Request for Screening Form (DFS-F3-DWC-23) Instructions

I. GENERAL INFORMATION AND INSTRUCTIONS

Form DFS-F3-DWC-23 shall be used for requesting or referring an injured employee for Department sponsored reemployment services pursuant to s. 440.491, Florida Statutes.

To request a copy of Form DFS-F3-DWC-23, the employer/carrier or injured employee may contact the Division of Workers' Compensation at (800) 342-1741.

In order for an injured employee to receive Department sponsored services, the injured employee must sign and date the form in the space provided.

The employer or carrier should sign the DFS-F3-DWC-23 in the space(s) provided when making a referral for reemployment services on behalf of the injured employee.

II. FORM COMPLETION

Item 1: Employee Name: Enter the name of the injured employee in first name, middle initial, last name order.

Item 2: Social Security Number: Enter the injured employee's Social Security Number. If no Social Security Number, enter the number from the Arrival and Departure Card (Form I-94) or the Alien Registration Receipt Card (Form I-151).

Item 3: Date of Accident: Enter the date of the injured employee's accident using MM/DD/YY format.

Item 4: Address: Enter the injured employee's current street address, including city, state, and zip code plus four digits.

Item 5: County: Enter the name of the county in which the injured employee resides.

Item 6: Telephone Number: Enter the injured employee's telephone number, including area code.

Item 7: Employer/Company Name: Enter the name of the employer/company of injury.

Item 8: Employer/Company Address: Enter the Employer/Company's mailing address, including city, state and zip code plus four digits.

Item 9: Telephone Number: Enter the Employer/Company's telephone number, including the area code.

Item 10: Carrier or SC/TPA Name: Enter the name of party handling the claim.

Item 11: Carrier or SC/TPA Address: Enter the mailing address, including the city, state, and zip code plus four digits of the party handling the claim.

Item 12: Telephone Number: Enter the telephone number of the party handling the claim.