

**Office of Vocational Rehabilitation  
Community Work Transition Program  
School Participation Application  
*Valid from 7/1/17-6/30/18***

**Date:** 5/9/2017

**New School or Returning:** Returning

**School District Name:** Livingston County School District  
**School District Address:** 127 E. Adair St., P.O. Box 219 Smithland, KY 42081

**Name of Individual Completing this Form:** Pamela Garrett  
**Email Address:** [pam.garrett@livingston.kyschools.us](mailto:pam.garrett@livingston.kyschools.us) **Phone Number:** 270-928-3604

**Director of Special Education:** Pamela Garrett  
**Email Address:** [Pam.garrett@livingston.kyschools.us](mailto:Pam.garrett@livingston.kyschools.us)  
**Phone Number:** 270-928-3604

**School District Finance Officer:** Melvin Houk  
**Email Address:** [Melvin.houk@livingston.kyschools.us](mailto:Melvin.houk@livingston.kyschools.us) **Phone Number:** 270-928-2111

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**Student Participant Information:** Students may be identified as eligible or potentially eligible for Vocational Rehabilitation CWT program services. Potentially eligible students may participate in five identified pre-employment transition services without going through the entire process of becoming a VR consumer once they have been identified and their information has been processed by your VR Counselor of record. Students who have been determined eligible for VR services may participate in both CWTP pre-ets activities and CWTP transition services depending on the individual needs of the student.

Please list the number of NEW students you estimate to be served: 8

Please list the number of RETURNING students you estimate to be served: 8

Please list the number of students to be served who are anticipated to exit school at the conclusion of the school year. 5

**Participating High Schools and CWTP Contacts:** Please list the names of all High Schools in your district that will be implementing CWTP. Please include an e-mail address for the Primary CWTP Contact at each High School. This Contact person will be a certified staff member with knowledge and training in the CWT Program other than the Employment Specialist and will be in charge of assisting the Employment Specialist and OVR counselor with the implementation of the program and disseminating information regarding the program to other staff.

**Contact Name: Cristi Ginn**  
**CWTP Contact E-mail Address: [cristie.ginn@livingston.kyschools.us](mailto:cristie.ginn@livingston.kyschools.us)**  
**High School: Livingston County**

**Contact Name:**  
**CWTP Contact E-mail Address:**  
**High School:**

**Contact Name:**  
**CWTP Contact E-mail Address:**  
**High School:**

**Employment Specialists:** Please list the names and e-mail addresses of all Employment Specialists in your district.

**Employment Specialists are required to register and attend mandatory CWTP training programs and meetings as defined in the CWTP Agreement for Services between OVR and LEAs. Failure to attend required training programs and meetings will result in a delay of program implementation until missed events are attended.**

Teachers may assist the Employment Specialist with performing the activities of the program only if the services are outside the realm of a classroom curriculum and not already an existing activity as required by their contract with the school. Supplanting IDEA required services and duplication of services for payment to VR is prohibited. The teachers must also participate in the mandatory CWTP training programs and meetings in order for their services to be billable to VR. Include the names of the teachers under Employment Specialist information below.

**If more than one high school is participating, please include the school that the Employment Specialist is assigned to, if applicable:**

**Employment Specialist: Cristi Ginn**  
**E-mail Address: [cristi.ginn@livingston.kyschools.us](mailto:cristi.ginn@livingston.kyschools.us)**  
**High School Assigned to: Livingston Central High School**

**Employment Specialist:**  
**E-mail Address:**  
**High School Assigned to:**

**Employment Specialist:**  
**E-mail Address:**  
**High School Assigned to:**

**Please return the CWTP APPLICATION by June 15, 2017, to:**

Mrs. Kari Skaggs, [Kari.Skaggs@ky.gov](mailto:Kari.Skaggs@ky.gov)  
Vocational Rehabilitation, 275 E. Main Street, Mail Drop 2-EK, Frankfort, KY 40621