

CABINET FOR WORKFORCE DEVELOPMENT  
DEPARTMENT FOR VOCATIONAL REHABILITATION

APPLICATION FOR ADMISSION TO CARL D. PERKINS  
COMPREHENSIVE REHABILITATION CENTER

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PARENTS, GUARDIAN AND AUTHORIZED SIGNATURES:

Consumers under 18 must have parent or guardian co-sign this application.

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

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

Consumers over 18 who have a court appointed guardian requires 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.

MEDICAL TREATMENT:

The signature at the end of this application indicates permission for lawfully authorized personnel at C.D.P.C.R.C. 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.

DISCHARGE LIVING ARRANGEMENTS: (Requirements for all referrals)

When discharge becomes necessary, or during any breaks or holiday that the Center closes, the parent, guardian, or individual responsible for accepting the consumer at discharge agrees to remove the above-named consumer from C.D.P.C.R.C. immediately upon notice.

CONSUMER RELEASE OF INFORMATION:

I give permission for staff of C.D.P.C.R.C. to discuss my program with parents, spouse or other 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.

MY PROGRAM MAY BE DISCUSSED WITH: \_\_\_\_\_

TRANSPORTATION:

Will you or your family be providing your transportation to the Center? ☐ YES ☐ NO

PASS/SUPERVISION STATEMENT: *(Required for consumer under 18 or those with a court appointed guardian.)*

The signature below indicates the knowledge that the Center provides general supervision for consumers while they are on the grounds and supervised activities off the grounds.

The Center needs permission before a consumer under 18, or a consumer who has a court appointed guardian, can receive passes to leave the Center on unsupervised trips. With permission, the Center counselor will approve passes, after considering the disability, social factors, time and destination of the trip. Please indicate your approval or denial for the Center to make these decisions.

Check one of the following if the consumer is under 18 or has a court appointed guardian:

- ☐ I approve for 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 18<sup>th</sup> birthday without a court appointed guardian will be considered legal adults. They may request passes, but must obtain their Center counselor's approval for nonsupervised trips off grounds.

MEDICAL INFORMATION: *(Needed to Determine Medical or Dorm Housing)*

	<u>YES</u>	<u>NO</u>
A. Do you smoke? .....	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you prefer a nonsmoking roommate? .....	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you need assistance with:		
1. Walking .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Eating.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Bathing .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Dressing.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Getting in and out of bed.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Turning in bed from side to side .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Toilet transfer or toilet hygiene .....	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you use a wheelchair? .....	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you need assistance with propelling your chair? .....	<input type="checkbox"/>	<input type="checkbox"/>
F. Will you bring your wheelchair to the Center? .....	<input type="checkbox"/>	<input type="checkbox"/>
*G. Do you have pressure sores? (Explain size and location) .....	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you have problems with bowel & bladder control?.....	<input type="checkbox"/>	<input type="checkbox"/>
I. Do you require a special diet? .....	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you take any medication? .....	<input type="checkbox"/>	<input type="checkbox"/>

What type: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

Please explain any YES answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

POLICY ON ALCOHOL & DRUGS:

Kentucky Revised Statutes (KRS)222.202 (2) and 222.203 (1) forbid the possession and/or use of alcohol, 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.

Center staff may request a consumer undergo an alcohol/drug level screening if he/she appears to be under the influence of alcohol or other contraband substances. **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 prevention program as part of its services. Consumers may be required to participate in the Center's substance abuse prevention 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. 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 prevention program

REQUIRED SIGNATURES:

**My signature below indicates that I have read, understand, and agree to comply with this document:**

\_\_\_\_\_  
Signature of Applicant/Consumer

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Approved By *(Parent or guardian of consumer if under 18; or guardian if consumer is over 18 and has a court appointed guardian.)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness Signature *(Preferably field counselor or person responsible for referral.)*

\_\_\_\_\_  
**Date**

**\*CONSUMERS WITH GUARDIANS MUST HAVE GUARDIAN SIGNATURE PRIOR TO ADMISSION.**

The Center provides services without regard to race, color, creed, sex, national origin, age or type of disability.