<<Date>>

<<Address>>

Dear <<salutation>> <<last name>>:

Congratulations on your job! This letter is notification that your Vocational Rehabilitation (VR) case has been successfully closed as of **(date).** This means that you, your employer, and the VR Specialist who works with you have agreed that your employment is stable. On-going supports you need to maintain employment will be provided as outlined in the plan developed with your Developmental Disabilities Services Coordinator and other team members.

Since you are employed, Nebraska VR will be contacting you to conduct a satisfaction survey about the services you received from our agency. We value your opinion; please respond as your feedback helps us to improve our services.

If you have any questions or concerns about VR’s support to you, the Client Assistance Program (CAP) is available. You can contact the Client Assistance Program (CAP) at 1-800-742-7594, email them at cap@nebraska.gov  or write to them at CAP, P.O. Box 94987, Lincoln, NE 68509.

If you disagree with the decision to close your case and would like mediation of the decision, you may contact the Regional Mediation Center serving your county. You can ask Nebraska VR or CAP for a list. Both you and Nebraska VR must volunteer to take part in mediation. A qualified and impartial mediator who is trained in mediation techniques will do the mediation.

You may also appeal this decision by filing a petition for an impartial review. An impartial hearing officer using the Nebraska Department of Education's Rule 71 (Title 92, Nebraska Administrative Code, Chapter 71) will conduct this review. You can ask Nebraska VR or CAP for a copy of this rule, or get a copy at <http://www.education.ne.gov/Legal/webrulespdf/RULE71.pdf>. A sample petition form is also available there. Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must submit your petition within 30 calendar days of the date you receive this written decision. Send your petition with a copy of this written decision to:

Impartial Hearing Coordinator

Nebraska VR

PO Box 94987

Lincoln, NE 68509

Congratulations again and thank you for your time. If you have questions about this letter, you may call your VR Specialist at:

Sincerely,

<< name>>

cc Guardian, SC