



## Vocational Rehabilitation Program Funding Request and Approval Form Individualized Vocational Rehabilitation Training Funds

Participant's Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Birth Date: (yyyy/mm/dd) \_\_\_\_\_

Address: _____				City/Town: _____			
Province: _____			Postal Code: _____			Phone No.: _____	
Codes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Region: _____	VT #: _____	EIA #: _____
	N	A	C	E			

Primary income:  EIA,  CPP,  Other Pensions \_\_\_\_\_,  Family,  Self,  Other \_\_\_\_\_

**Financial Request:**       **New / Additional Funds**       **Decommitment**

T.O.S	(yyyy/mm/dd)		Current Fiscal Year		Carry Over (next fiscal year)	
	Start	End	Request \$	Approved \$	Request \$	Approved \$

**If an Educational Funding Request:** Name of Educational Institution: \_\_\_\_\_

Priority Code:                          
                           1    2    3    4    5A    5B

Educational Wait List Date: \_\_\_\_\_  
 (if applicable for codes 3 – 5B)

**Financial Approvals:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verbal Approval #	Date	VR Counsellor	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regional Manager/Supervisor	Date	Service Delivery Support	Date

Regional Manager/ VR Supervisor concurs and supports this funding request including verification of estimated costs and eligibility consistent with program guidelines. Regional Manager/VR Supervisor signature is optional for decommitting approved funds.	Service Delivery Support commits the approved amounts as indicated above. Service Delivery Support signature is optional for decommitting approved funds.
---	---

Vocational Rehabilitation Program in Manitoba is cost shared under the Labour Market Agreement for Persons with Disabilities

**FORWARD TO: SERVICE DELIVERY SUPPORT**  
**119 – 114 GARRY STREET**  
**WINNIPEG, MB R3C 4V7**

**Vocational Plan attached:**  Yes  No, if no provide rationale / explanation:

Amended Plan attached:  Yes  No, if no provide rationale / explanation

**Status of employment for new or continuing applicants**

Unemployed or  
Employed less than 15 hrs/wk  Employed 15-25 hrs/wk  Employed more than 25 hrs per week

If employed more than 15 hours per week explain how eligibility criteria is met.:

**VR Counsellor comments to support or explain request: ( including amendments )**

**Comments of Supervisor or Service Delivery Support:**

VR Supervisor: \_\_\_\_\_ Service Delivery Support: \_\_\_\_\_