3211.

(i)~~(g)~~ Notices. Required notices letters generated by the claims administrator and directed to the injured employee.

(j)~~(h)~~ Parties. The employee, claims administrator and their designated representatives, if any.

(k)~~(i)~~ Rehabilitation Provider. A person or entity providing vocational rehabilitation services for a fee.

(l)~~(j)~~ Rehabilitation Unit. The unit established within the Division of Workers' Compensation.

(m)~~(k)~~ Regular Position: A position arising from the ongoing business needs of the employer which consists of defined activities that can be reasonably viewed as required or prudent in view of the company's business objectives and is expected to last at least 12 months.

(n)~~(l)~~ Represented Employee: An injured employee who has retained an attorney-at-law who is a member in good standing of the State Bar of California.

(h)~~(m)~~ Modified Work: An injured employee's usual and customary job or occupation with the same employer after modification to accommodate required work restrictions. Modification includes, but is not limited to, changing or excluding certain tasks, reducing the time devoted to certain tasks, modifying the work station, changing the work location, and providing helpful equipment or tools. Modified work for injuries occurring on or after 1/1/94, shall meet the criteria of Labor Code Section 4644(a)(5). An Employer's provision of ergonomic or safety equipment or devices for injury prevention purposes shall not give rise to liability for vocational rehabilitation services.

~~(a)(4)~~ Alternative Work: A job or occupation, other than modified work, with the same employer which is compatible with the injured employee's work restrictions. Alternative work for injuries occurring on or after 1/1/94 shall also meet the criteria of Labor Code Section 4644 (a)(6).

Note: Authority cited: Sections 133, 139.5 and 5307, Labor Code.
Reference: Sections 124, 139.5, 4635, and 4644, Labor Code.

§10122.1 Weekend or Holiday Deadlines

If the date or deadline (including any applicable extension) to perform any act falls on a weekend or state holiday (as defined by Government Code §6700 and §6701), the act may be performed on the first business day after the weekend or holiday.

Note: Authority cited: Sections 133, 138.4, 139.5, 5307.3, Labor Code
Reference: Sections 133, 139.5, 4637, Labor Code

§ 10127.3 Qualified Rehabilitation Representative (QRR).

(a) The provision of vocational rehabilitation services shall be provided by individuals who meet the definition of a QRR as defined in Labor Code Section 4635 (b), except where a QRR Waiver has been granted.

(b) When an employee is determined to be medically eligible and chooses to participate in a vocational rehabilitation program he/she is to be referred immediately to a QRR selected in agreement between the employee and claims administrator, pursuant to Labor Code Section 4637.

(c) If the agreement on a QRR cannot be reached within 15 days either party may request the Unit appoint an Independent Vocational Evaluator (IVE).

(d) The referral to the QRR shall include all pertinent and narrative medical and vocational reports to assist the QRR in the evaluation process.

Note: Authority cited: Sections 133, 138.4, 139.5, 5307.3, Labor Code
Reference: Sections 4635, 4637, 4640, Labor Code

§10131. Termination of Vocational Rehabilitation Services.

(a) When the employer/claims administrator elects to terminate rehabilitation services of an employee injured before 1/1/90, prior to such termination, the claims administrator shall provide the employee with a "Request for Conclusion of Rehabilitation Benefits", DWC Form RB-105. For employees injured on or after 1/1/90, the claims administrator shall provide the employee with a "Notice of Termination of Rehabilitation Services," DWC RU-105. The notice must be sent within 10 days of the circumstances set forth in Labor Code section 4644(a) with copies sent to all parties, including the Rehabilitation Unit, with proof of service. The copy forwarded to the Rehabilitation Unit shall include the Rehabilitation Unit file number or a RU 101 attached.

(b) If the employee wishes to object to the "Request for Conclusion of Rehabilitation Benefits", DWC Form RB-105 or the "Notice of Termination of Vocational Rehabilitation Services", DWC Form RU-105, the objection must be filed with the Rehabilitation Unit within twenty days using the "Request for Dispute Resolution", DWC Form RU-103. The claims administrator shall provide the employee with a RU-103 with the "Request for Conclusion of Rehabilitation Benefits", DWC Form RB-105, or "Notice of Termination of Vocational Rehabilitation Services" DWC Form RU-105. Absent timely objection by the employee, the employer's liability for vocational rehabilitation services will be presumed terminated.

