The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR)

Readers Aid Program College Accounting Form (VR-865)

School Name:

STUDENT (Last Name, First Name)		Blind	Deafblind	Matriculated or Certificate	Sponsor: ACCES or NYSCB	SSN (last 4	FALL 202_		Spring 202_		Summer 202_		
								Total	Amount Requested	Total	Amount	Total	
Name)	Deal	ыши	Dearbinu	or certificate	INTSCD	digits)	Requested	Spent	Requested	spent	Requested	spent	ALLES
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	=	-	-		-	Total:							

INSTRUCTIONS for VR-865 form:

1. For each semester, please provide the following information:

a. Name of Student (Last, First, Middle initial)

b. Identify Student's disability (Deaf, Blind, or both) by checking the appropriate box in the form

c. Identify Student's enrollment status (Matriculated or Certificate)

d. Identify Student participation with state vocational rehabilitation Agency (ACCES-VR or NYSCB)

e. Under the SSN column please provide the last four digits of the Social Security Number for each student.

f. In the RAP amount requested column please provide the cost of services. The amount requested cannot be more than \$4,000 per student per academic year.

g. At the bottom of the column please add the Total Amount Requested for the Reader's Aid Program in the Amount Requested column for each student and put the Total Amount Spent column.

NOTE: Submissions will not be approved if the Amount Requested column and Total Spent columns do not match.

NOTE: The total dollar amount must match on both Readers Aid Program forms College Accounting Form (VR-865) and Readers Aid Program Voucher (VR-863).

Deadlines:

· Fall/Winter semester/quarter – November 1st

 \cdot Spring semester/quarter - March 1st

· Summer semester/quarter – July 1st

Funding is granted on a First Come First Serve basis. Late submissions received after any of the above deadlines may not be processed based on fund availability.