

# Kentucky Office of Vocational Rehabilitation

## Trial Work Experience Plan Form

### Instructions

The purpose of this form is to provide instructions for the Trial Work Experience Plan form. Trial Work Experience is utilized when it is not certain that the individual with a disability can benefit from an employment outcome due to the severity of the disability.

**Name** Enter the name of the applicant.

**Case Number** Enter the six-digit case number.

**Expected Date to complete trial work experiences or extended evaluation** Please enter a two-digit month, two-digit day, a four-digit year.

### 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.

## Comparable benefits

**Comparable Benefits** Select the service, the provider, and the service description for each comparable benefit.

## Signatures

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.