

\* Denotes required fields

1. Applicant Information			
* Applicant's Name	* Date of Birth (MM/DD/YYYY)	* Age	
* OVR Counselor			
* Address			
* City	* State	* Zip Code	
Home Phone	Cell Phone	Other Phone	
Phone Comment			

**2. Parents, Guardian, and Authorized Signatories**

**COVID-19 related CDC and state guidelines** will be monitored on an on-going basis. Signatures at the end of this document allow center staff to obtain acknowledgement related to CDC, state, and center guidelines. Consumers under 18 must have a parent or guardian co-sign this application.

**Consumers reaching their 18th birthday** will be required to resign this application to authorize medical treatment and release of information to relatives. Also, the consumer can, at any time, make his or her own decisions to request unsupervised passes out of the center, if staff approves.

**Consumers 18 years of age or older** will be considered independent adults with legal authority to make their own decisions.

**Consumers over the age of 18** who have a court-appointed guardian require the signature of both the applicant and the guardian.

**If a consumer has a court-appointed guardian**, please include a copy of the court action.

**Examples:** CHR consumers, divorce custody, guardian due to disability, etc.

### 3. Medical Treatment

The signature at the end of this application indicates permission for lawfully authorized personnel at the center to administer any routine or emergency care deemed advisable and necessary and, in a routine, or emergency situation requiring further medical care, including surgery, to transfer the consumer to an outside physician or hospital for such care. Also included is permission for said physician or hospital to provide routine or emergency treatment as needed. If treatment occurs outside the Carl D. Perkins Vocational Training Center, the consumer may be responsible for payment.

### 4. Discharge Living Arrangements *(Requirements for all referrals)*

When a discharge becomes necessary due to medical concerns, such as but not limited to COVID, health and safety of the above consumer or others, completion of the program, disciplinary reasons or center-scheduled breaks/holidays/closure; the parent, guardian, or individual responsible for accepting the consumer at discharge/leave agrees to remove the above-named consumer from the Center immediately upon notice. In the event the parent/guardian fails to make or cannot arrange for consumer pick-up, arrangements will be made by staff at the Carl D. Perkins Vocational Training Center to transport consumers home to the address on their application or updated address in their case file.

### 5. Consumer Release of Information

I give permission for staff of the center to discuss my program with parents, spouse, or another person as indicated below. Any release of written information will be consistent with state and federal codes regarding confidentiality of information. This release will expire upon my discharge.

If yes, my program may be discussed with:

### 6. Transportation

\* Will you or your family be providing your transportation to the center?

Yes

No

### 7. Pass/Supervision Statement

If the consumer is under the age of 18, or a consumer who has a court-appointed guardian, the Parent/Legal Guardian indicates the knowledge that the center provides general supervision for consumers while they are on the grounds and for supervised activities off the grounds. However, while the center provides general supervision for consumer activities, the center does not provide around the clock supervision of individual consumers.

The center needs permission before a consumer under the age of 18, or a consumer who has a court-appointed guardian, can receive passes to leave the center on unsupervised trips. With permission, the counselor at the center will approve passes, after considering the disability, social factors, and time/destination of the trip. **The Parent/Legal Guardian MUST** indicate their approval of denial of the permission for the center to make these decisions.

\* **The Parent/Legal Guardian MUST select one** of the following if the consumer is under the age of 18 or has a court-appointed guardian:

I approve the center to decide on unsupervised trips

Do not issue any passes except to return home

Consumers 18 years of age and consumers reaching their 18th birthday without a court-appointed guardian will be considered legal adults. They may request passes but must obtain the approval of their counselor at the center for non-supervised trips off the grounds.

## 8. Prohibited Items

Consumers may not have the following items at the center: hot plates, electric blankets, electric hair clippers, knives, fireworks, explosives, illegal drugs, or alcohol. Pets are not allowed. (Note: Service animals trained to assist persons with disabilities are allowed on campus.)

## 9. Medical Information *(Needed to determine medical or dorm housing)*

***If you have a skin breakdown at the time of admission, medical staff may decide to postpone services until the condition improves.***

- |  |     |    |
|--|-----|----|
| * Do you need assistance with walking?                           | Yes | No |
| * Do you need assistance with eating?                            | Yes | No |
| * Do you need assistance with bathing?                           | Yes | No |
| * Do you need assistance with dressing?                          | Yes | No |
| * Do you need assistance with getting in/out of bed?             | Yes | No |
| * Do you need assistance with turning side-to-side in bed?       | Yes | No |
| * Do you need assistance with toilet transfer or toilet hygiene? | Yes | No |
| * Do you use a wheelchair?                                       | Yes | No |

- |  |     |    |
|--|-----|----|
| * Do you need assistance with propelling your chair? | Yes | No |
| * Will you bring your wheelchair to the center?      | Yes | No |
| * Do you have pressure sores?                        | Yes | No |

If yes, explain size and location of pressure sores

- |   |     |    |
|---|-----|----|
| * Do you have problems with bowel or bladder control?           | Yes | No |
| * Do you require a special diet?                                | Yes | No |
| * Have you traveled outside the United States in the last year? | Yes | No |
| * Do you take any medication?                                   | Yes | No |

If yes, what type of medication do you take?

