

Department of Labor
DIVISION OF VOCATIONAL REHABILITATION
DENIAL OF COMMUNITY REHABILITATION SERVICES

Consumer Referred: _____

Services Referred For: _____

Date of Referral:

VR Counselor: _____

Person Completing the Form: _____

Reason for Denial:

A. Unable to provide services in a timely manner

B. Consumer has not kept appointments (minimum of 3 missed; please provide dates below)

C. Consumer has violated program policies and/or procedures (please describe)

Vendor Signature

Date