

## Kentucky Office of Vocational Rehabilitation

### Parent/Guardian Consent for Application

The purpose of the Office of Vocational Rehabilitation (OVR) is to provide services to eligible individuals with disabilities to prepare for, obtain, and maintain employment. The services an eligible child/ward receives will be decided by the counselor, child/ward, and parent/guardian through a comprehensive assessment. The types of services offered may include diagnostics, vocational assessment, counseling and guidance, rehabilitation technology, training, and job placement assistance. The amount of assistance for some services is based upon the family's or individual's financial resources.

, Vocational Rehabilitation Counselor is requesting permission before speaking to your child/ward concerning application for services to determine eligibility. If given consent, The Vocational Rehabilitation Counselor would like to meet with your child/ward on a date to be determined. Parent/guardian participation is appreciated and encouraged should you choose to attend this meeting. If current documentation of disability or functional limitations is not available, the Vocational Rehabilitation counselor will request the information at the initial meeting when completing the application for services.

#### **NONDISCRIMINATION ASSURANCE:**

I understand that my child/ward will not be denied services solely due to age, race, color, national origin, sex, religion, or type of disability.

#### **CONFIDENTIALITY AND RELEASE:**

I understand all personal information given by my child/ward or about my child/ward will be held confidential by Vocational Rehabilitation consistent with federal regulations. I also understand that such personal information may only be released with my informed written consent or under court order. I authorize the release of my child/ward's medical, psychological, educational, or other information to the Kentucky Office of Vocational Rehabilitation for the purpose of determining eligibility for services.

I understand that copies of e-mails, faxes, and voice messages concerning my child/ward's case will be kept as part of his/her case record and that the Office of Vocational Rehabilitation cannot ensure the confidentiality of electronic messages being transmitted.

I give my permission for OVR to use e-mail to communicate with me and/or my child/ward.

If yes, please provide an Email Address:

I do not give permission for the use of e-mail.

I hereby request Vocational Rehabilitation services for my child/ward. I understand that employment is the purpose of the Vocational Rehabilitation program.

Name of Parent/Legal Guardian

Relationship to Child

Name of Child

Address

City

State

Zip

SSN

SSI

Phone Number

Date of Birth

Age

Grade

School

Does the student have an IEP or 504 Plan?

Signature of Parent/Legal Guardian

Date