

Kentucky Office of Vocational Rehabilitation

Certificate of Ineligibility

Instructions for Letter and DocuSign

In DocuSign, start the template by selecting the appropriate certificate type from the existing templates:

- **Ineligible after Eligibility**
 - Use if after determined eligible, consumer no longer wishes to seek competitive and integrated employment, or is unable to due to disability.
- **Ineligible after Trial Work Period**
 - Use if after the Trial Work Period, it has been determined that the consumer is not eligible for OVR services due to severity of disability keeping them from benefiting from OVR services in terms of work at this time.
- **Ineligible due to no disability condition**
 - Use this if it is determined that the applicant has no disabling condition, no impediment to employment or does not require Vocational Rehabilitation services to prepare for, secure, retain, advance in, or regain competitive and integrated employment.
- **Ineligible due to not pursuing Competitive and Integrated Employment**
 - Use if it has been determined that the applicant is not eligible for Vocational Rehabilitation services at this time due to not wishing to pursue competitive and integrated employment.

After selecting the template, select “Use” and follow the steps below:

1. On the “Add recipients” screen, your information should be already entered in as the sender by default.
2. Add the Name and Email Address for the Counselor that will be signing the form.
3. Select the “Send” button.
4. You will be prompted to Sign Now or to Sign Later, select Sign Now.
5. When the form loads, select the “Continue” button to begin filling out the form. You will be asked to complete the following fields:

- a. Date – this is the date that the letter is generated. Format as Month Day, Year (example, January1, 2023)
 - b. Case Number – enter the consumers six-digit case number
 - c. Consumer’s full name, include middle initial if applicable
 - d. Consumer’s street address (street number and name)
 - e. If applicable, enter the apartment, building or suite number, if not leave blank
 - f. Consumer’s City, State and Zip Code
 - g. Counselor’s Name
 - h. Counselor’s address (street number and name)
 - i. If applicable, enter the building, suite, or mail-stop name/number, if not, leave blank
 - j. Counselor’s City, State and Zip Code
 - k. Counselor’s Phone Number.
6. After completing the fields, select “Finish”. The form will be saved and sent to the counselor to sign.

Once the counselor receives the form to sign, follow these steps to sign the form:

1. Check your inbox for an email from DocuSign. In the email, select the “Review Document” button.
2. If prompted, select the box: “I agree to use electronic records and signatures.
3. Select “Continue”
4. Select the Signature field.
5. Select the signature style to apply, select “Adopt and Sign”
6. When prompted, select “Finish”
7. Save a copy of the signed and completed document.
 - a. When saving, select “Combined PDFs”. The finalized document will be opened in Adobe Acrobat Reader (or Acrobat Pro if installed)
 - b. Save the form to your desktop
8. Once saved, upload a copy of the completed form to the consumer’s case file in CMS.