

## Quick reference guide: RCR and amend-RCR submission

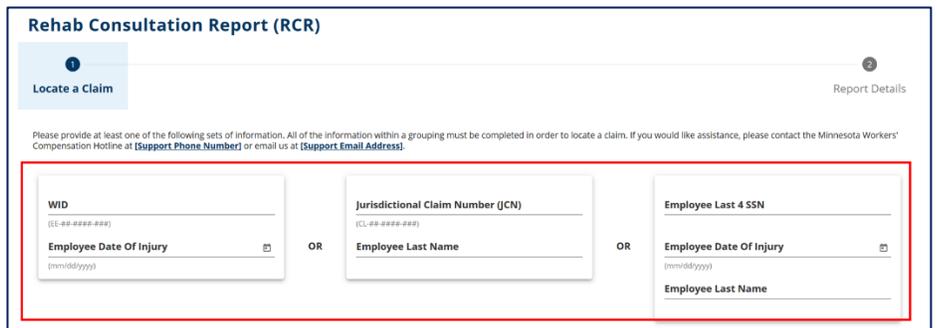
Work Comp Campus will be used to electronically file documents that were previously filed via paper. Users are able to file RCRs and amended RCRs electronically in Campus.

1. Click **Submit a Filing** in the drop-down menu on the dashboard.
2. Select **Rehab Consultation Report**.

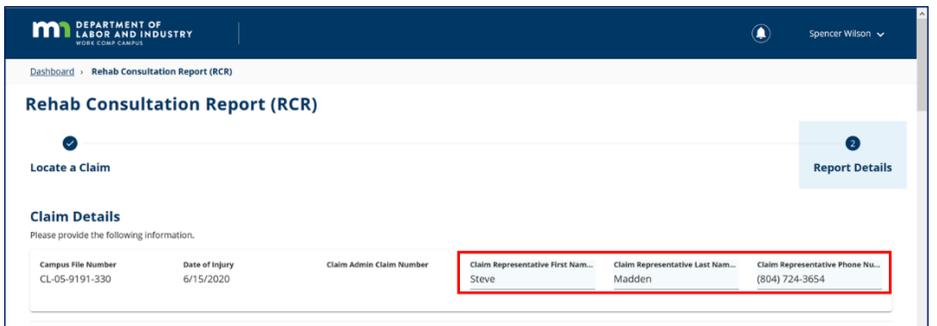


3. Enter the information in one of the three boxes to locate the claim you are filing for.

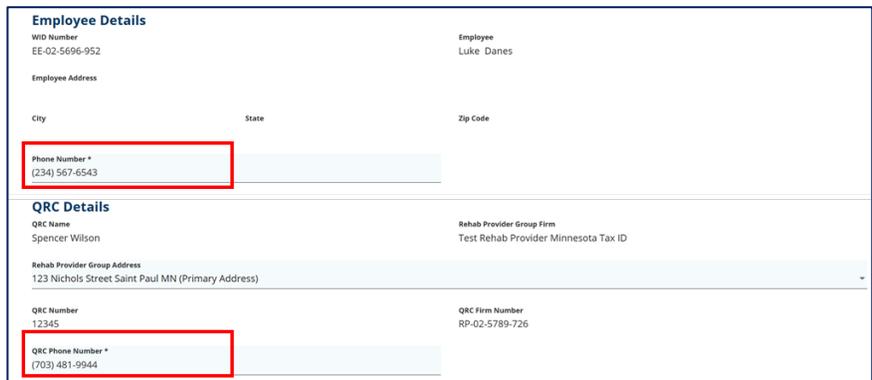
\*If a matching claim is not found, you will be prompted to enter additional information about the claim to proceed with the RCR filing.



4. Enter the information for the **Claim Representative**.



5. Enter all required information, marked with an asterisk.



6. Answer all of the questions in the **Qualification Details** section.
7. Provide a narrative by typing in the **Narrative Report** field or uploading a document.
8. Upload the **Rights and Responsibilities** document.

**Qualification Details**

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.

No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.

No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.

No  Yes

I have consulted with the date-of-injury employer regarding the above issues.

No  Yes

**Eligibility Statement**

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22

In my opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22

The parties have informed me that they wish to initiate statutory rehabilitation services at this time

**Narrative Report**

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report \*

+ Upload Document

File Name	File Type	Description	Remove
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**Rights and Responsibilities**

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

+ Upload Document

9. Select who should be served the RCR.

\*The table will allow you to choose from parties on the claim. To serve the document to someone not listed, click the **+ Add Service Recipient** button.

