

**TEMPORARY ALTERNATIVE FILING OF  
RETURN-TO-WORK SUPPLEMENT PROGRAM (RTWSP)  
APPLICATIONS DURING COVID-19  
CALIFORNIA CODE OF REGULATIONS, TITLE 8,  
SECTION 17305**

In light of the continued COVID-19 state of emergency, and to facilitate a method of filing for applicants who do not have access to a computer and a scanner, you can mail a copy of the Supplemental Job Displacement Benefit Voucher and the completed RTWSP application to:

RTWSP  
Division of Workers' Compensation  
1515 Clay St., 17<sup>th</sup> Floor  
Oakland CA 94612-1499  
Attn: Applications

**What needs to be included for filing?**

- Completed RTWSP application form, including:
  - WCAB case number – if you do not have an ADJ number please write **NONE**
  - Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) – if you do not have one please write **NONE**
- Copy of the Supplemental Job Displacement Benefit (SJDB) voucher (all 6 pages)

You will receive a confirmation at the contact information you provide on the RTWSP application form. If you have any questions, please contact RTWSP at RTWSP@dir.ca.gov or by phone at (510) 286-0787.

**Reminders:**

- This application process is temporary and is subject to change.
- Incomplete applications will not be accepted.
- Make a copy of your completed RTWSP application and SJDB Voucher for your own records.

**State of California**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**Return-To-Work Supplement Program**  
**Application for Return-To-Work Supplement Program**  
**Labor Code Section 139.48**

*Privacy Notice on Collection of Personal Information*

**Warning:** *Any person who knowingly makes or uses a false record or statement material to a claim is liable for triple damages plus a civil penalty of not less than \$5,500 and not more than \$11,000 plus the cost of the action pursuant to the False Claims Act, Government Code Sections 12650-12656.*

**INDIVIDUAL INFORMATION (Please Print)**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

SSN/Tax I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**INJURY HISTORY:**

Date of Injury: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Supplemental Job Displacement Benefit (SJDB) Service Date: \_\_\_\_\_

WCAB Case Number: ADJ\_\_\_\_\_

Have you ever received a RTWSP benefit payment before today?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION:**

Residency Certification:

\_\_\_\_\_ California Resident. Qualified to do business in California or maintain a permanent place of business in California.

\_\_\_\_\_ California Nonresident. Payments to nonresidents for services may be subject to State income tax withholding.

**Penalty of Perjury Certification:**

I certify (or dictate) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I certify on this date of \_\_\_\_\_ (Month/Day/Year)

\_\_\_\_\_  
Signature

An eligibility determination will be made within 60 days of submission of your application and a benefit notice indicating whether or not you qualify for the RTWSP benefit will be mailed to you. To avoid delays in processing your application, please DO NOT submit a second application. If you have any questions, please contact the RTWSP unit at RTWSP@dir.ca.gov or 510-286-0787