A. Student Name: ____________________________________________________________

B. PIHE Contact Name: ______________________________________________________
   College: __________________________________________________________________
   Phone Number: __________________________________________________________________
   Fax Number: __________________________________________________________________
   Email: __________________________________________________________________

C. DVR / DSB Contact Name: _________________________________________________
   Phone Number: __________________________________________________________________
   Fax Number: __________________________________________________________________
   Email: __________________________________________________________________

D. Accommodation for the Term and Year of: Term __________ Year __________

<table>
<thead>
<tr>
<th>SLI</th>
<th>Speech to Text</th>
<th>Braille</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimate</td>
<td>Estimate</td>
<td>Estimate</td>
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<tr>
<td>Amend</td>
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<tr>
<td>Actual</td>
<td>Actual</td>
<td>Actual</td>
<td>Actual</td>
</tr>
</tbody>
</table>

E. Estimated or Amended Billing Amounts: This section to only be filled out when requesting cost sharing.
   1. Total amount of estimated or amended PIHE “D” above: $____________________
   2. Subtract $7,500 (PIHE’s responsibility): $____________________
   3. Divide the balance by 2: $____________________
   4. Total amount estimated or amended from DVR / DSB to PIHE: $____________________

F. Final Billing Amounts: This section to only be filled out when requesting cost sharing.
   1. Total amount of actual PIHE “D” above: $____________________
   2. Subtract $7,500 (PIHE’s responsibility): $____________________
   3. Divide the balance by 2: $____________________
   4. Total amount owed from DVR / DSB to PIHE: $____________________

G. PIHE Representative: ______________________________________________________
   SIGNATURE AND DATE

H. DVR / DSB Representative: __________________________________________________
   SIGNATURE AND DATE
Special Terms and Conditions
Instructions for Student Accommodation Cost Share Worksheet

SLI - Sign Language Interpreter
DVR - Division of Vocational Rehabilitation
DSB - Department of Services for the Blind
DSS - PIHE, Disability Support Services
PIHE - Public Institution(s) of Higher Education

A. Student Name: Enter the shared student / client's first and last names.
B. PIHE Contact Name: Enter the DSS provider or designee's first and last names.
   College: Enter the name of the college.
   Phone Number: Enter the DSS provider or designee's phone number, including area code.
   Fax Number: Enter the DSS provider or designee's fax number.
   Email: Enter the DSS provider or designee's email address.
C. DVR / DSB Contact Name: Enter the counselor's first and last names.
   Phone Number: Enter the counselor's phone number including area code.
   Fax Number: Enter the counselor's fax number.
   Email: Enter the counselor's email address.

D. Accommodation for the Term and Year of:
   1. Enter the term and year (i.e., Summer 2015).

   Accommodation Costs:
   2. Check the appropriate box:
      ☐ Estimate       ☐ Amend       ☐ Actual
      • Check the "Estimate" box if this is the original Estimate Cost Share Worksheet for this student / client in this academic term.
      • Check the "Amend" box if this is an Amended Cost Share Worksheet for this student / client in this academic term. An amendment may occur at any time; however, must be submitted on this form when the DVR / DSB estimated portion owed (E4) increases 25% or more from the previous estimate,
      • Check the "Actual" box if this is the Final Cost Share Worksheet for this student / client in this academic term.

   3. Insert the total cost for accommodation for that term.

E. Estimated or Amended Billing Amounts: Fill out this section when requesting cost sharing with DVR / DSB.
   1. Total estimated or amended amounts listed in "D" for PIHE. Enter total.
   2. Subtract $7,500 from the total for a new total. Enter that amount.
   3. Divide the amount above from line 2 by 2 (this will give the 50 / 50 split).
   4. Copy the amount from line 3 to line 4 for the total amount owed by DVR / DSB to the PIHE.

PIHE submits estimated or amended expenses and the Cost Share Worksheet each term to DVR / DSB for approval prior to billing. (DVR, DSB, and the PIHE may, with written permission of the student participant, share records.)

E. Final Billing Amounts: Do not fill out this section until the PIHE is ready to bill DVR / DSB.
   1. Total actual amounts listed in "D" for PIHE. Enter total.
   2. Subtract $7,500 from the total for a new total. Enter that amount.
   3. Divide the amount above from line 2 by 2 (this will give the 50 / 50 split).
   4. Copy the amount from line 3 for the total amount owed by DVR / DSB to the PIHE.
   5. PIHE submits itemized invoice of ACTUAL expenses, detailing approved expenses, number of work hours performed and the Cost Share Worksheet each term. (DVR, DSB, and the PIHE may, with written permission of the student participant, share records.)

F. PIHE Representative: Signature and date of authorized representative.
G. DVR / DSB Representative: Signature and date of authorized representative.