

Education and Workforce Development Cabinet
Kentucky Office of Vocational Rehabilitation
Consumer Payment Form

Complete the form below and submit to OVRVendors@ky.gov.

Consumer Information

Consumer Name:

Taxpayer Identification Number/Social Security Number:

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Date of Birth:

Email Address:

Office of Vocational Rehabilitation Case Number:

Reason for Reimbursement:

1099 Classification:

If other, please specify:

Banking Information

Bank Name:

Account Type (i.e., checking, savings, etc.):

Account Number:

Routing Number:

Check this box if an Office of Vocational Rehabilitation staff member completed this form.

Authorized Signature

Printed Name

Date

This section to be completed by Central Office:

eMARS Number: