

DVR, DSB, and PIHE Student Accommodation Cost Share Worksheet

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 _____

SLI	Speech to Text	Braille	Other
<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate
<input type="checkbox"/> Amend	<input type="checkbox"/> Amend	<input type="checkbox"/> Amend	<input type="checkbox"/> Amend
<input type="checkbox"/> Actual	<input type="checkbox"/> Actual	<input type="checkbox"/> Actual	<input type="checkbox"/> Actual
\$	\$	\$	\$

E. Estimated or Amended Billing Amounts: This section to only be filled out when estimating cost share needs.

1. Total amount of estimated or amended PIHE "D" above: \$ _____

2. Subtract \$7,500 (PIHE's responsibility): or \$ _____

Check the box and indicate the term the \$7,500 was subtracted: Previously subtracted in: _____

3. Divide the balance by 2: \$ _____

4. Total amount estimated or amended from DVR / DSB to PIHE: \$ _____

5. **PIHE Representative:** _____
SIGNATURE AND DATE

6. **DVR / DSB Representative:** _____
SIGNATURE AND DATE

F. Final Billing Amounts: This section to only be filled out when service is complete, showing total costs.

1. Total amount of actual PIHE "D" above: \$ _____

2. Subtract \$7,500 (PIHE's responsibility): or \$ _____

Check the box and indicate the term the \$7,500 was subtracted: Previously subtracted in: _____

3. Divide the balance by 2: \$ _____

4. Total amount owed from DVR / DSB to PIHE: \$ _____

5. **PIHE Representative:** _____
SIGNATURE AND DATE

6. **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). Only include one term per Cost Share Agreement.

Accommodation Costs:

2. Check the appropriate box: Estimate Amend Actual

- Check the "Estimate" box if this is the original **Estimate** Cost Share Agreement for this student / client in this academic term.
- Check the "Amend" box if this is an **Amended** Cost Share Agreement 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 Agreement 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 (this only occurs once an Academic Year). If you have subtracted this amount from a previous term, check the box and indicate which term it was subtracted from. Do not subtract it more than once.

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 Agreement 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.)

5. PIHE Representative: Signature and date of authorized representative.

6. DVR / DSB Representative: Signature and date of authorized representative.

F. 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 (this only occurs once an Academic Year). If you have subtracted this amount from a previous term, check the box and indicate which term it was subtracted from. Do not subtract it more than once.

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 Agreement each term. (DVR, DSB, and the PIHE may, with written permission of the student participant, share records.)

6. PIHE Representative: Signature and date of authorized representative.

7. DVR / DSB Representative: Signature and date of authorized representative.