

**Driver Rehabilitation Services**

[ ]  **133X Level II – Adaptive Driver Evaluation Low Tech**[ ]  **134X- Level II- Adaptive Driver Evaluation High Tech**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

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|  |  |  |  |  |  |  |  |  |  |
| **Hours Completed for this Report:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Hours Used to Date:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Total Hours Authorized:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Evaluation Dates:** | Click to enter |
|  |  |  |  |  |  |  |  |  |

**Driving Status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Driving Status:** |  |  |  |  |  |  |
|  |[ ]  Driver License |  |  |  |  |  |  |
|  |  |  | Number: | Click to enter |
|  |  |  | State: | Click to enter |
|  |  |  | Expiration Date: | Click to enter |
|  |  |  | Class: | Click to enter |
|  |  |  | Restrictions: | Click to enter |
|  |[ ]  Learners Permit |  |  |  |  |  |  |
|  |[ ]  Non-drivers ID |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Relevant Driving History:**  |  |
| Click to enter |
|  |

**Adaptive Equipment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Low Tech (133X):** |  |  |  |  |  |  |  |
|  |[ ]  Raised tops and/or doors |
|  |[ ]  Mechanical hand controls and steering devices |
|  |[ ]  Six-way power transfer seats |
|  |[ ]  Car top carriers |
|  |[ ]  Wheelchair lifters/loader |
|  |[ ]  Other: Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **High Tech (134X):** |  |  |  |  |  |  |  |
|  |[ ]  Remote steering packages |
|  |[ ]  Lowered floor conversions |
|  |[ ]  Foot steering |
|  |[ ]  Low-effort conversions |
|  |[ ]  Horizontal steering |
|  |[ ]  Braking and throttle servo controls |
|  |[ ]  Other |
|  |  |  |  |  |  |  |  |  |  |  |

**Adaptive Driver Evaluation Report**

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| **Adaptive driver evaluation report is required to be submitted with this 133X/134X report.** |
|  |
| Please indicated that each of the required components is covered in the attached Adaptive Driver Evaluation Report: |
|  |[ ]  Medical Status History – diagnosis, past medical history, medications, loss of consciousness, functional deficits |
|  |[ ]  Vision and Hearing – distance acuity, visual field, night vision, color discrimination, scanning, conversational speech, hearing aids;  |
|  |[ ]  Cognition and Learning – attention/concentration, auditory memory, visual memory, sequencing, behavior, judgment, multiple task processing; |
|  |[ ]  Strength and Range of Motion and wheelchair seating as they pertain to the functional skills necessary to safely operate a motor vehicle;  |
|  |[ ]  Licensure Status – expiration date, license class, restrictions and driving history; |
|  | [ ]   | Knowledge and Driving Performance – traffic sign and road marking, general traffic rules, pre-driving, traffic environments (controlled, residential, multi-lane, urban, expressway);Summary of clinical and driving evaluation, adaptive driving aids used (if applicable), findings/recommendation from the Vehicle Consultant. |
|  |[ ]  Type of vehicle(s) that will accommodate the adaptive equipment or modification being recommended.  |
|  |[ ]  If the individual cannot drive a vehicle, the report should include information on what the needs are for the person to be safely transported in a private motor vehicle.  |
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**Summary of Recommendations**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Please summarize recommendations made in the adaptive driver evaluation:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |

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| **Was the report submitted to the VRC within 10 business days of the completion of service?** |
|  |[ ]  Yes |[ ]  No |  |  |  |  |
| **If no, explain:** | Click to enter |
|  |  |  |  |  |  |  |  |  |
| **Was the VRC offered to attend a conference at the conclusion of the service?** |
|  |[ ]  Yes |[ ]  No |  |  |  |  |
| **If no, explain:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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| --- |
| **Completed By:**  |
|  |  | Click to enter |
| Qualified Evaluator Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |