

Kentucky Office of Vocational Rehabilitation

Trial Work Experience Plan Continuation Form

Instructions

The purpose of this form is to provide instructions for the Trial Work Experience Plan Continuation form. The Trial Work Experience Plan Continuation form is for services that do not fit on the Trail Work Experience Plan.

Name Enter the name of the applicant.

Case Number Enter the six-digit case number.

Services

Enter this information for each of the services. You may enter information for up to seven services.

Service Select the service from the list.

Begin Date Enter the date that the service will begin using the MM/DD/YYYY format

Description/Service Specifics Enter any specific information about the service.

Vendor/Service Provider Name Enter the name of the vendor/service provider who is providing the service.

Funding Source(s) Enter the funding source or sources for the service even if it is the agency.

Comments

Comments

Enter any comments about the services listed above

Permission and Signatures

Please ask the consumer to read the permissions or read the permission to them before they sign the form. Utilize the form in DocuSign if it is to be completed electronically. If the form is completed in person, please make sure the form is uploaded into CMS once it is signed.