OVR 1

(Rev. 11/2025)

Kentucky Office of Vocational Rehabilitation
Referral for OVR Services

Kentucky Career Center
Vocational Rehabilitation

*Denotes Required Fields

CONSUMER INFORMATION

*Referral Date *(mm/dd/yyyy)*	*SSN *(9 digits) – Enter N/A if not disclosed)*

*First Name	MI	*Last Name

*Date of Birth *(mm/dd/yyyy)*	Preferred Name

Parent/Guardian Name *(if applicable)*	Guardian Type

Parent/Guardian Phone	Phone Type	Current Student?

Student ID	Current School *(if applicable)*

*Source of Referral

Referral Source Comment *(if self-referred, include how you hear about the Office of Vocational Rehabilitation?)*

Unhoused?	*Address – Line 1 *(Street Address)*	Address – Line 2 *(Apartment, Suite, Unit, etc.)*
☐		

*City	*State	*Zip Code	*County

Email Address	*Phone 1 *(Primary)*	Phone Type

Secondary Contact Name	Secondary Contact Phone	Secondary Contact Email

*Reported Impairment

*Reported Cause

Do you require any accommodations? *(i.e., physical, interpreters, braille documents, etc.)*
***Meeting Type Preference**

VISION

***Do you have visual impairment?**	**Is your vision correctable with glasses?**
If your vision is not correctable with glasses, please share the type of visual diagnosis	

HEARING

***Do you have a hearing impairment?**	**If yes, choose the hearing impairment type**
What is your communication preference?	**If other, please specify**
Do you use interpreters in various settings?	

FOR OFFICE USE ONLY

***Staff member taking the referral**	***Case Number** *(6 digits)*	**Application Meeting Date** *(mm/dd/yyyy)*

***Counselor First Name**	**MI**	***Counselor Last Name**	***Caseload** *(6 digits)*
Comments *(i.e., what services is the individual looking for?*			

Submit

The Kentucky Office of Vocational Rehabilitation (KYOVR) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information in accordance with state and federal laws. Upon request, and to the best of our ability, KYOVR provides reasonable accommodation, including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs.
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