(c) When the employee objects to the claims administrator's "Request for Conclusion of Rehabilitation Benefits", DWC Form RB-105, or "Notice of Termination of Vocational Rehabilitation Services", DWC Form RU-105, the Rehabilitation Unit shall, within thirty (30) days of the employee's objection, hold a conference or otherwise obtain the employee's reasons for objection together with substantiating evidence and issue its decision.

(d) For injuries occurring on or after 1/1/94. When the employer offers modified or alternative work to the employee on the DWC Form RU-94 that meets the conditions of Labor Code Section 4644 (a) (5), (6) or (7) and subsequently learns that the employee cannot lawfully perform modified or alternative work due to the employee's immigration status, the employer is not required to provide vocational rehabilitation services.

(e) An employer's obligation to provide modified or alternative work to a seasonal employee is terminated after 12 months if the following conditions apply:

(1)The employee was hired on a seasonal basis prior to injury;

(2)The offer of modified or alternative work is on a similar seasonal basis to the employee's previous employment; and

(3)The offer is made on the DWC Form RU-94 that meets the conditions of Labor Code Section 4644 (a) (5), (6), or (7).

(f) For dates of injuries on or after 1/1/03, where the employee and employer have agreed to settle the employee's right to prospective vocational rehabilitation services for an amount not to exceed \$10,000 for the

employee's use in self-directed rehabilitation, the employer/claims administrator's liability for vocational rehabilitation services is terminated.

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code.
Reference: Sections 139.5, 4644, and 4646, Labor Code.

§ 10131.2 Settlement of Prospective Vocational Rehabilitation

(a) A represented employee who was injured on or after January 1, 2003 can settle prospective vocational rehabilitation services for an amount not to exceed \$10,000 in self directed vocational rehabilitation when the following conditions have been met;

- (1) The settlement of the employee's rights to prospective vocational rehabilitation services shall be set forth on the DWC Form RU-122;
- (2) Prior to entering into any settlement agreement, the attorney for the represented employee shall fully disclose and explain to the employee the nature and quality of the rights and privileges being waived; and
- (3) The "Settlement of Prospective Vocational Rehabilitation Services" shall be submitted on the DWC Form RU-122 for employees with a date of injury on or after January 1, 2003 to the correct Rehabilitation Unit office with copies to all parties.

(b) The Rehabilitation Unit may only disapprove a settlement agreement upon a finding that receipt of rehabilitation services is necessary to return the employee to suitable gainful employment. If disapproval is not made within ten (10) days of the Rehabilitation Unit's receipt of a fully executed agreement, the agreement shall be deemed approved.

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code.
Reference: Sections 139.5, 4644, and 4646, Labor Code.

§10133 Forms, Form Filing Instructions & Notices

The forms and form filing instructions govern the procedures for the use and completion of the forms required by the Rehabilitation Unit. Unless otherwise specified each form may be used for all dates of injuries.

Form RU-90 “Treating Physician’s Report of Disability Status”
Form Filing Instructions

Form RU-91 “Description of Employee’s Job Duties”
Form Filing Instructions

Form RU-94 “Notice of Offer of Modified or Alternative Work”
Form Filing Instructions

Form RU-102 “Vocational Rehabilitation Plan”
Form Filing Instructions

Form RU-103 “Request for Dispute Resolution”
Form Filing Instructions

Form RB-105 “Request for Conclusion of Rehabilitation Benefits”
Form Filing Instructions

Form RU-105 “Notice of Termination of Vocational Rehabilitation Services”
Form Filing Instructions

Form RB-107 “Statement of Decline of Vocational Rehabilitation Benefits”
Form Filing Instructions

Form RU-107 “Employee Statement of Declination of Vocational Rehabilitation
Services”
Form Filing Instructions

Form RU-107A “Statement of Declination of Vocational Rehabilitation Services”
Form Filing Instructions

Form RU-120 “Initial Evaluation Summary”
Form Filing Instructions

Form RU-121 “Vocational Rehabilitation Progress Report”
Form Filing Instructions

Form RU-122 "Settlement of Prospective Vocational Rehabilitation Services"
Form Filing Instructions

Note: Authority Cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code.
Reference: Sections 139.5, 4635, 4636, 4637, 4638, 4641, 4644, and
4646, Labor Code.

