

**Division of Vocational Rehabilitation - Financial Aid Office  
DVR Training Grant - Information Form - School Year 2026-2027**

Pursuant to 34 CFR 361.5(c)(8), 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. As mandated by Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is voluntary, not providing this information may result in service delays. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

**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/Student 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**

School ID:		School Year:	<b>2026-2027</b>
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:	
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Printed Name:	
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**DVR Signature:**

Signature:		Date Signed:	
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Printed Name:	
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**Section 2 – Financial Aid Office (FAO) Information**

Instructions: FAO Staff - Complete Section 2. Send Electronic Form back to DVR Staff using E-Mail. Expect response from DVR in two weeks. Follow up with DVR Staff. Send confirmed amount after census date(s).

FAO Contact/Name:	
FAO E-Mail:	
FAO Phone:	

FAO Cost of Attendance Budget	Resources
Tuition and Fees:	Total Student Aid Index (SAI) identified by FAO:
Books and Supplies:	Total Student Aid Index (SAI) Required:
Transportation:	
Personal/Miscellaneous:	
Room and Board:	
Dependent Care Expenses:	Number of Terms Student will attend for listed School Year:
Other Costs Req (Not loan fees)	
<b>FAO Cost of Attendance</b>	Include Other Costs (Y/N)
<b>DVR Cost of Attendance</b>	

Financial Aid					
	1st Term	2nd Term	3rd Term	School Year	2026-2027
All Grants:					
Need Based Scholarships					
Merit Based Scholarships					
Work Study					
All Loans					
Loans are:					
Number of Credits:				<b>Total FAO:</b>	
Census Date:			Student Identifier:		

**Section 3 – DVR Training Grant Information**

Instructions: Review Form with the Consumer and print a copy. If there are concerns, refer them to the FA Office. Sign to approve and E-Mail response to FAO with declaration of what will be paid. Authorize PO after census date confirmation.

	<b>DVR Cost of Attendance</b>	
	<b>DVR Unmet Need:</b>	
<b>Total DVR Training Grant Offered:</b>		
DVR Funds Due to Approved Exception 1st term:		
DVR Funds Due to Approved Exception 2nd term:		
DVR Funds Due to Approved Exception 3rd term:		
<b>Total DVR Funding Offered:</b>		
DVR Training Grant Distribution		<b># of Payments:</b>
		<b>Amount of Payments:</b>
<b>PO # Term 1</b>		<b>PO # Term 2</b>

**Financial Aid Comments:**

DVR Signature: Sign page 1 once complete