

## **Board of Vocational Rehabilitation**

### **Application to Request Training Funds (Individual Application)**

The South Dakota Board of Vocational Rehabilitation (BVR) has very limited funds available to assist individuals with all types of disabilities to participate in training events that will assist them to prepare for, secure, retain, or regain employment.

#### What can the funding be used for?

Funds are provided to empower persons with disabilities and/or their family members to participate in training activities that will assist them in making an informed choice. Potential topics may include:

- Vocational rehabilitation opportunities
- How to improve earnings
- How earnings impact benefits
- Career advancement

#### Who can apply for funding?

Individuals with disabilities and/or their family members. (Individuals who are receiving services from Vocational Rehabilitation Services should contact their VR counselor first to determine if funding is available {from VR} as part of their Individualized Plan for Employment to support their participation at the training or conference.)

#### How much funding is available?

- Individual requests for financial assistance may be approved up to \$500.00.
- Funding is dependent upon the availability of federal/state funds.

#### When is the application deadline?

- Continuous until allotted funds have been fully obligated.

#### Priorities for receipt of funding:

- Persons with disabilities of working age;
- First time applicants for funds;
- Training which will enhance vocational rehabilitation opportunities;
- Training designed to reach underserved or unserved populations;

## How do I apply?

- Complete and return the application packet.
- Applications should be submitted to: Board of Vocational Rehabilitation (Board); 221 South Central Avenue; Pierre, SD 57501.
- Application materials are available in alternate formats by request.
- If assistance is needed in completing the application, please call Board staff at 1-800-210-0143 or (605) 945-2207 or email staff at [colettew@sd-ccd.org](mailto:colettew@sd-ccd.org) (Colette Wagoner) or [faithe@sd-ccd.org](mailto:faithe@sd-ccd.org) (Faith Korkow).

## After the application is reviewed by the Board:

- All applicants will be notified as to the outcome of their request within 10 days of the Board's decision.

## If the application is approved:

- The applicant will be notified by the Board of the amount of assistance to be provided.
- Funds are provided on a reimbursement basis, unless doing so precludes the individual from participating in the activity.
- Approved applicants will be asked to provide a report (see last page), possibly in person, on what was learned from the training and how it is being applied to reach their vocational rehabilitation goals and/or promote employment opportunities for persons with disabilities.

## Additional Information

- The Board's Executive Committee will review applications and make recommendations to the full Board.
- If timing of the requested activities is such that it will happen prior to the next regularly scheduled Board meeting, the Board's Executive Committee has the authority to make a decision on the request. They will communicate their decision to the applicant. They will also report their action to the Board at their next meeting.
- If timing of the requested activities is such that it can be handled at a regular Board meeting, Executive Committee recommendations will be made to the Board at that time.
- The Board reserves the right to reject any and all applications for any reason deemed necessary by the Board.

**Board of Vocational Rehabilitation**  
**Application to Request Training Funds (Individual Application)**  
**(2 Pages in Length)**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Check the following:

\_\_\_\_\_ I am an individual with a disability wanting to obtain or maintain employment and/or promote employment opportunities for all persons with disabilities.

\_\_\_\_\_ I am a family member of an individual with a disability.

Title of Project/Event: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No I have attached a copy of the conference information or brochure with my application.

\_\_\_ Yes \_\_\_ No This project/event will train individuals with disabilities and/or their family members regarding vocational rehabilitation opportunities (i.e., activities which will assist an individual(s) with disability to prepare for employment, secure employment, retain employment, or regain employment).

\_\_\_ Yes \_\_\_ No Have you received this type of assistance from the Board before?

If yes, when did you last receive assistance? \_\_\_\_\_

Amount received \$ \_\_\_\_\_

How will your participation in this project/event promote vocational rehabilitation opportunities for individuals with disabilities in South Dakota?

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### Budget Justification

In order to participate in this training, I would need financial assistance with the following items:

	Amount Needed
___ Registration Fee (please include copy of registration form)	\$_____
___ Mileage/Per Diem (reimbursable at state rates)	\$_____
___ Lodging (reimbursable at state rates)	\$_____

By signing below, I verify that the information provided is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Follow-Up Report – Please submit this report to the Board after attending the training event (address is noted below)**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Conference Attended: \_\_\_\_\_

Breakout Sessions Attended (if applicable):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

What was learned from the training sessions or conference, in general?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please submit completed form to:  
Board of Vocational Rehabilitation  
221 South Central Avenue  
Pierre, SD 57501