Division of Vocational Rehabilitation - Financial Aid Office DVR Training Grant - Information Form

Pursuant to 34 CFR 361.5(a)(10), The Comparable Services and Benefits section of the Workforce and Innovations Opportunity Act, the Division of Vocational Rehabilitation must determine if comparable benefits or services exist under any other federal, state, or local public agencies, by health insurance, or by employee benefits, and whether those benefits or services are available to the consumer at the time needed.

Section 1 – Consumer – DVR Location

Instructions: **DVR Staff** - Use this form to collect signatures and/or when the school will not accept payment from DVR. Complete Section 1. Print a Copy for the Consumer. Complete FAO section using cost documentation. Form can be emailed to the FAO. **Consumer** - Review the form with DVR Staff. Sign and return Form to DVR. Follow up with DVR Staff for calculation estimate.

DVR. Follow up with DVR Star	t for calculat	tion estimate.				
		Consumer Information	1			
Consumer/Stud	lent Last I	Name:				
Consumer/Stud	lent First	Name				
A	ddress (Li					
A	ddress (Li	ine 2):				
	City, State	e, Zip:				
IRIS	Case Nu	mber:				
Receiving SSI/SSE	OI Benefit	: (Y/N)				
Additional Living Ex	penses in	IPE (Y/N):				
		Consumer School Informa	tion			
College/University Stu	ident ID:			School Year: 2023-2024		
School Nam	e:			Pvt/Out of State School:		
Address (Line 1	.):			Admin Review Approved:		
Address (Line 2	2):			Graduate School:		
City, State, Zi	p:			Release Required:		
		DVR Staff Information	1			
Staf	f Name:					
Address	(Line 1):					
Address	(Line 2):					
City, St	ate, Zip:					
DVR Phone N	lumber:					
DVR E-Mail Address:						
C		diag Cianakana				
		dian Signature: Signature is required to receive po-				
Financial Aid Award, DVR Train	ning Grant fu	unding, student account, dates of enrollment and acader ing Grant, payment processing and continued eligibility f	mic records.	This permission is granted for the p		
Signature:			Date Signed:			
Printed Name:						
-	AO) Signa	ature (required only if form completed by FAO):				
Signature:				Date Signed:		
Printed Name:						
DVD Cianat						
DVR Signature:						
Signature:			Date Signed:			
Printed Name:						

	Se	ction 2 – Fin	ancial Ai	d Office	(FAO) Info	ormation		
Instructions: FAO Staff - Comple Send confirmed amount after c		lectronic Form ba	ick to DVR S	Staff using E	-Mail. Expect	response from DVR in two	weeks. Follow up with DVR Staff.	
FAO Contact/Nam	ne:							
FAO E-Ma	nil:							
FAO Phon	ne:							
FAO Co	st of Attendance	Budget				Resource	es .	
Tuition and Fees:					Total	Parental Contribution		
Book					identified by FAO:			
Transportation:						Parental Contribution		
Personal/Miscellaneous:			Require			Required:		
Ro	oom and Board:							
Dependent	Care Expenses:				Number of Terms Student will			
Other Costs Req (Not loan fees)						attend for listed S	School Year:	
FAO Cost of Atte	ndance				Include O	ther Costs (Y/N)	V	
DVR Cost of Atte	ndance							
			Fina	ncial Aid				
	1st Term	2nd	l Term	3rd	Term		2023-2024 School Year	
All Gran	ts:							
All Scholarship	os:							
Number of Credi	ts:					Total FAO:		
Census Dat	te:		Stud	dent Iden	ifier:			
FAO Signature: Sign page 1 o	once complete						=	
		Section 3 -	- DVR Tra	ining Gra	nt Informa	tion		
Instructions: Review Form with declaration of what will be paid				erns, refer	hem to the F	A Office. Sign to approve ar	nd E-Mail response to FAO with	
					DVR (Cost of Attendance		
						DVR Unmet Need:		
				Tot	al DVR Tra	ining Grant Offered:		
			DV/P Eur	ade Duo te	Approved	d Exception 1st term:		
						Exception 2nd term:		
						Exception 3rd term:		
			DVICTUI	ius Due to		VR Funding Offered:		
					Total D	# of Payments:		
		DVR Training	Grant Dis	tribution	Λ	mount of Payments:		
PO # Term 1		Т			O # Term 2			
Comments:					O # 1611112			
DVR Signature: Sign page 1 o	once complete							