

**CONSUMER INFORMATION**

Consumer Name			Date
Phone Number	Work Mobile Other	Alternate Phone	Work Mobile Other
Emergency Contact Name	Emergency Contact Phone		Work Mobile Other
Referring Counselor			

**LEGAL GUARDIANSHIP**

If the consumer has a Court Appointed Legal Guardian, are copies of the Legal Guardianship documents enclosed?		
Yes	No	Consumer does not have a Legal Guardian
If yes, Legal Guardian's Name	Legal Guardian's Phone	Work Mobile Other

**HEARING LOSS ACCOMMODATIONS**

Does the Consumer have a hearing loss?
Yes                      No
What accommodations will the consumer need while at the center for evaluation and/or training?

**REFERRAL REQUEST**

Specific purpose for referral:	
Programs Requested <i>(select one or more)</i>	
Comprehensive Vocational Evaluation	Skills Training
Job Readiness Training	Outpatient Services
Life Skills Enhancement Program	Academic & Lifeskills Program of Higher Achievement
Physical Restoration Program	Customized Training

## Referral Request (continued)

If Skills Training requested, please specify a program option

If Outpatient Services requested, please specify

If Customized Training requested, please specify

**Special Request(s)** *(select one or more)*

Psychological Evaluation

Driver's Education Evaluation/Training

Neuropsychological Screening (as available)

Online Driver's Permit

Speech Evaluation/Therapy

GED/Developmental Education

Occupational Evaluation/Therapy

Rehabilitation Technology

Physical Evaluation/Therapy

Virtual Profile

Medical Evaluation

Virtual Career Scope

Other

If Other selected as Special Request(s), please specify

## ADDITIONAL INFORMATION

Other questions/concerns to be addressed?

Residential or Non-Residential Day Student?

Residential

Non-Residential

Transportation Needed?

Yes

No

- To prevent delays in consumer services, all case reports must be up to date.
- The Admissions Office will send out a letter notifying the consumer of the date of admission.
- The referring counselor will receive a copy of the letter by email and then asked to transfer the case to the appropriate Center caseload one week prior to admission.

**Carl D. Perkins Vocational Training Center**  
**Addendum A – Application Checklist**

**Consumer Name**

In order to expedite the Center Admissions referral process, please ensure the following documentation is included (an asterisk (\*) denotes required documents).

CDPVTC application (OVR-35a) indicates service(s) requested.

\* Application (OVR-35a) signed and dated by consumer/or legal guardian.

\* A copy of Legal Guardianship papers, if the consumer has a **court appointed legal guardian** is included.

Most recent psychological, psychiatric, neuropsychological evaluation reports, if any.

Most recent medical report if the consumer has a medical condition that requires ongoing medical management for control such as diabetes mellitus, epilepsy, high blood pressure, etc.

A list of current medications.

If the consumer has history of mental/health and/or substance abuse problems, **the most recent mental health/substance abuse progress reports and/or therapy notes by treating mental health professional are required in order to make an admission decision.**

Most recent discharge summaries from any inpatient psychiatric and/or substance abuse treatment programs, if any.

A copy of the consumer's criminal record, if applicable.

A copy of the consumer's social security card if available.

**Thank you for your referral!**

**Carl D. Perkins Vocational Training Center**  
**Addendum B – Deafblind Communication Information**

**Consumer Name**

If the applicant is deafblind, please complete the items below relative to the methods of communication used.

<b>American Sign Language</b> <div style="display: flex; justify-content: space-between;"> <span>Skilled</span> <span>Tactual</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Developing Skill</span> <span>Visual</span> </div> <span>No Skill</span>	<b>What Size Print does the applicant read?</b> <div style="display: flex; justify-content: space-between;"> <span>Standard (12pt)</span> <span>Enlarged (14pt-16pt)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Large (18pt)</span> <span>Enhanced (18pt+ Bold)</span> </div>
<b>Sign Language presented in English word order</b> <div style="display: flex; justify-content: space-between;"> <span>Skilled</span> <span>Tactual</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Developing Skill</span> <span>Visual</span> </div> <span>No Skill</span>	<b>Finger Spelling</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>
<b>Speech as his/her primary method of expressive communication</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>	<b>Print on Palm</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>
<b>Lip-reading</b> <div style="display: flex; justify-content: space-between;"> <span>Skilled</span> <span>No Skill</span> </div> <span>Developing Skill</span>	<b>Writing</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>
<b>Braille (Grade 1)</b> <div style="display: flex; justify-content: space-between;"> <span>Skilled</span> <span>No Skill</span> </div> <span>Developing Skill</span>	<b>Braille (Grade 2)</b> <div style="display: flex; justify-content: space-between;"> <span>Skilled</span> <span>No Skill</span> </div> <span>Developing Skill</span>
<b>Gestures, Single Signs, and/or Behaviors</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>	<b>Communication Book</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>
<b>Communication Device</b> <div style="display: flex; justify-content: space-between;"> <span>TTY</span> <span>Braille</span> <span>Other</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Telletouch</span> <span>Telebraille</span> </div>	
<b>If Other selected for Communication Device, please specify</b> <div style="height: 40px;"></div>	