

Kentucky Office of Vocational Rehabilitation Driver Assistive Technology Referral Form

Referring Counselor:

Date:

Name:

Case #:

Date of Birth:

Address:

Phone:

Email:

County:

Additional Contact Information:

Disability:

Prognosis: Stable Progressive Fluctuating Other:

Current Working Status:

Employed

Work Ready

College &/or training

College / training anticipated

Planning Stage

Other:

Anticipated Employment Date:

Vocational Goal or Major/Training Program or Job Title:

Mobility:

Independent

Walker / Cane

Scooter

Manual wheelchair

Manual wheelchair with Power Assist

Power wheelchair

Other:

Specify model, year obtained, and funding source:

Level of Service Requested:

First Time Driver Evaluation

Repeat Vehicle Modification

Transport

Repair/Upgrade

Other:

KY License Status:

Full License

Permit

Number and Expiration:

Currently Driving ?

Yes

No

Preferred CDRS

Current Driving Restrictions: *Check all that apply.*

0 - Valid KY Only:

5 - Power Steering

1 - Corrective Lenses

6 - Hand Accelerator

2 - Power Brakes

7 - Hand Brake

3 - Automatic Transmission

8 - Other:

4 - Daylight Only

9 - Ignition Interlock

Vehicle Status:

Owens a vehicle

Plans to purchase a vehicle

Type of Vehicle:

Van

Car

Truck/SUV

Unknown

Vehicle Make

Model

Year

Mileage: