



GVRA
ROOSEVELT
WARM SPRINGS

Applicant Name	_____
PID Number	_____
D.O.B.	_____
VR Counselor	_____

**INTERNAL QUESTIONNAIRE TO REVIEW WITH APPLICANT
(TO BE COMPLETED BY VR COUNSELOR OR OTHER REFERRING STAFF)**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Will the client be at least 18 years old at the time of admission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is employment success a priority for the applicant and are they genuinely motivated to achieve their employment goal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the applicant able to self-regulate behaviors, emotions, and reactions/responses appropriately for a residential training setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant possess the level of independent living skills needed to reside in a dorm setting with minimal supervision and support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has the applicant been psychologically stable for the last 12 consecutive months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the applicant physically able to participate in a minimum six-hour uninterrupted day and meet the physical demands of the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has the applicant been medically stable for the last six consecutive months with no expected changes that would impede participation in residential programs, services or course work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has the applicant had any changes in medication or dosage within the last six months? <i>(If so, note details on the next page)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Can the applicant independently and safely navigate the RWS campus in a timely manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the applicant able to maintain the expected levels of grooming and personal hygiene appropriate for class and for the workplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the applicant have any history of criminal behavior and/or criminal charges?
<i>(If yes, please explain charges and court outcomes on the next page. <u>Applicants charged with any Felony offenses will not be admitted to RWS.</u>)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the applicant have any history of substance abuse?
<i>(If yes, verification of successful completion of a treatment program will be required)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant Name _____

PID Number _____

13. Is the applicant able and willing to follow all RWS / CSC policies as outlined in the Student Code of Conduct? ☐ Yes ☐ No
14. Does the applicant have a reliable plan for exiting the campus in a timely manner should suspension or termination from the program take place? ☐ Yes ☐ No
15. Has the applicant displayed behaviors and/or expressed any thoughts associated with self-harm or suicide within the last 12 months? ☐ Yes ☐ No
16. Has the client displayed any violent or physically aggressive actions and/or made any threats of violence towards others within the last 12 months? ☐ Yes ☐ No
17. Can the applicant pass a background check if their training program requires that one be submitted? ☐ Yes ☐ No
18. Can the applicant pass a drug screen if their training program requires that one be submitted? ☐ Yes ☐ No
19. Does the client have existing medical insurance coverage? ☐ Yes ☐ No

*If "YES", include a front and back

copy*

*If "No", has client been referred to GA
Pathways to Coverage? ☐ Yes ☐ No

The applicant has been informed that their referral for admissions to RWS/CSC will not be considered as active until all required documentation is received. **This includes the applicant's most recent IEP and/or Psychological Evaluation that provides evidence of each of the following: adaptive behaviors/functioning commentary, level of independent functioning, AND grade equivalent levels in reading comprehension and mathematics.)**

As a qualified representative of the Georgia Vocational Rehabilitation Agency, I affirm the following based upon analysis of the applicant's readiness to directly enter a program of study at Roosevelt Warm Springs/Cave Spring. I understand, and have discussed with the applicant, that RWS/CSC campuses offer first-aid services only. Additionally, I attest that the responses provided in the above questionnaire are truthful and accurate to the best of my knowledge.

Vocational Rehabilitation Counselor (Print Name): _____

Vocational Rehabilitation Counselor Signature: _____

Date: _____ District: _____ Supervisor: _____