

DISTRICT OFFICE OF VOCATIONAL REHABILITATION NOTICE OF FUNDING
AVAILABILITY FOR
INDIVIDUALS IN INTERMEDIATE CARE FACILITIES FOR THE MENTALLY
RETARDED (ICFs/MR)

A. Findings:

The _____ District Office of Vocational Rehabilitation, in accordance with Federal and State requirements, issues the following notice regarding:

Name: _____

Social Security Number: _____

Supported employment services for this individual are ___ are not ___ available through the District Office of Vocational Rehabilitation at this time.

B. Funding:

In accordance with the findings contained in this notice:

The start date for District Office of Vocational Rehabilitation funding for these services is to be _____. Services will be in accordance with the individual's IPE (Individual Plan for Employment).

The end date for District Office of Vocational Rehabilitation funding for these services is to be _____.

This funding determination is subject to renewal or amendment based on further evaluation.

C. Signature:

Signed: _____ Date: _____

District Office of Vocational Rehabilitation Representative

Address: _____

Telephone Number: _____