

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Financial Statement**

Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Before a service can be added to your Individualized Plan for Employment (IPE) or Independent Living Plan (ILP), DORS needs to calculate the amount, if any, you are required to pay toward that service under the DORS Financial Need Policy. This is called your “financial participation.” This form is used to calculate your financial participation in the cost of services over the next 12 months.

### **Important Information**

1. All DORS services are subject to DORS Financial Need Policy except for:

- Assessments
- Vocational rehabilitation guidance and counseling
- Interpreter services
- Information and referral
- Job development and job coaching services
- Personal assistance services
- Pre-Employment Transition Services (Pre-ETS)
- Training services provided by DORS Workforce & Technology Services
- Services provided by teachers for the blind and orientation & mobility (O&M) instructors
- Auxiliary aids and services provided to allow you to participate in DORS services

Those services are provided at no cost to you.

2. Those who receive certain benefits and participate in DORS employment services (but not the Independent Older Blind program) are not required to have a financial participation. Those benefits are:

- Social Security Disability Insurance (SSDI) based upon your own disability
- Supplemental Security Income (SSI) based upon your own disability
- Medicaid
- Temporary Cash Assistance (TCA)
- Temporary Disability Assistance Program (TDAP) funding
- Supplemental Nutritional Assistance Program (SNAP)

3. DORS will only pay for services that are approved and authorized in writing by a DORS official.

4. DORS pays toward the cost of goods or services for you based on the lowest-cost goods or services available that DORS determines will meet your needs.

If you choose something more expensive than what DORS authorizes, you are responsible for paying your required financial participation (if any) for the lowest-cost option, PLUS the difference between the lowest-cost option authorized by DORS and the more expensive option you choose.

5. DORS is required to look for other sources of support for needed services. This is known as “comparable benefits.”

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## Part 1: To be completed by the applicant/eligible individual.

**Important Note:** Failure to provide the requested financial documentation (tax returns, pay stubs, proof of benefits, disability-related purchase receipts, etc.) may result in a denial of DORS funding.

Check all that apply:

☐ I receive or have been determined eligible for the following benefits:

☐ SSI or SSDI, based upon my own disability   ☐ Medicaid   ☐ TCA   ☐ TDAP   ☐ SNAP

If any box above is checked, attach proof that you receive the benefit. Then, [skip to Part 3](#) to sign this form.

☐ I have earned income within the past 12 months.

Submit a copy of your most recent tax return or recent pay stubs.

☐ I am claimed as a dependent for federal income tax purposes.

Submit a copy of the most recent tax return of the individual(s) claiming you as a dependent.

☐ I have not earned income within the last 12 months and no one has claimed me as a dependent for federal income tax purposes.

Now [skip to Part 3](#) to sign this form.

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## Part 2: To be completed by DORS counselor

### Reported Income:

Annual Adjusted Gross Income (from IRS 1040) \$ \_\_\_\_\_

**Add** Annual Non-Taxable Income + \_\_\_\_\_

**TOTAL Income** = \_\_\_\_\_

**Subtract** Disability-Related Expenses - \_\_\_\_\_

(Documented with receipts from the past 12 months for disability-related purchases made that are not covered by insurance.)

**TOTAL Available Income** \$ \_\_\_\_\_

Number of persons dependent on reported income: \_\_\_\_\_

Use the Financial Participation Schedule to complete the following:

\$ \_\_\_\_\_ Individual/family annual financial participation to be contributed to the cost of services over the next 12 months.

**Indicate the documents that have been reviewed.**

- Verify the available income of the applicant/eligible individual or other financially responsible person.
- Attach copies of the documents in the individual's record.
- ☐ IRS Form 1040, including Schedule A if applicable
- ☐ Documentation of non-taxable income including Social Security (not including SSI/SSDI), Worker's Compensation, and Veteran Benefits.
- ☐ Pay Stub
- ☐ Receipts for disability-related expenses
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
DORS Counselor Signature/Date

**Part 3: To be signed by the applicant/eligible individual and, if applicable, other financially responsible persons.)**

- The benefits or financial information and documentation I have provided is, to the best of my knowledge, true, correct and complete.
- DORS Financial Need Policy and Maryland State regulation regarding comparable services and benefits and determination of financial participation have been explained to me.
- I understand that my financial status and the amount of financial participation will be reevaluated each year at the time of my annual IPE review.
- I understand that financial participation, when applicable, is collected annually.
- I understand that I am required to report any substantial change in my financial status to my DORS counselor, including discontinuation of benefits.

\_\_\_\_\_  
Participant/Eligible Individual Signature/Date

\_\_\_\_\_  
Other Financially Responsible Person  
Signature/Date