

Kentucky Office of Vocational Rehabilitation Orientation and Mobility Services Referral



1. Consumer Information						
Name						
Case Number	mber Consumer Type			Date of Birth (MM/DD/YYYY)		
Address						
City				State	Zip Code	
Cell Phone	Home Phone	Email Addres	S			
			-			
Emergency Contact Name			Emergency Contact Phone Number			
2. Orientati	on and Mobility (O	&M) Servic	es			
2. Orientation and Mobility (O&M) Services						
	al had previous O&M trai vide estimated start and co		s of training	g)		
(ii you, produce provide commuted start and completion dates of training)						
Does this individual currently use a white cane?						
	<u> </u>					
What are the specific training needs for this individual?						

3. Disability Information

Does the consumer have a secondary disability which impacts their ability to ambulate				
independently, or participate in O&M training				
(If yes, please explain)				
Does the Consumer have a Hearing Impairment?				
(If yes, please explain Impairment and devices/accommodations needed, i.e., hearing aid(s),				
amplification, interpreter, etc.)				
Does the Consumer have a Mental Health diagnosis?				
(If yes, please indicate where to locate supporting documentation in CMS, including folder and				
document title.)				
document title.)				
Has the Consumer received counseling for diagnosis or adjustment?				
(If yes, please indicate where to locate supporting documentation in CMS, including folder and				
document title.)				
Do you have any safety concerns regarding the Consumer's past or current behavior?				
(If yes, please describe.)				

4. Medical information				
Is the consumer diabetic?	If yes, are they insulin dependent?			
Does the consumer take any medications?				
(If yes, please send complete medication list with application)				
Please explain any other current or past medic	cal conditions that O&M staff need to be			
aware of.				
5. Educational and Vocational Information				
Is this individual currently a secondary or pos	-			
(If yes, please provide details, including anticipal study, if applicable.)	tea start/completion dates, school, and field of			
stady, ii applicable.)				
Is this individual currently working or pursing	employment?			
(If yes, please provide employment and/or job search related details.)				
	,			