**Affidavit of Service**

**Parties**

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Luke Danes	Employee		Electronic	8/4/2020
<input type="checkbox"/>	Darth Vader	Administrator	DLITestExt1+general15@gmail.com	None	
<input type="checkbox"/>	Forrest Gump	Other Representative	dlitestext1+general2@gmail.com	None	
<input checked="" type="checkbox"/>	The Paint Store	Employer		Electronic	8/4/2020

**Notice**

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employer, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*

understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date \*

(mm/dd/yyyy)

Submit Form Back Save as Draft Download PDF Preview Cancel

10. Check all required boxes and fill in the remaining required fields.

\*The name entered must exactly match the name on your Campus profile.

11. Submit the form.

## Submitting an amended RCR

1. Go to your **My Rehab Cases** queue.
2. Click on a **Rehab Transaction ID**.

**My Queues**

My Claims My Disputes My Forms **My Rehab Cases** My SCF Assessment Reports

Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status
RT-07-1508-003	Craig Robinson	CL-05-9191-531		Spencer Wilson	7/11/2020	6/11/2020	Open
RT-07-1509-474	Greg Maddox	CL-05-9705-715		Spencer Wilson	7/8/2020	6/4/2020	Open
RT-07-1510-234	Greg Maddox	CL-05-9705-715		Spencer Wilson	7/19/2020	6/4/2020	Open
RT-07-2607-391	Luke Danes	CL-05-9191-330		Spencer Wilson	1/1/2001	6/15/2020	Open

- Click **R-form Detail** in the top right of the **Rehab Transaction Details** page.

DEPARTMENT OF LABOR AND INDUSTRY  
Work Comp Cases

Dashboard > Voc Rehab Case: RT-07-2607-391

**Rehab For: Luke Danes**  
VocRehabCase: RT-07-2607-391 Open R-Form Details + Submit Filing

**Rehab Summary**

Assigned QRC: Spencer Wilson  
Rehab Provider Firm: [Redacted]

Claim ID: CL-05-9191-330  
Date of Injury: 6/15/2020

- Click on the RCR, then select **Amend** and click **Next**.

Rehab For: Luke Danes  
VocRehabCase: RT-07-2607-391

Amend

Submitted

Submitted

Claim ID: R-2

- Enter any information you would like to amend or in the required fields, marked with an asterisk.

DEPARTMENT OF LABOR AND INDUSTRY  
Work Comp Cases

Dashboard > Amend Rehab Consultation Report (RCR)

**Amend Rehab Consultation Report (RCR)**

**Claim Details**  
Please provide the following information.

Campus File Number	Date of Injury	Claim Admin Claim Number	Claim Representative First Name	Claim Representative Last Name	Claim Representative Phone Number
CL-05-9191-330	6/15/2020		Steve	Madden	6047243654

**Employee Details**

WID Number: EE-02-5696-952  
Employee: Luke Danes

Employee Address: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Phone Number: 2345676543

- Select whether you would like to distribute the document. If **Yes**, you can select from the lists of users who can be served electronically or manually.

Do You Want to Distribute This Document?  
 No  Yes

**Distribute Electronically**  
Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Ron Weasley	Service of Process Designee, The Paint Store	dilitext1+general5@gmail.com
<input type="checkbox"/>	Erin Brockovich	Service of Process Designee, Best Work Comp Law	dilitext1+attorney2@gmail.com
<input type="checkbox"/>	Tyler Shepherd	Service of Process Designee, Brown & Carlson	DLITestExt1+attorneyCA2@gmail.com

**Distribute Manually**  
The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Tom Bombadil	Service of Process Designee, TEST INSURER	N/A
<input type="checkbox"/>	John Adams	Service of Process Designee, Avengers Insurance	P.O. Box 1368, Wilkes-Barre PA 187031368

- Attest to the form and electronically sign it.

I attest that a copy of this form has been provided to all required parties.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*  
Spencer Wilson

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date  
1/1/2001

Submit Form Back Save as Draft Download PDF Preview Cancel

- The amended RCR has now been filed.

**Amend Rehab Consultation Report Successfully Submitted!**

Confirmation Number: 3613

Associated ID: [RT-07-2607-391](#)

Click the link to view your new document:  
[DO-07-2610-021](#)

A confirmation email has been sent to [minivikes@gmail.com](mailto:minivikes@gmail.com) for your records. You may view your forms in [My Form History](#).

## Helpful tips

- All R-forms can be submitted from the **R-form Details** modal on the **Rehab Transaction Details** page.
- Campus will not allow certain R-forms to be submitted if previously required R-forms have not yet been submitted.
- A record of all forms submitted can be found in your **My Forms** queue on the dashboard.