



Refusal to Participate

Individual name _____

Description of refusal at this time:

Reason for refusal at this time:

*You may apply to Nebraska VR any time in the future if you change your mind about work.

_____	_____
Individual Signature	Date
_____	_____
Authorized Representative Signature	Date
_____	_____
VR Staff Signature	Date

This document was given to the individual and/or representative **(within 10 days of refusal)** on _____ by the following method:

Hand-delivered Mail E-mail Scan Faxed

Individual Authorized Representative Service Coordinator Service Provider