

Kentucky Office of Vocational Rehabilitation

19A-Training Participation Reconsideration Worksheet

Instructions

Purpose: the purpose of this form is to allow the manager to approve or not approve a reconsideration of training resources from the counselor

Consumer Information

Consumer Name	Enter the first and last name of the consumer
SSN	Enter the last four digits of the social security number of the consumer
Academic Year	Enter the academic year of the term under reconsideration
Original Date	Enter the date of the original form
Amended Date	Enter the date that the form was amended (if applicable)
SSI/SSDI Recipient	Select if the consumer is an SSI or an SSDI recipient (if applicable)
School Name	Enter the name of the school the consumer is attending
Degree Type	Enter the type of degree the consumer is seeking to achieve

Resources

Primary Comparable Benefits Table Enter the amount of any comparable benefits the consumer is receiving already before agency assistance

Other Resources Table Enter the amount of any other resources the consumer is receiving that were not mentioned in the primary comparable benefits table

Individualized Cost of Attendance Enter the cost of attendance in each category for the student

Manager only

Select if there will be no change in the sponsorship of the consumer or if the reconsideration will result in a change of sponsorship. Please reflect that change (if applicable) in the Estimated Award Per Term Table.

Branch Manager Signature Please sign and date the form