

Kentucky Office of Vocational Rehabilitation

Carl D. Perkins Vocational Training Center application checklist

Instructions

Purpose:

The purpose of this form is to provide instructions for the application checklist for the Carl D. Perkins Vocational Training Center (CDPVTC).

Date

Enter the date that the form was completed

Consumer Name

Enter the name of the consumer

Referring Counselor

Enter the name of the counselor who referred the consumer

Phone Number

Enter the main phone number for the consumer

Alternate (Phone Number)

Enter a phone number for the consumer other than the main phone number

Type

In the drop down, select what type of phone the alternate phone number is

Emergency Contact

Enter the name of the emergency contact for this consumer

Phone Number

Enter the phone number for the emergency contact

Type

In the drop down, select what type of phone the phone number for the emergency contact is

Legal Guardianship

Does the consumer have a court-appointed legal guardian?

In the drop down, select yes or no on whether the consumer has a court-appointed legal guardian

If yes, answer the questions in this section. If no, skip to the next section.

Are copies of the legal guardianship documentation enclosed?

In the dropdown, select yes or no

Legal Guardian's Name

Enter the name of the legal guardian

Legal Guardian's Phone

Enter the phone number of the legal guardian

Legal Guardian's Phone Type

In the dropdown, select the type of phone the legal guardian has

Hearing Loss and Accommodations

Does the consumer have a hearing loss?

In the dropdown, select yes or no on whether the consumer has a hearing loss

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

List the accommodations that the consumer will need while at the center for evaluation and/or training

Referral Request

Specific purpose for referral

Enter the purpose for the referral and be as specific as possible

Programs Requested

Check any boxes for programs that are requested

Special Requests

Check any boxes for any special requests and be specific where the form requests being specific

Additional Information

Other questions/concerns to be addressed

Enter the specific questions and concerns to be addressed

Residential or Non-Residential (Day) Student

Enter whether the consumer will be a residential or non-residential (day) student

Transportation needed

Select yes or no on whether transportation to the center for the consumer is needed

Addendum A-Required Documents

Consumer Name

Enter the consumer's name

Addendum A-Required Documents Continued

Please ensure that the list of documentation is included, especially the items with an asterisk in front of them. They are required documents. Having all the documents with the application will ensure that the admissions referral process is expedited.

Addendum B-Deafblind communication information

Consumer Name

Enter the consumer's name

If the applicant is deafblind, please complete the items in this section relative to the methods of communication that are used by the applicant. Please select the appropriate dropdown for the method or methods of communication that the applicant uses and select an item from the dropdown(s).