

Kentucky Office of Vocational Rehabilitation Cost Participation Worksheet

Do not complete this form for individuals with exempt services, SSI, or SSDI

Date:

First Name:

Last Name:

Case Number:

Counselor:

Update:

Available Income Calculation:

Family Size:

Exclusion Amount:

Family Annual Adjusted Gross Income:

Disability Related Expenses:

Physical Restoration:

Medical Devices and Equipment:

Medical Supplies:

Health Insurance Premiums, Copayments, Deductibles:

Mental Restoration Services:

Transportation:

Cost of Vehicle to be modified:

Impairment-Related Work Expenses:

Out-of-Pocket Self-Employment Funds:

TOTAL:

Available Income:

Cost Participation Calculation:

Available Income:

Annual Maximum Percentage of Available Income:

Annual Dollar Amount of Participation:

Percentage of Consumer Participation in Service Cost:

Estimated Cost of Non-Exempt Services:

Estimated Consumer Cost:

Estimated OVR Cost:

Data Tables:

Family Size	Exclusion Amount
1	\$ 32,200
2	\$ 43,550
3	\$ 54,900
4	\$ 66,250
5	\$ 77,600
6	\$ 88,950
7	\$100,300
8	\$111,650
9	\$116,190
10	\$120,730

OVR 6C (4/2021)

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
\$ 25,000	100	50