

# Kentucky Office of Vocational Rehabilitation

## OVR-19-Required Anticipated Sponsorship Notification

### Instructions

#### Purpose:

The purpose of this form is to keep track of what is being provided by the agency for tuition, books, and/or any other items. This form allows four terms to be recorded. It also allows the counselor to keep track what has been paid each semester, so the amount we pay for the school doesn't exceed the total that we are allowed to pay.

#### Consumer Name

Enter the name of the consumer

#### Social Security Number

Enter the social security number of the consumer (9 digits)

#### Academic Year

Enter the academic year for which the agency is providing funding

#### Original Date

Enter the original date that the form was filled out

#### Amended Date

Enter the date that changes were made to the form after the original date

#### School Name

Enter the name of the school the consumer is attending

#### Counselor Name

Enter the name of the OVR counselor

<b>Telephone</b>	Enter the telephone number of the OVR counselor
<b>Address</b>	Enter the address of the OVR counselor
<b>Fax</b>	Enter the fax number of the OVR counselor
<b>Email</b>	Enter the email of the OVR counselor
<b>Student ID</b>	Enter the student ID number of the student
<b>Degree Type</b>	Enter the type of degree the consumer is pursuing
<b>Term 1/Fall</b>	Enter the tuition, books, and other amounts for Term 1/Fall, add them all up, and enter that amount in the total box under Term 1/Fall
<b>Term 2/Spring</b>	Enter the tuition, books, and other amounts for Term 2/Spring, add them all up, and enter that amount in the total box under Term 2/Spring
<b>Term 3</b>	Enter the tuition, books, and other amounts for Term 3, add them all up, and enter that amount in the total box under Term 3
<b>Term 4</b>	Enter the tuition, books, and other amounts for Term 4, add them all up, and enter that amount in the total box under Term 4

**Yearly Totals**

Enter the yearly totals for all four terms at the end of all three rows

**Counselor Signature/Date**

Enter the counselor's signature and the date the form was signed and completed