Ohio | Department of Education

John R. Kasich, Governor
Dr. Richard A. Ross, Superintendent of Public Instruction

June 26, 2014

«Proper_Name»
«Proper_Address_1», «Proper_Address_2»
«Proper_City», «State» «Zip_Code»

Dear «Proper_Name»,

According to our records, you recently sat for the Computer-Based GED 2002 Test Series on computer for the first time and are eligible for a reimbursement of $ «Reimbursment». However, if an agency paid for your test you are not eligible for this reimbursement.

The reimbursement amount is calculated using the chart below. The reimbursement amount for each of the subject areas attempted for the first time is $16. If the entire test was attempted (five subject areas) the reimbursement would be $80

GED Test Subject Areas	Voucher Value
All Subject Areas	$80
Individual Subject Areas	
Writing	$16
Social Studies	$16
Science	$16
Reading	$16
Math	$16

In order for you to receive this reimbursement you must:

1. Apply in person to a Career-Technical Planning District (CTPD) from the website list found at http://education.ohio.gov/Topics/Career-Tech/GED-CTPD.
2. Take a copy of this letter and the attached Reimbursement Form to the Career-Technical Planning District (CTPD).
3. Show proof of identity using a valid non-expired government issued identification card.
4. A check will be sent to you after the CTPD verifies your information.(End of October)
5. **Deadline to request reimbursement is July 31, 2014.**

For more information please contact your local CTPD or the State GED Office at the Ohio Department at (614) 466-1577or by email at GED.VoucherEmail@education.ohio.gov.

Thank you,

GED Office
Ohio Department of Education

25 South Front Street
Columbus, Ohio 43215
education.ohio.gov

(877) 644-6338
For people who are deaf or hard of hearing,
please call Relay Ohio first at 711.

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Test Taker Information – Deadline to request reimbursement is July 31, 2014. If an agency paid for your test you are not eligible for this reimbursement.

«Proper_Name»

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Signature _____

CTPD Information

CTPD Name _____

CTPD IRN _____

Contact _____

Email _____

Phone _____

Signature _____

Voucher Amount $ «Reimbursment»

☐ Test Taker ID Verified

☐ Offered Career Counseling

☐ Offered Adult Programming Options

	Y	N	
	☐	☐	Did They Accept Career Counseling
	☐	☐	Did They Accept Adult Programming Counseling

In order for students to receive this reimbursement the CTPD will:

1. Validate the test taker's identity using a valid non-expired government identification card.
2. Copy the test taker's letter and retain for your records.
3. Offer the test taker the opportunity for career counseling.
4. Offer the test taker an opportunity to review local adult education program opportunities.
5. Complete the Reimbursement Form attached to the letter sent to test takers.
6. Acquire the test taker's signature on the Reimbursement Form.
7. Sign the Reimbursement Form on the CTPD line.

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