

KENTUCKY OFFICE OF VOCATIONAL REHABILITATION
DRIVER REHABILITATION TECHNOLOGY PROGRAM
CONSENT FORM FOR SERVICES

Your Office of Vocational Rehabilitation (OVR) Counselor has referred you to the OVR Driver Rehabilitation Technology Program.

This referral is to assist you in determining your needs for personal transportation.

Personal transportation may be a vehicle for you to drive with special adaptations, a vehicle with special adaptations for you to be transported and/or an evaluation of your driving skills with or without special adaptations to obtain or maintain a driver license.

I understand that these services are being provided for me by my OVR Counselor since personal transportation is needed for me to secure employment. I agree that I am participating in these services to enhance my ability to obtain or maintain employment.

I understand that the OVR Driver Rehabilitation Technology Program is a Program within OVR. I also understand that my referral may be sent to an OVR-approved Certified Driver Rehabilitation Specialist (CDRS) to provide these services for me.

I agree that any information provided by my OVR Counselor necessary for driver rehabilitation technology services can also be sent to the OVR approved CDRS contractor. This information may be sent by email, postal mail and/or fax. Every possible precaution will be used to secure your privacy and confidential information.

Therefore, I release any medical, psychological, cognitive and/or any other pertinent information that would assist a CDRS in determining my ability to operate a personal motor vehicle (if I am to be a driver of a personal vehicle).

I understand that driver rehabilitation services, which includes a behind-the-wheel driver evaluation and/or driver training services may present special risks to me. I voluntarily agree to assume such risks that I may participate in these services. I hold harmless the Commonwealth of Kentucky, Office of Vocational Rehabilitation and any determined contractors (CDRS and/or Driver Trainer).

I also understand that participation in OVR driver rehabilitation technology program depends on the consent of my physician (if I am to be a driver of a personal vehicle). I understand the final decision of my eligibility to hold the privilege of a Kentucky driver license belongs to the Kentucky Department of Transportation. I understand that the results of my driver evaluation will be sent to the Kentucky Department of Transportation and my Physician. I understand the driver evaluation may determine that certain driver license restrictions will be added to my driver license. I also understand that if the driver evaluation determines that I should not drive at this time, I agree to follow the recommendations and the recommendations will be sent to my Physician.

Consumer

Date