

# Kentucky Office of Vocational Rehabilitation

## Trial Work Experience Continuation Form

### Instructions

#### Purpose

The purpose of this form is to provide more service options for a plan for an applicant's trial work experience. The trial work experience's purpose is to determine if the applicant is unable to benefit in terms of an employment outcome due to the severity of a disability.

#### Name

Enter the consumer's name

#### Case Number

Enter the case number (6 digits)

### Vocational Services needed

#### Service

Select the appropriate service from the drop down

#### Service Specifics

Enter any information or explanation about the service that you feel is helpful or appropriate

#### Vendor/Service Provider Name

Enter the name of the vendor or provider of the service listed above

#### Service Beginning Date

Enter the date that the service is going to start being provided

## Other Comments

Enter any other comments about the service that were not mentioned above

Please use these directions for each additional service you plan to provide.

## Signatures

Please use these instructions for DocuSign before sending the form to the consumer

Select Start for quick access to the most common eSignature actions.

1. Select Send an Envelope
2. Use the template of the OVR-5 Continuation form.
3. Enter the recipient's name(s) and contact information.
  - a. As a sender, you will receive a copy of the completed Document.  
Place the copy in the consumer file.

Please use these instructions if sending the letter by regular mail.

1. Make a copy and place it in the consumer file with the date it was mailed.
2. Mark the spot where the consumer is to sign.
3. Mail the form to the consumer and when you get the signed version back, sign it yourself and put it in the file.