§10133.1. Standardized Report Forms

~~(a) The Qualified Rehabilitation Representative (QRR) shall use the Initial Evaluation Summary, Form RU-120, revised 9/98, when reporting his or her findings and recommendations following the initial evaluation of the employee.~~

~~(b) The Qualified Rehabilitation Representative (QRR) shall report to the parties on an agreed upon basis the progress of each employee receiving vocational rehabilitation services. The QRR shall use the Vocational Rehabilitation Progress Report, Form RU-121, revised 9/98, to report such progress.~~

~~(c) Nothing in subsections (a) and (b) shall be construed to prohibit a Qualified Rehabilitation Representative who has otherwise complied with subsections (a) or (b) from preparing additional and more detailed reports at the request of a party. The costs of such additional reports shall be borne by the party who requests the reports.~~

~~Note: Authority cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code.~~

~~Reference: Section 139.5, Labor Code.~~

§ 10133.10 Form RU-90 “Treating Physician’s Report of Disability Status” and Form Filing Instructions

[\[Form RU-90 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4636, and 4637, Labor Code

§ 10133.11 Form RU-91 “Description of Employee’s Job Duties” and Form Filing Instructions

[\[Form RU-91 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4636, and 4637, Labor Code

§ 10133.12 Form RU-94 “Notice of Offer of Modified or Alternative Work” and Form Filing Instructions

[\[Form RU-94 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4635, 4636, and 4637, Labor Code

§ 10133.13 Form RU-102 “Vocational Rehabilitation Plan” and Form Filing Instructions

[\[Form RU-102 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4635, 4636, and 4638, Labor Code

§ 10133.14 Form RU-103 “Request for Dispute Resolution” and Form Filing Instructions

[\[Form RU-103 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4638, Labor Code

**§ 10133.15 Form RB-105 “Request for Conclusion of Rehabilitation Benefits”
and Form Filing Instructions**

[\[Form RB-105 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4637, 4643, and 4644, Labor Code

§ 10133.16 Form RU-105 “Notice of Termination of Vocational Rehabilitation Services” and Form Filing Instructions

[\[Form RU-105 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4637, 4644, Labor Code

§ 10133.17 Form RB-107 “Statement of Decline of Vocational Rehabilitation Benefits” and Form Filing Instructions

[\[Form RB-107 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4641 and 4644, Labor Code

§ 10133.18 Form RU-107 “Employee Statement of Declination of Vocational Rehabilitation Services” and Form Filing Instructions

[\[Form RU-107 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4641 and 4644, Labor Code

§ 10133.19 Form RU-107A “Statement of Declination of Vocational Rehabilitation Services” and Form Filing Instructions

[\[Form RU-107A and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 139.5, and 5307.3, Labor Code
Reference: Sections 4641 and 4644, Labor Code

§ 10133.20 Form RU-120 “Initial Evaluation Summary” and Form Filing Instructions

[\[Form RU-120 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 138.4, 139.5, and 5307.3, Labor Code
Reference: Section 139.5, Labor Code

§ 10133.21 Form RU-121 “Vocational Rehabilitation Progress Report” and Form Filing Instructions

[\[Form RU-121 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 138.4, 139.5, and 5307.3, Labor Code
Reference: Section 139.5, Labor Code

§ 10133.22 Form RU-122 “Settlement of Prospective Vocational Rehabilitation Services” and Form Filing Instructions

[\[Form RU-122 and Instructions attached\]](#)

Note: Authority Cited: Sections 133, 138.4, 139.5, and 5307.3, Labor Code
Reference: Section 139.5 and 4646 Labor Co

§10133.2. Pamphlets.
(a) "Help in Returning to Work —94"

Help In Returning To Work — 94

Vocational Rehabilitation Benefits for Workers Injured after January 1, 1994

What is vocational rehabilitation?

Vocational rehabilitation is a workers' compensation benefit that helps injured workers return to work.

