

**CONSUMER INFORMATION**

<b>Consumer Name</b>		<b>Date</b>	
<b>Phone Number</b>	<b>Work</b> <b>Mobile</b> <b>Other</b>	<b>Alternate Phone</b>	<b>Work</b> <b>Mobile</b> <b>Other</b>
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone</b>	<b>Work</b> <b>Mobile</b> <b>Other</b>
<b>Referring Counselor</b>			

**LEGAL GUARDIANSHIP**

<b>If the consumer has a Court Appointed Legal Guardian, are copies of the Legal Guardianship documents enclosed?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consumer does not have a Legal Guardian	
<b>If yes, Legal Guardian's Name</b>		<b>Legal Guardian's Phone</b>	<b>Work</b> <b>Mobile</b> <b>Other</b>

**HEARING LOSS ACCOMMODATIONS**

<b>Does the Consumer have a hearing loss?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What accommodations will the consumer need while at the center for evaluation and/or training?</b>	

**REFERRAL REQUEST**

<b>Specific purpose for referral:</b>	
<b>Programs Requested</b> <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.

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