

CABINET FOR WORKFORCE DEVELOPMENT
DEPARTMENT OF VOCATIONAL REHABILITATION

Dear

The Rehabilitation Act requires that you have the opportunity to be reconsidered for rehabilitation services. Approximately one year ago you were advised that the Department of Vocational Rehabilitation did not feel it could help you with services that enable you to become gainfully employed. If your condition has improved or you feel that you can now be prepared for employment, we would like to discuss this with you. In the event your condition is the same or worse there is little likelihood we will be able to help you.

Please complete the section below and return it to me in the enclosed self-addressed stamped envelope.

Sincerely,

DVR Counselor

- ☐ *Please set an appointment date.*
- ☐ *My condition has not changed or is worse.*
- ☐ *It is not necessary to contact me again. If I need help, I will contact you.*

Signed

Date