



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 Electronic Signature

- Individual Authorized Representative Service Coordinator Service Provider