# _____ County Workfare
# Worker's Compensation Information

The following are the policies and procedures for Worker's Compensation.

1. Participants in a public or non-profit sector work activity program under the Workfare program are covered by the Worker's Compensation Act which is provided under the _____ County Government. The coverage under Worker's Compensation provides that a Workfare participant receiving a job related disease or injury will be eligible for disability income and medical care.

2. If an injury occurs during training hours, you are directed to immediately report that injury on the day that it occurs to your Workfare case manager at _____.

3. All work related injuries are to be treated by our designated provider:

   Dr./Clinic _____
   Address _____
   _____
   Phone _____

   The claim may be denied if the participant goes to a private physician. The only exception will be if the injury is severe enough to require the use of an ambulance in which case the injured party will be taken to the nearest medical facility. Payment will not be made for any Chiropractic service.

4. Before the injured participant is allowed to return to work, a written release is required from the physician stating the participant can return to work.

The participant's agreement with Workfare of _____ County will be immediately terminated if it is determined by the _____ County Personnel staff that the participant has fraudulently claimed an injury or illness under Worker's Compensation. The _____ County Personnel Office will determine if further legal action will be pursued.

_____ _____
Participant Signature Date

_____ _____
Employer Signature Date