Who prescribed the medication you take?

Provide an explanation to any YES answers above

## 10. Residential Housing Procedures

The center provides residential housing to OVR consumers if required for program enrollment. Residential housing consists of seven (7) floors of dormitory rooms. An Assisted Living Unit is available for consumers unable to reside in a dormitory room due to physical disabilities or limitations. Private rooms are not available at the center.

The functional capacities and cognitive abilities of each consumer are considered when housing assignments are determined. Case information obtained from OVR counselors, information provided by the consumer on the OVR-35 center admissions application, the results of assessments conducted at the center, and behavioral observation by center staff members may be utilized to determine the consumer's housing assignment. The Unit Director for Residential and Security Services assigns dormitory rooms and may consult with other staff members as needed to make assignments for consumers.

The fifth floor of the dormitory is designated for female consumers while male consumers will continue to be housed on the second floor through the fourth floor of the dormitory. This policy began on January 1, 2015. Video cameras are used to monitor persons entering and leaving the fifth floor. A designated elevator is programmed to stop only at the dorm lobby and fifth floor. It is a violation of the facility's Vocational Behavioral Enhancement Program for consumers to be on dormitory floors or in rooms designated for consumers of the other gender.

## 11. Policy on Alcohol and Drugs

Kentucky Revised Statutes (KRS) 222.202 (2) and 222.203 (1) forbid the possession and/or use of alcohol, drugs, narcotics, and other illegal substances on center grounds. Center policy also forbids use of any illegal substances while on trips under the supervision of the center or in consumer vehicles parked on center premises. Arriving on center grounds while under the influence from any of these substances is also illegal.

The Center Medical Director (CMD) routinely reviews, for appropriateness, all medications to be dispensed, as well as all medications prescribed after consumers are enrolled, on a case-by-case basis, with two exceptions. The CMD does not review medications of consumers who elect to continue using the prescribing services of their own physician, nor for medications prescribed by the Center Psychiatric Consultant (CPC). The purpose of the CMD review is to weigh the risks of new medications to the student's overall treatment plan, on a case-by-case basis. Substitutions or changes may be made as it befits the overall health profile of the student being considered. Unapproved medications will be considered inappropriate for use while the student is enrolled at the center.

Center staff may request a consumer undergo an alcohol/drug level screening if they appear to be under the influence of alcohol or other contraband substances, or unapproved medications. As the center must ensure the safety and well being of both staff and consumers, refusal to undergo a screening will result in disciplinary action.

The center offers a substance abuse program as part of its services. Consumers may be required to participate in the center’s substance abuse program if they have a documented history of alcohol/substance abuse at the time they are admitted to the center, or, while the center is providing services. The program also accepts self-referrals. Consumers who are enrolled in the facility’s substance abuse program are expected to abstain from all drugs not prescribed for their use when they are on center property, participating on trips under the supervision of the center, and when they are on leave from the center.

CBD oil is considered an over-the-counter medication. Certain oils will cause you to test positive on a drug screen. If you are screened and test positive, you will be subject the procedures of the BeST system. A complete copy of the center’s substance abuse policy will be made available during the consumer’s orientation. Upon request, consumers may also receive information on the center’s substance abuse program.

## 12. Facility Monitoring Equipment

Please be advised the center utilizes video monitoring equipment. The equipment is limited to monitor common use areas on the premises that include classrooms, the cafeteria, outdoor areas, hallways, etc. The use and/or release of an individual’s image or identity may be necessary for the health and safety of students and personnel at the center as determined by the Kentucky Office of Vocational Rehabilitation’s management staff. Admission and participation in a center program assumes consent by the consumer for that usage and potential disclosure that includes, but is not limited to, law enforcement personnel and any related proceedings, as appropriate.

## 13. Policy on Tobacco Products

An executive order was issued on November 20, 2014, by the governor that expanded existing smoke-free indoor policies to discontinue the use of all tobacco products and e-cigarettes in state-owned and leased buildings, vehicles, and most state property.

***Consumers, staff members, and visitors may not use tobacco products or e-cigarettes in the main/axillary buildings at the center, on campus grounds (including parking lots), or while riding in center vehicles.***

Smoking cessation is highly encouraged and supported by the Commonwealth and the center. The center will provide educational and counseling resources to its consumers upon their request to help them quit using tobacco products.

\* I understand the center is a tobacco-free facility

I currently smoke and/or use other tobacco products (including e-cigarettes).

I request the staff at the center include me in activities that can help me quit using tobacco products

## 14. Signatures



\* Applicant/Consumer Signature

\* Date



\* Witness Signature

\* Date

**Witness Signature:** Preferably OVR counselor or person responsible for the referral



Parent/Legal Guardian Signature *(if applicable)*

Date

**Signing as:**

Parent, applicant  
under 18 years of age

Legal Court Appointed  
Guardian