

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