

**DEPARTMENT OF VOCATIONAL REHABILITATION**

Dear \_\_\_\_\_ :

You applied for vocational rehabilitation services on \_\_\_\_\_ .

I am expected to make a decision about your eligibility within 60 days of application. In your case, I will be unable to do so because of the following reason(s):

We expect that a determination of eligibility will be made by \_\_\_\_\_. If you have information that would allow me to make this decision more quickly, please contact me.

If you agree that this extension of time is warranted, please sign below and return this form in the enclosed envelope.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation in this matter. If you have questions or concerns, please call me at \_\_\_\_\_ .

Sincerely,

\_\_\_\_\_, Counselor  
Dept. of Vocational Rehabilitation