



# Rehabilitation Request

State of Connecticut  
Workers' Compensation Commission  
Rehabilitation Services  
21 Oak Street, 4th Floor  
Hartford, CT 06106-8011  
Fax 959.200.4789

Please TYPE or PRINT IN INK

Rev. 7-13-2009

# WCR-1

Date filed with Rehabilitation Services

(for WCC use only)

Name	Date of Birth <i>(required)</i>	Injured Body Part
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Address <i>(Number and Street)</i>	City or Town	State	Zip Code
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Date of Injury	City or Town Where Injured	Employer at Time of Injury
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I wish to receive services that will help me to return to work — <i>EMPLOYEE SIGNATURE REQUIRED:</i>	Telephone <i>(Area Code + Number)</i>
	Date

## FOR OFFICE USE ONLY

Rehabilitation District	Compensation District	WCC File #	Comments
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Referral Source
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Address	Date
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