You generally qualify for vocational rehabilitation if you can no longer do your old job, and your employer does not offer you another.

If you qualify, a plan to return you to work will usually be developed by a vocational counselor - - with assistance from you and your claims administrator, the person who is handling your claim for your employer or your employer's insurance company.

California law limits the amount of money for rehabilitation services.

How do I find out if I'm eligible for vocational rehabilitation services?

When you are off work for 90 days, your claims administrator will give the doctor who is treating you a job description that lists the exact duties you performed at work.

Your claims administrator will ask for your help in preparing this job description. This is to make sure that your doctor has an accurate picture of your job duties. Your participation is very important, because if you do not assist, the claims administrator may send your doctor the employer's description of your job.

If you need help filling out the job description form, you may contact the Division of Workers' Compensation (DWC) Information and Assistance office. (~~See list for the phone number of the office nearest you.~~)

Once your doctor reports whether you can return to your job, you will receive a letter from the claims administrator and a copy of

the doctor's ~~final~~ report regarding medical eligibility.

If you are unable to return to your old job, your employer will decide whether you can return to other work with your disability. You should receive a notice in about a month from the date you receive the notice of potential eligibility from the claims administrator.

~~You will not qualify for rehabilitation services if~~ If your employer offers you work within your medical restrictions, and you reject or fail to accept the job within 30 days, your employer's offer of suitable work of the offer, you will not qualify for rehabilitation services.

What if the job my employer offered does not work out?

You may still be entitled to rehabilitation services if the job doesn't last for 12 months or your disability prevents you from performing the tasks.

If you have concerns, talk to your employer, claims administrator, or Information and Assistance officer.

What if my employer does not offer me a job?

You will receive an offer of vocational rehabilitation services. You have 90 days to accept. You may ask for an evaluation to help you decide.

If you want services but can't start immediately, you should let your claims administrator know and ask about the possibility of delaying services.

If you do not wish rehabilitation at all, you may decline these services by signing a form. This ends your employer's obligation to provide rehabilitation services at a later date.

Can I receive cash instead of settle my vocational rehabilitation services?

No, for injuries which occurred prior to January 1, 2003. California law does not permit prospective vocational rehabilitation ~~benefits~~ services to be ~~traded~~ for cash settled.

Yes, for injuries which occur on or after January 1, 2003. An employer and represented employee may agree to settle rights to prospective vocational rehabilitation services with a one-time payment not to exceed \$10,000 for use in self directed vocational rehabilitation.

If I accept vocational rehabilitation, what should I expect?

You and your claims administrator can choose an agreed upon counselor who will develop a rehabilitation plan for you. This can include job modification, job placement assistance, short-term training, and self-employment possibilities - - whatever is the best way to return to work

You also have the right to request a change of counselor.

What income do I receive if I accept vocational rehabilitation?

If you are receiving temporary disability payments when you start vocational rehabilitation, you may continue receiving them until your doctor reports your condition is "permanent and stationary." When this occurs, you will then receive a maintenance allowance of up to \$246 per week. There is a 52-week limit to the maintenance allowance, ~~so it is better for you to start your rehabilitation as soon as possible.~~ that counts against the \$16,000 cap. It is better for you to start your rehabilitation as soon as possible. You may also receive advance payments of permanent disability benefits to supplement the maintenance allowance.

What are the limits of vocational rehabilitation?

The California Legislature has placed very strict limits on rehabilitation plans:

** The plan must be completed within 18 months.*

** Vocational rehabilitation maintenance allowance payments are limited to a total of 52 weeks.*

** Once you agree to a plan, changes are limited.*

** Total cost, including maintenance allowance, counseling fees, services and expenses, are generally limited to \$16,000.*

What if I'm already enrolled in a college or university?

If you are already enrolled and have made substantial progress toward a degree or certificate at a community college, ~~California State~~ University, or the University of California, you may be able to waive the services of a rehabilitation counselor. Funds normally paid for counseling may then be used to help pay for the college or university program in which you are enrolled. Contact the DWC Rehabilitation Unit for details.

What other services or benefits could I receive as part of the vocational rehabilitation benefit?

