

## 1. BASIC INFORMATION

First Name	Last Name	Date (mm/dd/yyyy)
Counselor	Case Number (6 digits)	Updated Worksheet?
Has it been confirmed that the individual receives SSI or SSDI benefits because of a disability?		
Will the individual use any services not listed as "Exempt Services" in Section 2 this fiscal year?		
Family Size	Family Adjusted Gross Income	Exclusion Amount

## 2. EXEMPT SERVICES

The Office of Vocational Rehabilitation **cannot require a financial needs test or ask an individual to pay** in order to receive the following services:

- Eligibility and priority assessments
- Assessments to identify vocational rehabilitation needs
- Vocational rehabilitation counseling and guidance
- Referrals and related services
- Job-related services, including job search and placement services, job retention services, follow-up services, and follow-along services
- Personal assistance services
- **Auxiliary aids and services** needed for effective participation, such as interpreters or readers, as required under Section 504 of the Rehabilitation Act or the Americans with Disabilities Act (ADA)

These services must be provided **at no cost to the individual** and **cannot be denied or delayed** because of income or ability to pay.

### 3. NON-EXEMPT SERVICES TO BE INCLUDED ON THE IPE

List below any services to be included on the IPE that are not listed as exempt services in section 2 above.

Description of Service	Estimated Cost
TOTAL:	

### 4. DISABILITY AND OTHER RELATED EXPENSES

**NOTE:** You can deduct disability-related services and expenses that the individual is already paying from their available income. These deductions must be for services that support the Individualized Plan for Employment (IPE).

Physical Restoration	
Medical Devices & Equipment	
Medical Supplies	
Health Insurance Premiums, Copayments, and Deductibles	
Mental Restoration Services	
Transportation	
Impairment-Related Work Expenses	
Out-of-Pocket Self-Employment Funds	
Cost of Vehicle to Be Modified	
TOTAL:	

## 5. AVAILABLE INCOME/COST SHARING CALCULATIONS

Total Cost of Non-Exempt Services

Adjusted Excess Income

Percentage of Individual's Participation in Service Cost

Annual Maximum Percentage of Adjusted Excess Income

Individual's Maximum Annual Contribution

**TOTAL ESTIMATED INDIVIDUAL COST:**

## 6. EXCEPTION TO THE APPLICATION OF COST SHARING

**NOTE:** Exceptions to financial participation must follow Policy Exceptions Guidance and/or Prior Approval Policy.

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