

**Department of Labor and Industries**  
 PO Box 44291  
 Olympia, WA 98504-4291  
**Option 2 Helpline:** (360) 902-9135  
**Fax:** (360) 902-4567  
**Web:** [www.lni.wa.gov](http://www.lni.wa.gov)



## OPTION 2 VOCATIONAL BENEFITS TRAINING ENROLLMENT APPLICATION & VERIFICATION

*This form must be completed at the start of each term.*

### Part A – Completed by Worker

Worker's Name	Phone Number	Claim Number
Mailing Address		Check if Address Change <input type="checkbox"/>
City	State	ZIP+4
Tell us about your training or vocational goals:		
Check the vocational costs you plan to use: <input type="checkbox"/> Tuition/Training Fees <input type="checkbox"/> Books <input type="checkbox"/> Licensed Child or Dependent Care <input type="checkbox"/> Equipment/Tools <input type="checkbox"/> Supplies <input type="checkbox"/> Exam/License Fees <input type="checkbox"/> Other – Please explain:		
You can not use your benefits for transportation, lodging, relocation, job modification or pre-job accommodations.		
I am applying to use vocational rehabilitation benefits to attend a licensed, accredited, or department approved school or training program. I authorize release of claim information regarding these benefits to the school, training program and providers of the above vocational costs.		
Signature of Worker		Date

### Part B – Completed by Registration Official at School or Training Program

The above named student is enrolled or plans to enroll in the following school or training program:

Name of School or Training Program		
Address		
City	State	ZIP+4
Is this school or training program licensed, accredited or a Labor and Industries approved provider? <input type="checkbox"/> Yes <input type="checkbox"/> No - Please explain:		
For more information about licensed, accredited or L&I approved school or training programs go to <a href="http://www.lni.wa.gov">www.lni.wa.gov</a> .		
Training/Term Begin Date	Training/Term End Date	Enrolled with _____ credits or hours
Comments:		Total cost:
School Seal	Contact Person for Billing	
	Phone Number	
Print Name	Title	
Signature	Date	L&I Provider Number

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