

**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.

**Consumer Information**

Consumer/Student Last Name:		
Consumer/Student First Name		
Address (Line 1):		
Address (Line 2):		
City, State, Zip:		
IRIS Case Number:		
Receiving SSI/SSDI Benefit (Y/N)		
Additional Living Expenses in IPE (Y/N):		

**Consumer School Information**

College/University Student ID:	School Year:	2023-2024
School Name:	Pvt/Out of State School:	
Address (Line 1):	Admin Review Approved:	
Address (Line 2):	Graduate School:	
City, State, Zip:	Release Required:	

**DVR Staff Information**

Staff Name:		
Address (Line 1):		
Address (Line 2):		
City, State, Zip:		
DVR Phone Number:		
DVR E-Mail Address:		

**Consumer and/or Parent/Guardian Signature:** Signature is required to receive post-secondary funding from DVR.

I give my permission to the Division of Vocational Rehabilitation and the Financial Aid Office at the Post-Secondary School listed above to share information about my Financial Aid Award, DVR Training Grant funding, student account, dates of enrollment and academic records. This permission is granted for the purpose of determining the amount of the DVR Training Grant, payment processing and continued eligibility for support I may receive from DVR.

Signature:			Date Signed:	
Printed Name:				

**Financial Aid Office (FAO) Signature** (required only if form completed by FAO):

Signature:			Date Signed:	
Printed Name:				

**DVR Signature:**

Signature:			Date Signed:	
Printed Name:				