** Transportation allowance at a rate specified by the State of California.*

** Specific costs required for your rehabilitation plan, such as the cost of re-training, supplies, tools and equipment, tuition and student fees.*

** Reasonable additional living expenses, such as temporary relocation costs during evaluation or training. This consists of the costs of your food and lodging when you are required to be away from home.*

** Reasonable relocation expenses if permanent relocation is required.*

** Remember, total costs cannot be more than \$16,000 except in very limited circumstances.*

What are my responsibilities?

You are expected to:

** Take an active role in your rehabilitation.*

** Complete assignments.*

** Be on time for all appointments, classes, interviews and scheduled meetings.*

** Notify your rehabilitation*

counselor immediately if you are unable to keep appointments.

** Maintain an accurate, complete travel expense log.*

** Stay in contact with and immediately notify your counselor of any problems.*

** Keep your counselor and claims administrator advised of any change of your address or phone number.*

** Be available for rehabilitation services Monday through Friday, during reasonable business hours.*

You should be aware that if you do not participate fully, your maintenance allowance may be stopped.

What are the claims administrator responsibilities?

The claims administrator in a timely manner:

** assists you in returning to work with your employer.*

** pays your benefits that are due.*

** pays for rehabilitation services*

and

expenses that are agreed

upon.

** notifies you of changes in benefits*

** submits required paperwork to DWC*

** responds to your questions.*

If your claims administrator causes a delay in the provision of services, you may be entitled to additional benefits that ~~which~~ could extend beyond the \$16,000 limitation. You must file a Request for Dispute Resolution (DWC Form RU-103) if you wish a written determination as to whether there was a delay.

How do I request assistance from the DWC Rehabilitation Unit?

We hope that you can resolve problems informally with your claims administrator. However, the DWC Rehabilitation Unit is the agency responsible for resolving disputes in vocational rehabilitation.

You can contact the Rehabilitation Unit by phone, or you may request assistance by completing a Request for Dispute Resolution (DWC RU-103). ~~(See list for the phone number of the office nearest you.)~~

There is also a toll-free information number you may call for a recorded message - - 1-800-736-7401. You may also request any forms or printed information that you may need by calling the toll free number.

Should I have an attorney represent me? How much will it cost?

Both the DWC rehabilitation consultant and the information and

assistance officer are available to help at no cost to you.

If you decide you want the services of any attorney, you will be represented on matters involving your workers' compensation claim(s). Your attorney will represent you before the Workers' Compensation Appeals Board and Rehabilitation Unit. Your attorney will also represent you in proceedings before any appellate court, or any proceedings designed to execute on an award.

You should be aware that your weekly vocational rehabilitation maintenance allowance payment (VRMA) may be reduced to pay the attorney. Generally 12% of your weekly VRMA is set aside for payment of attorney fees. For example, if you are entitled to the maximum rate of \$246 per week, a 12% reduction means that you would receive \$216.48 per week. For this reason, you should discuss fees with the attorney.

What other rights do I have?

You may or may not be entitled to other rights.?

The federal Americans with Disabilities Act (ADA) prohibits discrimination against qualified individuals. Qualified individuals include persons who have a physical or mental impairment that substantially limits one or more life activities and who can perform essential job functions. The employer is required

to provide a reasonable accommodation if it would not impose an "undue hardship" on the employer.

For information on the Americans with Disabilities Act, call the Equal Opportunity Commission at 1-800-USA-EEOC.

The state Department of Fair Employment and Housing (FEHA) administers California laws that which prohibit harassment or discrimination in employment, housing and public accommodations. If you feel an employer has discriminated against you and you want information, the phone number is 1-800-884-1684.

Here is how to get helpful information: ~~are some helpful phone numbers:~~

This publication is intended to answer the most frequently asked questions. It may not necessarily provide a solution for your particular problem, because the specific facts of your situation may call for a different approach. The information contained here is general in nature, and not intended as a substitute for legal advice.

