

Kentucky Office of Vocational Rehabilitation

OVR 6-Consumer Cost Sharing Form

Instructions

Date	Use the dropdown to select the month, day, and year or manually enter the date using the MM/DD/YYYY format.
Consumer First Name	Enter the first name of the consumer.
Consumer Last Name	Enter the last name of the consumer.
Case Number	Enter the six-digit case number.
Update	Select yes if this is an update from an earlier version and no if it is not an update. Update(s) should be done at annual review of IPE if applicable.
Has it been confirmed that this consumer receives SSI or SSDI benefits because of a disability?	Select Yes, the form is complete or No, continue with the form. If No, continue with the form is selected, the next question will be made available to answer. If the consumer is receiving social security benefits, they are exempt from cost sharing.

Will this consumer receive any of the services listed below as Non-Exempt services during the fiscal year?

Select Yes, continue with the form or no, the form is complete. If No is selected, the form will not allow any more questions to be answered because the form is finished. If yes is selected, the next question will be available to answer. If the individual is receiving Non-Exempt services, those services are not exempt from cost sharing.

Family Size

Enter the number of individuals in the household up to 10 individuals who contribute to the maintenance of the household. Adult siblings who live in the household can be excluded, and consumers who are at least the age of 24 are considered independent regardless of their place of residence.

Family Adjusted Gross Income

Enter the adjusted gross income for the family. If there is no income, please enter "0". If there is income, please use the appendix form the consumer has returned to verify the amount that is entered in this box. If the amount in this box is above the exclusion amount, then the boxes starting with Non-Exempt Services to be included on IPE will be available to enter data into. If the amount is below the exclusion amount, the boxes will not be available.

Exclusion Amount

The amount from the exclusion amount table below will automatically populate this box. The amount will depend on what number is entered in the box entitled Family Size.

Non-Exempt services to be included on the IPE

Enter the amount for any non-exempt service(s) the consumer will require as part of their individualized plan for employment.

Total Estimated Cost for Vehicle or Property Modification

Enter the total estimated cost of the vehicle or property modification.

Non-exempt cost for vehicle or property modification

This amount will be automatically populating this box and represents the total amount not covered by the exemption and is available for cost sharing.

Total Estimated Cost for Hearing Aids

Enter the total estimated cost for the hearing aids.

Non-exempt hearing cost for Hearing Aids

This amount will be automatically populating this box and represents the total amount not covered by the exemption and is available for cost sharing.

Disability Related Expenses

Enter the amount for any disability related expenses the consumer has available. The total of all the disability related expenses will automatically populate this box.

Total Disability Related Expenses

The total from all the disability related expenses will automatically populate this box.

Total Cost of Non-Exempt Services

The total cost of non-exempt services will automatically populate this box.

Available Income

Any available income after entering the family size and the adjusted gross income will automatically populate this box.

Percentage of Consumer Participation in Service Cost

The percentage of the service cost that the consumer will pay will automatically populate this box.

Annual Maximum Percentage of Adjusted Available Income

The annual maximum percentage of the consumer's available income, if any, will automatically populate this box. This is the percentage of income that the consumer will have to apply each year.

Consumer's Maximum Annual Contribution

This is the amount of the Non-exempt service(s) that the consumer will be responsible for. It will automatically populate this box.

Total Estimated Consumer Cost

The total cost to the consumer will automatically populate this box.

Exceptions to the Application of Cost Sharing

Any exceptions to cost sharing must be made to the branch manager for their approval. Any exceptions that are allowed must be recorded in a progress note in scanned documents.

Data Tables

Exclusion Amount

Family Size	Exclusion Amount
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800
9	\$145,250
10	\$158,700

Percentage of Consumer Participation in Service

Adjusted Available Income	% of Consumer Participation in Service	Annual Maximum % of Available Income
\$1	10	25
\$2,000	15	25
\$4,000	20	25
\$6,000	25	25
\$8,500	30	25
\$11,000	35	25
\$14,000	40	50
\$17,000	50	50
\$20,000	60	50