

FINANCIAL PARTICIPATION ASSESSMENT FORM
ATTACHMENT – INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

CUSTOMER'S NAME	CUSTOMER ID	DATE
_____	_____	_____

I. EXEMPTION STATUS:

Receives public support, annual income less than 285% of Federal HHS Poverty Guidelines (Exclusion Table A), was not required to file a U.S. Tax Return the year prior to application, or will receive exempt IPE services only.

No Yes* ***If the answer to this question is "yes", proceed to Part VI.**

II. STATUS:

Independent (Insert individual Total Gross Income III.1.)

Dependent (Insert individual's parent/guardian Total Gross Income III.1.)

Married (Insert individual and spouse Total Gross Income III.1.)

III. INCOME DATA:

1. TOTAL GROSS INCOME – Wages, Salaries, Tips, Interest Income, Unemployment Compensation, etc.
 U.S. Individual Income Tax Return (forms 1040, 1040A) = \$ _____

2. a. Exclusion Allowance (Exclusion Table A) (\$ _____)
 b. Impairment Related Work Expense (IRWE) (\$ _____)
E.g., Personal assistance, medical, equipment, etc.

3. TOTAL INCOME EXCLUDED (2a plus 2b) = \$ _____

IV. APPLICABLE INCOME (1. minus 3.): = \$ _____

V. DETERMINATION OF REQUIRED PARTICIPATION (from Table B):

Your Participation Rate is: _____

_____ X \$ _____ = _____

% OF PARTICIPATION ESTIMATED COST OF NON-EXEMPT SERVICES PARTICIPATION*

*(Subject to change based on the cost of non-exempt services)

VI. CERTIFICATION:

I hereby certify the above is true and accurate. I will provide documentation to support the above information upon request. I agree to notify my Rehabilitation Counselor if my financial condition changes. I agree that failure to provide this notification may result in the closure of my case.

 Signature of Individual, Parent or Guardian

 Date

 Signature of Rehabilitation Counselor

 Date

Exempt Services (Covered 100% by DVR)

- Assessment for determination of eligibility and vocational rehabilitation needs
- Counseling and guidance
- Referral to other agencies
- Job search and placement services
- Personal assistance services
- Vehicle Modification
- Supported employment services
- Trial work services
- On-the-job training
- Pre-Employment Transition Services
- Any auxiliary aid or services

Non-Exempt Services

- Physical and mental Restoration services
- Maintenance
- Transportation
- Services to family members
- Vocational and other training services (tuition, books, supplies, fees, tutoring)
- Occupational licenses, goods, tools and stock
- Rehabilitation technology
- Technical assistance to develop business
- Post-employment services
- Other goods and services

TABLE A – EXCLUSION TABLE		TABLE B – PARTICIPATION TABLE	
Based on 285% of the 2019 Federal Health and Human Services Poverty Guidelines, rounded to the nearest whole dollar.		Income After	% of Participation
Family Size	Income Exclusion Allowance	Exclusion Allowance	
1	\$35,597	\$ 100 - \$ 1,999	10% of cost of service
2	48,194	2,000 - 3,999	15%
3	60,791	4,000 - 5,999	20%
4	73,388	6,000 – 8,499	25%
5	85,985	8,500 - 10,999	30%
6	98,582	11,000 – 13,999	35%
		14,000 – 16,999	40%
		17,000 – 19,999	50%
		20,000 – 24,999	60%
		25,000 – 29,999	70%
		30,000 – 39,999 and above	80%
For each additional person, add: \$12,597			

DEMONSTRATION TABLE – FINANCIAL PARTICIPATION ASSESSMENT

Income	Family Size	\$4,000 Planned Cost of Non-Exempt Services Individual Contribution
\$80,000	4	\$1,000 (25%)
\$58,560	2	1,400 (35%)
\$32,340	1	0 (0%)

For Example: Mr. Smith earned **\$80,000** and has a family size of **4**. His **income exclusion allowance**, according to **TABLE A**, is **\$73,388**. Subtract that from **\$80,000**. The result is **\$6,612**, which is his **income after exclusion allowance**.

According to **TABLE B**, this amount of income after exclusion allowance indicates his percentage of participation is **25%**. If his **planned cost of non-exempt services** are **\$4,000**, his percentage of that is 25%. Therefore, multiply **.25** by **4,000**. This will result in **\$1,000** of financial participation for this individual. This is the amount Mr. Smith would **contribute** to his services.

Mr. Smith's Earnings	\$80,000.00
(Subtract TABLE A Amount)	- \$73,388
Total	\$ 6,612
TABLE B Percentage on this amount	25%
Planned Non-Exempt Service Cost	\$4,000.00
(25% of Planned Non-Exempt Service Cost)	_____ X .25
Total	\$1,000