

Carl D. Perkins Vocational Training Center Application Checklist

Date: (mm/dd/yyyy)

Consumer Name:

Referring Counselor:

Phone Number (xxx-xxx-xxx):

Alternate (xxx-xxx-xxxx):

Type:

Emergency Contact:

Phone Number (xxx-xx-xxxx): Type:

Legal Guardianship

Does the consumer have a court appointed legal guardian?

If yes, answer the questions below, if no, skip to the next section.

Are copies of legal guardianship documents enclosed?

Legal Guardian's Name:

Legal Guardian's Phone: Type:

Hearing Loss and Accommodations

Does the consumer have a hearing loss?

What accommodations will the consumer need while at the center for evaluation and/or training?

Referral Request

Specific purpose for referral:

Program(s) Requested:

(Select one or more)

Comprehensive Vocational Evaluation
(CVE)

Job Readiness Training (JRT)

Life Skills Enhancement Program
(LEP)

Physical Restoration Program (PRP)

Skill Training

(Please specify a program Option)

Outpatient Services

(Specify)

Academic & Life Skills Program of
Higher Achievement (ALPHA)

Customized Training

(Please Specify Option)

Special Request(s):

(Select one or more)

Psychological Evaluation

Neuropsychological Screening
(Based on availability)

Speech Evaluation/Therapy

Occupational Therapy
Evaluation/Therapy

Physical Therapy
Evaluation/Therapy

Medical Evaluation

Driver's Education
Evaluation/Training

GED/Developmental Education

Rehabilitation Technology

Other

(Specify)

Virtual Profile

Online Driver's Permit

Additional Information

Other questions/concerns to be addressed?

Residential or a Non-Residential (Day) Student? Transportation Needed?

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.**

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Addendum A – Required Documents

Consumer Name

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

Center Referral Checklist (OVR-35a) indicating Center service(s) requested.

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

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

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!

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Addendum B – Deafblind Communication Information

Consumer Name

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

American Sign Language

What size print does the applicant read?

Sign Language Presented in English
word order

Finger Spelling

Speech as his/her primary method of
expressive communication

Print on Palm

Communication Book

Lip-reading

Communication Device

Braille (Grade 1)

If other, please specify

Braille (Grade 2)

Gestures, Single Signs and/or behaviors

Writing