



*Massachusetts Department of Transitional Assistance*

VERIFICATION OF INVOLVEMENT IN A VOCATIONAL  
REHABILITATION PROGRAM

I hereby certify that \_\_\_\_\_

SS# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is a client of the Massachusetts Rehabilitation Commission and will continue to be vocationally disabled without completion of the current rehabilitation program.

Currently, the client is actively participating in a rehabilitation program. I anticipate the completion of the program by:

\_\_\_\_\_

The following is a brief description of the rehabilitation program, including the services planned and the vocational goal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
MRC Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of MRC Staff