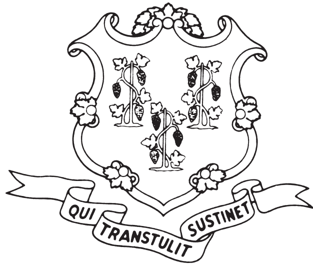

Rehabilitation Request

State of Connecticut
Department of Aging and Disability Services
Rehabilitation Services
21 Oak Street, 4th Floor
Hartford, CT 06106-8011

Please TYPE or PRINT IN INK

This form may be submitted in-person, mailed to the address above, faxed to 959-200-4789 or emailed to WCC.Forms@ct.gov.

Rev. 6-14-2024

WCR-1

Date filed with Rehabilitation Services

for internal use only

Name	Date of Birth *(required)*	Injured Body Part

Address	*(Number and Street*	*City or Town*	*State*	*Zip Code)*

Date of Injury	City or Town Where Injured	Employer at Time of Injury

Applicant Email Address *(Optional)*	Telephone *(Area Code + Number)*

I wish to receive services that will help me to return to work — *EMPLOYEE SIGNATURE REQUIRED*:	Date

FOR OFFICE USE ONLY

Rehabilitation District	Compensation District	WCC File #	Comments

Referral Source

Address	Date