

Kentucky Office of Vocational Rehabilitation

Notification of Ineligibility (after eligibility was determined)

Instructions

The purpose of this form is to provide instructions for the notification of ineligibility letter. The purpose of the letter is to notify the consumer that they are no longer eligible to receive services from the Office of Vocational Rehabilitation because the consumer is unwilling to pursue Competitive Integrated Employment, the consumer is unable due their disability to pursue Competitive Integrated Employment, or the consumer is unable to benefit from vocational rehabilitation services in terms of a successful employment outcome as a result of the severity of the disability.

Date Enter the date of the certificate above the case number.

Case Enter the six-digit case number.

Name/Address of the Individual Enter the name, primary address of the individual (where they would like to receive their mail, including street address, apartment number as required, city, state, and zip code). Enter this under the case number.

Counselor Signature The counselor needs to sign the certificate with their first and last name.

Counselor Address, Phone Number, and Email Enter the address, phone number, and email of the counselor.