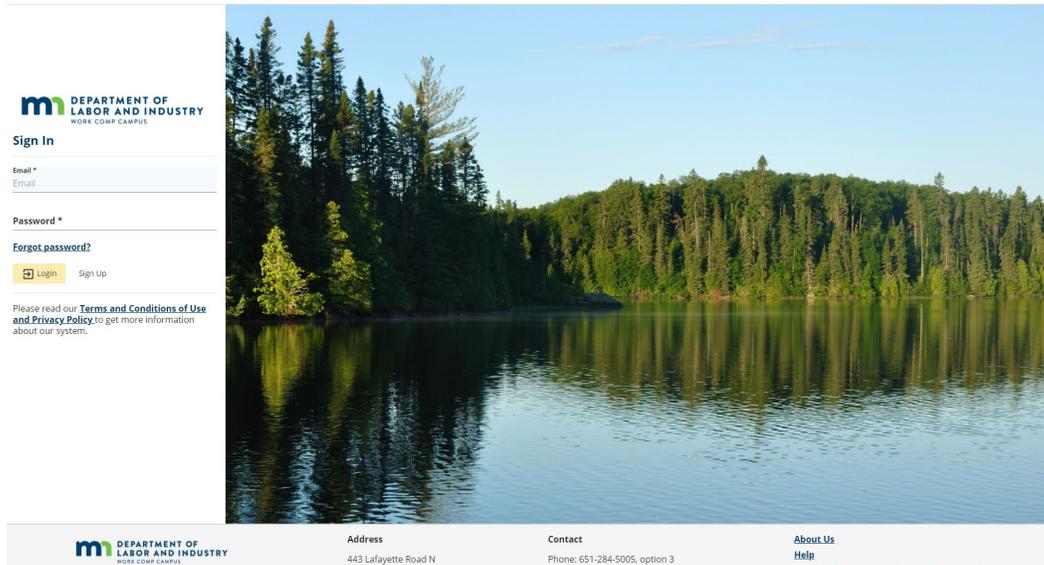
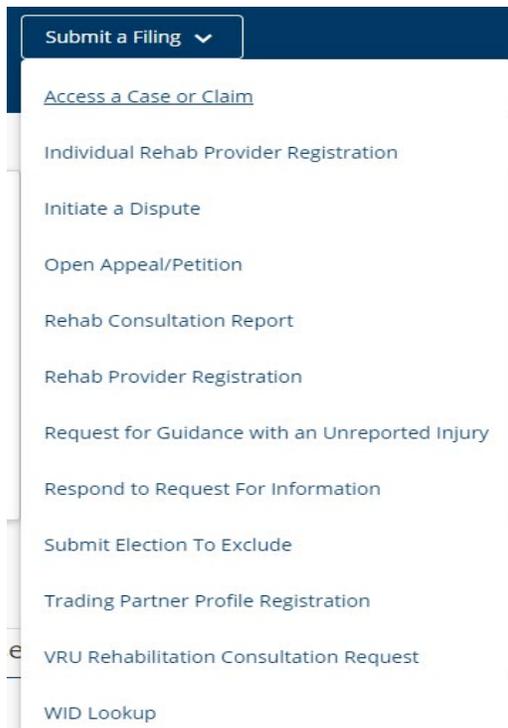


Referring an injured worker to VRU

1. Open Work Comp Campus at <https://campus.dli.mn.gov/user/login>.



2. Log into your Campus account with your personal user email address and password.
3. Click on the "Submit a Filing" drop-down menu in the blue section at the top of the Campus page and select "VRU Rehabilitation Consultation Request."



- Enter identifying information to locate a claim. Options include:
 - "WID" and "Employee Date of Injury"; or
 - "Jurisdiction Claim Number (JCN)" and "Employee Last Name"; or
 - "Employee Last 4 SSN," "Employee Date of Injury" and "Employee Last Name."

VRU Rehabilitation Consultation Request

1

Locate a Claim

2

VRU Details

Please provide at least one of the following sets of information. All of the information within a grouping must be completed in order to locate a claim. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at [651-284-5005, option 3](tel:651-284-5005) or email us at helpdesk.dli@state.mn.us

WID
(EE-##-####-####)

Employee Date Of Injury

(mm/dd/yyyy)

OR

Jurisdictional Claim Number (JCN)
(CL-##-####-####)

Employee Last Name

OR

Employee Last 4 SSN

Employee Date Of Injury

(mm/dd/yyyy)

Employee Last Name

Next
Cancel

- Select "Next."
- "Locate a claim page" displays with some of the information pulled from the claim, if one was located. Enter the required fields information. If there is no claim, you will have to enter information into all of the required fields.

DLI's Vocational Rehabilitation unit (VRU) provides vocational rehabilitation services to injured employees. VRU primarily works with injured employees whose claims are in dispute but also works with those who are receiving workers' compensation about our services. see the brochure at http://www.dli.mn.gov/sites/default/files/pdf/vru_brochure.pdf or call [1-651-284-5038](tel:1-651-284-5038)

We recognize that Claim. Some information has been populated to help you with your filing.

Referral Type *

Injured Employee Attorney ▼

Interpreter Services Requested

Claim Details

| | |
|--|---|
| <p>Claim Number (JCN)</p> <p>CL-02-5879-865</p> | <p>Date of Injury</p> <p>5/7/2021</p> <p><small>(mm/dd/yyyy)</small></p> |
|--|---|

Injured Employee Details

| | | | | |
|---------------------------------------|--|--|--|----------------------|
| <p>First Name</p> <p>Clint</p> | <p>Middle Name</p> <p>Middle Name</p> | <p>Last Name</p> <p>Special</p> | | <p>Suffix</p> |
|---------------------------------------|--|--|--|----------------------|

Injured Employee Address

Address 1 *

852 Unknown Ave

Address 2

Address 2

Outside US

| | | |
|--|--|------------------------------------|
| <p>Postal Code *</p> <p>55101</p> | <p>City *</p> <p>Saint Paul</p> | <p>County</p> <p>Ramsey</p> |
| <p>State Province</p> <p>Minnesota ▼</p> | <p>Country</p> <p>United States</p> | |

- Review the statement under "Attestation" and check the box if true, then click "Submit."

Attestation

By checking this box, I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit
Back
Cancel

8. You will receive a notification of success and the referral submission will now be in your "Forms" history.



VRU Referral Form Successfully Submitted!

Confirmation Number: 6288

A confirmation email has been sent to Lokitester344@gmail.com for your records. You may view your forms in [My Form History](#).

9. The VRU QRC who gets assigned to the file will contact the injured worker.