DVR-35A (Revised 05/20/02)
(Attach to DVR-35)

CARL D. PERKINS COMPREHENSIVE REHABILITATION CENTER
REFERRAL CHECKLIST

NAME: _____ DATE: _____

REFERRING COUNSELOR: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

DOES THE CONSUMER HAVE A GUARDIAN? ☐YES ☐NO

GUARDIAN'S NAME: _____ PHONE NUMBER: _____

DOES THE CONSUMER HAVE A HEARING LOSS? ☐YES ☐NO IF 'YES' IS CHECKED, WHAT ACCOMMODATIONS WILL THIS CONSUMER NEED WHILE AT THE CENTER FOR EVALUATION AND/OR TRAINING? _____

_____

PROGRAM(S) REQUESTED (*Check one or more*)

- ☐ Comprehensive Vocational Evaluation (CVE)
- ☐ Work Adjustment Program (WAP)
- ☐ Brain Injury Program (BIP)
- ☐ Physical Restoration Program (PRP)
- ☐ Training (Please Specify)

  _____
- ☐ Out-Patient Services (Specify)

  _____
- ☐ Job Placement Services
- ☐ PACE

SPECIAL REQUEST(S) *(Check one or more)*

- ☐ Psychological Evaluation
- ☐ Neuropsychological Evaluation
- ☐ Speech Evaluation Therapy
- ☐ Occupational Therapy Evaluation/Therapy
- ☐ Physical Therapy Evaluation/Therapy
- ☐ Medical Evaluation
- ☐ Driver's Education Evaluation/Training
- ☐ GED/Developmental Education
- ☐ Rehab Technology
- ☐ Other: _____

SPECIFIC QUESTIONS/CONCERNS YOU WANT ANSWERED: _____

_____

_____

CONSUMER WILL BE A: ☐RESIDENT ☐DAY STUDENT

IS TRANSPORTATION NEEDED? ☐YES ☐NO
IF SO, WILL SPECIAL ASSISTANCE BE REQUIRED? (*Please Specify & provide phone numbers for contact*)

_____

_____

<u>DOCUMENTS REQUIRED</u>:

Please send the entire case record. To prevent delays in consumer services, it is best practice that you send up-to-date reports, if possible.

TRANSFER THE CASE TO CASELOAD 291963.

DEAFBLIND COMMUNICATION INFORMATION
CDPCRC REFERRAL ADDENDUM
FOR CONSUMERS WHO ARE DEAFBLIND

If applicant is deafblind, please complete the checklist below relative to the methods of communication used by this deafblind consumer.

Applicant's Name: _____

American Sign Language	☐ **visual** ☐ **skilled**	☐ **tactual** ☐ **developing skill**	☐ **no skill**
Sign Language presented in English word order.	☐ **visual** ☐ **skilled**	☐ **tactual** ☐ **developing skill**	☐ **no skill**
Speech as his/her primary method of expressive communication?	☐ **yes**	☐ **no**	
Lipreading	☐ **skilled**	☐ **developing skill**	☐ **no skill**
Braille (Grade 1)	☐ **skilled**	☐ **developing skill**	☐ **no skill**
Braille (Grade 2)	☐ **skilled**	☐ **developing skill**	☐ **no skill**
Writing	☐ **yes**	☐ **no**	
What size print does the applicant read?	☐ **Standard Print**	☐ **Large Print**	
Fingerspelling	☐ **yes**	☐ **no**	
Print-On-Palm	☐ **yes**	☐ **no**	
Communication Book	☐ **yes**	☐ **no**	
Communication Device	☐ **TTY** ☐ **Telebraille** ☐ **Other** **(specify)** _____	☐ **Braillewriter** ☐ **Telletouch**	
Gestures, Single Signs and/ or Behaviors	☐ **yes**	☐ **no**	