Kentucky Career Center
Vocational Rehabilitation

Kentucky Office of Vocational Rehabilitation

Charles McDowell Center Request for Services

Instructions

Purpose:

The purpose of this form is to provide instructions for the McDowell Center request for services form.

Request for Services Checklist

Please select the items that are and should be included with the request for services form. The request for services form itself must be complete. Please only include the items that are appropriate for that applicant. For example, a CAN check is only for consumers going into the Human Services field.

Request for Services Form

Delivery Method of Training	Select the particular delivery method of training for this applicant
Requested Programs	Select all that apply
Funding Source	Enter the appropriate funding source for the services that will be provided

Consumer Information

Consumer Name	Enter the first name, last name, and middle initial for the consumer
Counselor	Enter the counselor’s name

Field	Instructions
Date of Birth	Enter the consumer's date of birth using the format of mm/dd/yyyy
Gender	In the dropdown, select the appropriate gender option for that consumer
Application Date	Enter the date of the application using the format of mm/dd/yyyy
Address	Enter the consumer's address and provide the street name and number
City	Enter the name of city in which the consumer lives
State	Enter the state in which the consumer lives
Zip	Enter the zip code of the city in which the consumer lives
Cell Phone	Enter the consumer's cell phone number if they have one
Home Phone	Enter the consumer's home phone (check the box if the consumer's home phone is their cell phone)
Email Address	Enter the consumer's email address
Emergency Contact Name	Enter the name of the consumer's emergency contact

Consumer Information Continued

Emergency Contact Number	Enter the contact number of the consumer's emergency contact
Does the consumer have a legal guardian?	Check the box if the consumer has a legal guardian. List the name of the legal guardian in the appropriate space and send the documentation to the center.
Does the consumer have a payee?	Check the box if the consumer has a payee. List the name of the payee in the appropriate space and send the documentation to the center.
Does the consumer use a guide dog or other service animal?	Check the box of the consumer uses a guide dog or other service animal and provide proof of current vaccinations to the center.
Highest Grade Completed	In the dropdown, select the highest grade the consumer has completed
Does the consumer have an IPE?	In the dropdown, select yes or no on whether the consumer has an IPE
Work History	In the space provided, enter the work history of the consumer (if applicable). Please provide the names of employers and the dates that the consumer worked there.
Preferred Matter	Check the boxes for all the printed materials that apply. For large print, enter the minimum font size

Disability and Medical Information

Field	Instructions
Cause of Vision Impairment	If applicable, enter the cause of the vision impairment
Date of Onset (Vision Impairment)	If applicable, enter the date of onset or beginning of the vision impairment
Visual Acuity	Enter the OD, OS, and OU for the consumer
Visual Field	Enter the OD, OS, and OU for the consumer
Does the consumer have a hearing impairment?	If applicable, check the box and explain the impairment in the appropriate space. Please include devices and accommodations needed.
Does the consumer have a mental health diagnosis?	If applicable, check the box and send any supporting documentation
Has the consumer received counseling for diagnosis or adjustment?	If applicable, check the box and send any supporting documentation
Has the consumer worked with a Rehab Tech?	If applicable, check the box and send any supporting documentation

Consumer's previous experience(s) in rehabilitation services, including the McDowell Rehabilitation Center (please include approximate dates)	Please use the space to include any previous experiences with other facilities that provide rehabilitation services along with the dates the consumer attended

Additional Information

List specific questions you would like answered about this consumer	Enter any questions in the space provided that you want answered about this consumer. These could include vocational goals/targets, training goals/targets, AT needs, O&M needs, etc.
What is your perception of this consumer's adjustment to their visual disability? Do you have any concern's regarding this consumer's behavior?	Enter your perception of this consumer's adjustment to their visual disability in the space provided. If you have any concerns about this consumer's behavior, please enter them in the space provided as well. An example could be current or past substance abuse issues.
What natural supports and/or community resources does the consumer have currently and what is available to them?	Enter the natural supports and/or community resources the consumer has and the natural supports they could have in the space provided

Requested Programs

Vocational Consumer	Select the services that the consumer is to receive and specify the areas of focus or specific training requests in the spaces that are provided under the services
IL/IOB Consumer	Please specify any areas of focus or specific training requests in the space provided

Medical Information

Is consumer able to Independently perform all activities of daily living (i.e., bathing, dressing, toileting)?	Select yes or no
Does this consumer have diet restrictions and/or special dietary needs?	Please specify any diet restrictions and/or special dietary needs in the space provided
Is consumer diabetic?	Select yes or no
If so (diabetic), is the consumer insulin dependent?	Select yes or no
Does the consumer take medications?	Select yes or no

Can the consumer administer their own medications?	Select yes or no
Does the consumer have mobility limitations?	Select yes or no. If yes, please explain the equipment used in the space provided.
Does the consumer have any allergies (drug, food, or other)?	Select the best and most accurate choice
Please describe any allergies as reported by consumer	Please write out a detailed description of any allergies reported by the consumer in the space provided
Please explain any other current or past medical conditions that staff need to be aware of prior to admission	Please write explanation of any other current or past medical conditions that staff need to be aware of prior to admission in the space provided