



DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation - Bureau of Employee Assistance
200 East Gaines Street, Tallahassee, Florida 32399-4225

REQUEST FOR SCREENING

Any authorized party filing a Request for Screening must complete blocks 1 through 12.

1. Employee Name	2. Social Security Number	3. Date of Accident
4. Address (include apartment number, city, state, & zip code)	5. County	6. Telephone Number
<p>This section to be completed by the injured employee:</p> <p>I request a Department Screening and whatever services are determined appropriate to return me to suitable gainful employment.</p> <p>I am applying because:</p> <p>I have talked with my employer and:</p> <p><input type="checkbox"/> Employment may be available when I am released to work with permanent restrictions.</p> <p><input type="checkbox"/> Employment within my restrictions has already been offered.</p> <p><input type="checkbox"/> My employer has told me no work is available in my same job, modified job, or different job.</p> <p><input type="checkbox"/> My employer has not told me any of the above, or I have not talked with my employer.</p> <p>I certify that to the best of my knowledge and belief all of the statements contained herein are true, correct, complete, and made in good faith.</p>		
Employee's Signature		Date

7. Employer/Company Name	8. Employer/Company Address (include city, state & zip code)
9. Telephone Number	
10. Carrier or SC/TPA Name	11. Carrier or SC/TPA Address (include city, state & zip code)
12. Telephone Number	
<p><i>I believe that the above-referenced employee is entitled to a Department screening for reemployment services.</i></p>	
Employer or Carrier Signature/ Title	Date
<input type="checkbox"/> Check here if employer referral.	<input type="checkbox"/> Check here if carrier referral.

DWC-23 Purpose and Use Statement

The collection of the social security number on this form is specifically authorized by Section 440.185(2), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.