Kentucky Office of Vocational Rehabilitation
Referral Form

Case Information

*This section for office use only

*Counselor

*Caseload   *Case Number   *Referral Date

Consumer Information

First Name   MI   Last Name

Preferred Name   Preferred Pronouns   Secondary Student ID

Date of Birth   SSN   Legally Eligible to Work in the U.S.?

SSN Unavailable/Not Disclosed

Primary Address (Street Name and Number)

City   State   Zip   County (Select from list or type)

Mailing Address (Street Name and Number)   Same as Primary Address

City   State   Zip   County (Select from list or type)

Phone Number   Alt Phone Number   Email Address

Referral Source

Referral Source Comment

Reported Impairment

Reported Cause of Impairment

Alternate Contact Person Name

Alternate Contact Phone   Alternate Contact Email

Parent/Guardian Name

Parent/Guardian Phone   Parent/Guardian Email   Guardian Type

Vision Information

Does the individual have problems with their vision? If yes, complete the questions below. If not, skip to Hearing Information.

Has the individual been diagnosed with a vision impairment?

If yes, describe the individual's vision impairment

Would the impairment be corrected with glasses?

Does the individual use visual aids, such as magnifiers?

Describe the visual aids used

How does the individual access print?

How does the individual maneuver in unfamiliar environments?

Does the individual have problems with curbs or steps?

Does lighting change the individual's vision?

If yes, how does lighting change the individual's vision?

Does the individual have problems cooking or cleaning due to their vision?

If yes, what cooking or cleaning problems are due to the individual's vision?

How does the individual read their mail, email, and/or attend virtual meetings?

If the individual has been evaluated by an eye doctor, does the individual have 20/50 or worse vision?

Does the individual have visual field loss?

If yes, how does it affect the individual?

Hearing Information

Does the individual have problems with their hearing? If yes, complete the questions below. If not, skip to RETAIN Information.

Does the individual have a hearing impairment?

If yes, please choose the hearing impairment type

How/when did the individual start experiencing hearing loss?

What is the individual's communication preference?

If other, please specify

Does the individual use interpreters in various settings?

Does the individual use the text to speech app?

Does the individual use captions on TVs or videos?

RETAIN Information

Retaining Employment and Talent After Injury/Illness Network (RETAIN) is a program that may be able to help an individual stay in a job or return to a job. Please answer the following questions to see if the individuals may be eligible for this program.

1. Does the individual live in Kentucky? *(Must answer YES to be eligible.)*

2. Is the individual working or has worked in the last 12 months*? (Must answer YES to be eligible.)*

3. Does the individual have an injury or illness that did not happen at work, which prevents the individual from working or could potentially prevent the individual from working? *(Must answer YES to be eligible.)*

4. Does the individual currently receive Social Security disability benefits (SSI/SSDI) OR have they applied for Social Security disability benefits in the last three years? *(Must answer NO to be eligible.)*

If the individual meets the criteria for RETAIN, explain that RETAIN is a grant under OVR and, since they do qualify, they are being referred to RETAIN and will be hearing from a RETAIN Coordinator in the next 24-48 hours. Email the OVR referral form to the RETAIN email address always using encryption (add **#encrypt** to the subject line): RETAIN@uky.edu

Upload the referral form into CMS under the individual's case number. Add the Referral and Information Service in the STAFF PROVIDED SERVICES section in CMS.

Next Steps/Notes

Application Meeting Date   Meeting Type Preference

Consumer agrees to communicate or sign documents with the counselor using:

    DocuSign   SARA

Notes: