

EXTENSION OF ELIGIBILITY RELEASE

I, _____, understand that due to exceptional and unforeseen circumstances beyond the control of Iowa Vocational Rehabilitation Services, it will be unable to determine whether I am eligible for vocational rehabilitation services within 60 days of the date of my application for services. I agree that an extension is warranted. A decision not to sign this form will require a decision about my eligibility for vocational rehabilitation services to be made based just on the information already available.

The extension dates are from _____ to _____

Reason for Extension: _____

Job Candidate Signature

Guardian Signature (if applicable)