

**Kansas Department for Children and Families  
Rehabilitation Services**

**OUT-OF-STATE SERVICES  
COMPARATIVE ANALYSIS WORKSHEET**

Client Name \_\_\_\_\_ SSN \_\_\_\_\_

Vocational Objective \_\_\_\_\_

In the chart below:

- List the specific rehabilitation needs of the client relevant to the comparative analysis between in-state and out-of-state services. Use additional sheets if necessary.
- List the specific institution or program being considered for both in-state and out-of-state services
- Analyze the experience of staff/expertise of faculty to provide the specific service, ability of the program to provide the service within the timeframe necessary to achieve the vocational objective, and other relevant factors identified.

Specific rehabilitation needs	In-state Specify:	Out-of-state Specify:

Choose one:

- Comparable services are not available in Kansas. I recommend approval of RS funding.
- Comparable services are available in Kansas. Client chooses out-of-state services and agrees to pay additional costs. No further approval is needed.

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approval signature \_\_\_\_\_ Date \_\_\_\_\_