

Kentucky Office of Vocational Rehabilitation OVR 6 APPX.-Consumer Cost Sharing Appendix Form

Instructions

Consumer Information

Consumer Name

Enter the first and last name.

Date of Birth

Enter the date of birth using a two-digit month, a two-digit day, and a four-digit year. Put a zero as a placeholder for single digit months and days. For example, for January 1st, enter 01/01.

Determining Family Adjusted Gross Income

Personal Income Enter the personal income.

Age Select from the dropdown if the

individual is 24 years of age or older or under 24 years of age. If the individual is 24 years of age or older, they will complete Section A. If the individual is under the age of 24, they

will complete section B.

If you are 24 years of age or older, please complete Section A with the information below.

Spouse's Income Enter the income for the spouse in

the home. If there is no spouse or the spouse doesn't work, enter "0".

Family Adjusted Income The sum of the personal income and

the spouse's income (if applicable)

will appear in this box.

If you are under the age of 24, please complete Section B with the information below.

Parent(s) Income Enter the income for the parent or

parents in the home.

Income of others living in the household and are providing household except the income of support for the maintenance of the siblings aged 24 or older.

household (do not include siblings

Family Adjusted Income The total of the personal income, the

parent(s) income, and the income of others living in the household except the income for siblings aged 24 or

older will appear in this box.

Consumer Signature

Consumer Signature The consumer should sign the form.

Consumer Signature Date The consumer should date the form.

aged 24 or older)

Guardian Signature (if applicable)

If applicable, the guardian should sign the form.

Guardian Signature Date

The guardian should date the form.