OVR-19A (rev. 01/2024)

Kentucky Office of Vocational Rehabilitation Training Participation Reconsideration Worksheet



CONSUMER INFORMATION

Consumer Name			SSN (last 4)
Academic Year	Original Date	Amended Date	SSI/SSDI Recipient	
			SSI	SSDI
School Name		Degre	е Туре	

RESOURCES

Primary Comparable Benefits Table

Primary Comparable Benefits	Amount
Estimated Family Contribution (from FAN or SAR)	
Total Grants (from FAN)	
Total Work Study (from FAN)	
Total Non-Merit Scholarships (from FAN)	
Total	

Other Resources Table

Other Resources	Amount
Total Merit Scholarships (from FAN) including KEES	
Total from all loans (from FAN)	
Total other resource(s) not mentioned above	
Total	

INDIVIDUALIZED COST OF ATTENDANCE TABLE

Individualized Cost of Attendance (Actual cost for student not to exceed school's published cost of attendance

Individualized Cost of Attendance	Amount
Tuition (not to exceed highest state rate for comparable program)	
Room and Board	
Transportation	
Books	
Total	

Guidance for Reconsideration

- VR services are individualized. The purpose of the individualized cost of attendance is to
 document what it will cost for the individual to attend required training. It should not be a copy of
 the post-secondary institution's cost of attendance. For example, an 18-year-old student living with
 her family without paying rent would have \$0 under ROOM AND BOARD.
- **TUITION** should indicate the lower of the actual tuition rate or the highest state rate for comparable training. If the institution is out of state and no comparable training is available in Kentucky, the rate will be the lower of the actual tuition rate or the amount paid by the VR agency in that state. Email ovrsfm@ky.gov if you have questions, or for current rates.
- ROOM AND BOARD. SSI/SSDI should be used as a comparable benefit for room and board. Maintenance in home community policies is to be applied to the provision of this service.
- **PRIMARY COMPARABLE BENEFITS** must be applied to the individualized cost for attendance when making a reconsideration determination.
- OTHER RESOURCES should be discussed with the student when negotiating VR sponsorship.

Reconsideration Response (To be approved by the Branch Manager)

No change in VR sponsorship

The reconsideration resulted in the following amount of VR sponsorship (see **Estimated Award Per Term Table**, below)

Estimated Award Per Term Table

Category	Term 1 (Fall)	Term 2 (Spring)	Term 3	Term 4	Yearly Total
Tuition					
Books					
* Other					
Total					

* **Note:** Does not include disability related costs. Disability related costs or other services planned but not included in the Cost of Attendance may be authorized using established economic need practices and application of comparable benefits. These services should not be included on this form.

If changes are indicated, please amend the original training participation worksheet, and submit the revised copy to the appropriate Financial Aid Office.

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