



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF ADULT LEARNING AND REHABILITATION SERVICES
FINANCIAL APPLICATION FOR VOCATIONAL REHABILITATION SERVICES

NOTE ► PLEASE SEE INSTRUCTIONS ON REVERSE SIDE.

CLIENT NAME	DATE OF BIRTH	AGE
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APPLICANT STATUS

1. Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ward of the court or in state custody (except Department of Corrections)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is married and will not be claimed as a dependent during the current tax year	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is unmarried and has not been claimed as a dependent during the past two tax years	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has legal dependent(s) other than spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Number in household (as stated if client certifies he/she is not required to file)	_____

FAMILY INCOME FOR THE MOST RECENT TAX YEAR (Documentation required)

For tax year: 20 _____ I certify that I was not required to file an income tax return and have not been claimed as a dependent.
 (If checked, skip to line 9 below.)

If client is claimed as a dependent, use parent(s)' income tax information.
 If client is independent, use client (and spouse's) income tax information.

7. Number in household (includes filer, spouse and/or dependents as reported on IRS Form 1040) _____

8. Adjusted gross income from IRS Form 1040 \$ _____

Complete section below if the expected income will be less than line 8 above. Include an explanation in box 13 below.

ESTIMATED FAMILY INCOME FOR THE CURRENT TAX YEAR (Documentation required)

For tax year: 20 _____

9. Wages, salaries and tips (before withholding)	\$ _____
10. Other taxable income	\$ _____
11. TOTAL INCOME (Add lines 9 and 10)	\$ _____

12. DOCUMENTED OUT-OF-POCKET DISABILITY-RELATED EXPENSES, i.e., medication, therapy, treatment, prosthetic appliances, equipment repairs, co-pays, etc. for persons with disabilities in the household. (Attach additional sheets if needed.)

\$ _____

13. COMMENTS: Provide additional details to explain information recorded on the form, any unusual circumstances or any anticipated changes in situation, income, etc. (Attach additional sheets if needed.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND AGREE TO SUBMIT WITH THIS APPLICATION A COPY OF MY FEDERAL INCOME TAX RETURN OR OTHER DOCUMENTS TO SUBSTANTIATE THESE STATEMENTS. IF AT ANY TIME MY FINANCIAL SITUATION CHANGES, I AGREE TO NOTIFY MY VOCATIONAL REHABILITATION COUNSELOR.

CLIENT SIGNATURE	PARENT/GUARDIAN SIGNATURE	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

FINANCIAL APPLICATION INSTRUCTIONS FOR VOCATIONAL REHABILITATION SERVICES

NOTE ► The instructions for this form will usually answer any questions. If you need help, please contact your Vocational Rehabilitation counselor.

RECORDS CONCERNING YOU AND YOUR FAMILY WHICH WILL BE HELPFUL IN COMPLETING THIS FORM:

- U.S. income tax return (IRS Form 1040) for the most recent tax year
- Records of untaxed income, i.e., Social Security, Temporary Assistance for Needy Families (TANF), child support, veterans' benefits
- Verification of current income, i.e., two most recent pay stubs, W-2 forms, direct deposit receipts, bank statements, workers' compensation records
- Receipts for current, documented and out-of-pocket disability-related medical expenses

RESOURCES (When figuring your resources, be sure to include the following):

- Wages, salaries and tips
- Spouse's wages, salaries and tips
- Interest and dividend income
- Any other income and benefits

APPLICANT STATUS (Lines 1-6)

NOTE ► IF AGE 23, APPLICANT WILL BE CONSIDERED INDEPENDENT

Check YES, if:

- Line 1. You are a veteran having served in the U.S. Armed Forces.
- Line 2. You are a ward of the court or in state custody.
- Line 3. You are married and will not be claimed as a dependent for the current tax year.
- Line 4. You are unmarried and have not been claimed as a dependent the past two tax years.
- Line 5. You have legal dependents, other than a spouse.
- Line 6. Number in household (as stated if client certifies he/she is not required to file).

FAMILY INCOME FOR THE MOST RECENT TAX YEAR (Lines 7-8)

- Line 7. Number in household (includes filer, spouse and/or dependents as reported on IRS Form 1040).
- Line 8. Enter the adjusted gross income from the most recent tax year

ESTIMATED FAMILY INCOME FOR THE CURRENT TAX YEAR (Lines 9-11)

- Line 9. Current income. Taxable income expected from wages, salaries and tips.
- Line 10. Other taxable income, i.e., interest and dividends, net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, alimony received, capital gains (or losses), pensions, annuities, unemployment compensation, taxable Social Security, Railroad Retirement, etc. If loss, enter the amount in parentheses.
- Line 11. Total income. Add lines 9 and 10.
- Line 12. Current documented out-of-pocket disability-related expenses. Write in amounts paid for medication, therapy, medical treatment, prosthetic appliances, repairs to equipment, etc., not covered by insurance, Medicaid, Medicare or other third-party payee. Do not include costs such as insurance premiums.
- Line 13. Comments. Use this space to provide additional details to explain information recorded on the form or to explain any unusual circumstance or anticipated changes in situation, income, etc.

All information is protected by the Privacy Act of 1974. The information will be used to determine financial eligibility for services from Vocational Rehabilitation.

Failure to provide the requested financial information will result in ineligibility to receive services based on financial need.