

Alaska Division of Vocational Rehabilitation
Financial Participation Assessment Certification

Name: _____

1. Public Support:

| | | | |
|---|-------------|-----------------|-----------------|
| Food Stamps: _____ | TANF: _____ | SSI/SSDI: _____ | Medicaid: _____ |
| (Skip to 5. Certification , if the individual is eligible for any of the above.) | | | |

2. Basic Living Requirement (BLR) Deductions:

| | | |
|---|--|--|
| Family Deduction (size and geographical differential) | | |
| Size: | | |
| Geographic area: | | |
| Disability Related Expenses - annual estimate | | |
| Child support or alimony - annual estimate | | |
| Total Deductions | | |

3. Resources:

| Projected annual gross income (include monthly income from life insurance, trust funds or retirement accounts or payments for child support/alimony) | | | |
|---|--------|------------------------------|--------|
| Source | Months | Amount per Month | Income |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Liquid Assets and Amounts | | | |
| Money Market Funds | | Permanent Fund Dividend | |
| Cash/Savings/Checking /CDs | | Workers Compensation | |
| Mutual Funds/Treasury Bills | | Annual Corporation Dividends | |
| Preferred and Common Stock | | Other | |
| Total Resources | | | |

4. Available Resources (Total Resources - BLR Deductions) _____

5. Certification

I hereby certify that the above is a true statement of my financial resources. I further agree to notify DVR if there are any changes in my circumstances. I understand failure to report information accurately could result in my case being closed. I also understand this information will be re-evaluated annually or if my financial circumstances change or at my request. This information will be kept confidential and is used only for the purpose of determining the potential financial participation in the Alaska DVR program.

Participant or Representative

DVR Representative

Date

Date