If you have more questions after reading this publication, contact one of the DWC Information and Assistance offices or Rehabilitation offices listed in the white pages of your telephone directory under "State Government Offices, Department of Industrial

Relations", below, or contact the web site at: www.dir.ca.gov

~~DISTRICT OFFICES OF THE DIVISION OF WORKERS' COMPENSATION~~

~~AGOURA HILLS
Information and Assistance
(818) 901-5374 or
(805) 654-4701
Rehabilitation Consultant
(818) 901-5443~~

~~ANAHEIM
Information and Assistance
(714) 738-4038
Rehabilitation Consultant
(714) 558-4581~~

~~BAKERSFIELD
Information and Assistance
(805) 395-2514
Rehabilitation Consultant
(209) 445-5066~~

~~EUREKA
Information and Assistance
(707) 441-5723
Rehabilitation Consultant
(916) 225-2659~~

~~FRESNO
Information and Assistance
(209) 445-5355
Rehabilitation Consultant
(209) 445-5066~~

~~GROVER BEACH
Information and Assistance~~

~~(805) 481-3296
Rehabilitation Consultant
(805) 568-0266~~

~~LONG BEACH
Information and Assistance
(310) 590-5240
Rehabilitation Consultant
(310) 590-5033~~

~~LOS ANGELES
Information and Assistance
(213) 897-1446
Rehabilitation Consultant
(213) 897-1475~~

~~NORWALK
Information and Assistance
(310) 406-7107
Rehabilitation Consultant
(310) 406-2363~~

~~OAKLAND
Information and Assistance
(510) 286-1358
Rehabilitation Consultant
(415) 557-8060~~

~~PASADENA
Information and Assistance
(818) 578-8664
Rehabilitation Consultant
(213) 897-1475~~

~~POMONA
Information and Assistance
(909) 623-8568
Rehabilitation Consultant
(909) 623-8767~~

~~REDDING
Information and Assistance
(916) 225-2047
Rehabilitation Consultant
(916) 225-2659~~

~~SACRAMENTO
Information and Assistance
(916) 263-2741
Rehabilitation Consultant
(916) 263-2930~~

~~SALINAS
Information and Assistance
(408) 443-3058
Rehabilitation Consultant
(408) 277-1102~~

~~SAN BERNARDINO
Information and Assistance
(909) 383-4522
Rehabilitation Consultant
(909) 383-4073~~

~~SAN DIEGO
Information and Assistance
(619) 525-4589
Rehabilitation Consultant
(619) 525-4203~~

~~SAN FRANCISCO
Information and Assistance
(415) 557-1954
Rehabilitation Consultant
(415) 557-3915~~

~~SAN JOSE,
Information and Assistance~~

~~(408) 277-1292
Rehabilitation Consultant
(408) 277-1102~~

~~SANTA ANA
Information and Assistance
(714) 558-4597
Rehabilitation Consultant
(714) 558-4581~~

~~SANTA BARBARA
Information and Assistance
(805) 966-9872
Rehabilitation Consultant
(805) 568-0266~~

~~SANTA MONICA
Information and Assistance
(310) 452-1188
Rehabilitation Consultant
(310) 452-4166~~

~~SANTA ROSA
Information and Assistance
(707) 576-2452
Rehabilitation Consultant
(707) 576-2427~~

~~STOCKTON
Information and Assistance
(209) 463-6201
Rehabilitation Consultant
(209) 948-3608~~

~~VAN NUYS
Information and Assistance
(818) 901-5374
Rehabilitation Consultant
(818) 901-5443~~

~~VENTURA~~
~~Information and Assistance~~
~~(805) 654-4701~~
~~Rehabilitation Consultant~~
~~(805) 654-4698~~

~~WALNUT CREEK~~
~~Information and Assistance~~
~~(510) 977-8343~~
~~Rehabilitation Consultant~~
~~(510) 977-8318~~

ANYONE WHO KNOWINGLY FILES OR ASSISTS
IN THE FILING OF A FALSE WORKERS'
COMPENSATION CLAIMS MAY BE FINED UP TO
\$50,000 AND SENT TO PRISON FOR UP TO FIVE
YEARS.

[Insurance Code Section 1871.4]

State of California
Department of Industrial Relations
Division of Workers Compensation
Rehabilitation Unit

**Note: Authority cited: Sections 133,
139.5, 139.6, and 5307.3, Labor Code.
Reference: Sections 139.5, 4646, and
4636, Labor Code.**

