

INDIVIDUAL INFORMATION

First Name		Middle Initial	Last Name	Case Number
Date of Eligibility	Amended Date	Counselor		
SSI / SSDI Recipient (Verified)			Date SSI / SSDI Documentation Received	
Primary Impairment				
Primary Impairment Cause				
Secondary Impairment				
Secondary Impairment Cause				
Other Reported Impairment(s)				

STEP 1: DETERMINE ELIGIBILITY

Presumptive Eligibility for SSDI/SSI Recipients

a. Have Social Security benefits under title II (Social Security Disability Insurance) or title XVI (Supplemental Security Income) program(s) of the Social Security Act been verified?

Yes No (Move to Basic Eligibility Section below)

b. Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice?

Yes No

If the answers to **BOTH (a) and (b)** are “**Yes**”, the applicant is **presumed eligible**, move to **Step 2**.

If the answer to (b) is “**No**” do not proceed. The applicant is **not eligible** for OVR services.

Basic Eligibility

a. Has it been determined by qualified personnel that the applicant has a physical or mental impairment?

Yes

No (Ineligible)

b. Has it been determined by qualified personnel that the applicant’s impairment constitutes or results in a substantial impediment to employment?

Yes

No (Ineligible)

c. Has it been determined by a qualified Vocational Rehabilitation Counselor that the applicant requires vocational rehabilitation services to prepare for, secure, retain, advance in, or regain employment?

Yes

No (Ineligible)

d. Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice?

Yes

No (Ineligible)

e*.Can the applicant benefit in terms of employment?

Yes

No (Ineligible)

* Unknown

*** Note:** If “unknown” selected, a Trial Work Experience is required to determine eligibility. See Policies and Procedures Manual for guidance.

STEP 2: LIMITATIONS TO FUNCTIONAL CAPACITIES

Do the impairments identified above seriously limit any of the seven functional capacities listed below?

Self-Care: The ability to perform activities of daily living as they affect the individual’s ability to participate in training and, or work activities.

Work Skills: The ability to learn as well as perform work functions.

Interpersonal Skills: The ability to interact in an acceptable and mature manner with co-workers, supervisors, and others to facilitate the normal flow of work activities (not due to cultural or language factors).

Communication: The accurate and efficient transmission as well as reception of information, either verbally or non-verbally due to physical, sensory, emotional, or cognitive impairments. This does not include communication difficulties related to foreign language or cultural differences.

Mobility: The physical, cognitive, sensory, or psychological ability to move efficiently from place to place, including community, school, home, and work.

Self-Direction: The ability to plan, initiate, organize, and carry out goal directed activities related to job preparation and employment.

Work Tolerance: The ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period-of-time.

Significant Attendant Factors (Select all that apply):

- | | |
|---------------------------------------|--|
| None | Limited Work Opportunities |
| Default on Loans | No Childcare |
| Disincentives (i.e., losing benefits) | No Driver's License |
| DUI's / IA's | No GED / High School Diploma |
| Lack of Family Support | Poor Motivation |
| Legal / Criminal History | Previous Unsuccessful College Attempts |
| Limited English | Transportation Not Available |
| Limited Financial Resources | Unwilling to Relocate |
| Limited Work History | Other (please specify) |

If other selected, please describe

STEP 3: IS APPLICANT AN INDIVIDUAL WITH A SIGNIFICANT DISABILITY?

If applicant is an **SSI/SSDI recipient**, they are presumed to be **Significantly Disabled**, move to **Step 4**; otherwise answer the questions below.

a. Does the applicant have a severe physical or mental impairment (or combination of impairments) that seriously limits one or more functional capacities listed above?

Yes

No (Non-Significant Disability, continue to Step 5)

b. Is the applicant expected to require multiple vocational rehabilitation services (including guidance and counseling) over a period of six (6) months or more?

Yes

No (Non-Significant Disability, continue to Step 5)

If **both answers are yes**, the applicant has a **Significant Disability**, and you may continue to **Step 4**

STEP 4: IS APPLICANT AN INDIVIDUAL WITH A MOST SIGNIFICANT DISABILITY?

a. Is the applicant with a significant disability seriously limited in four or more of the functional capacities identified in Section 2 above?

Yes (Most Significant Disability)

No (Significant Disability)

STEP 5: PRIORITY CATEGORY

After determining that the individual is eligible for VR services, the priority category can now be chosen based on a refinement of the three criteria in the definition of an individual with a significant disability.

Priority Category 1: Individual with a most significant disability is an individual with a disability who has been determined eligible for vocational rehabilitation services, requires multiple vocational rehabilitation services for a period of six (6) months or more, and experiences serious limitations in four (4) or more areas of functional capacity, in terms of an employment outcome.

Priority Category 2: Individual with a significant disability is an individual with a disability who has been determined eligible for vocational rehabilitation services, requires multiple vocational rehabilitation services for a period of six (6) months or more and experiences serious limitations in three (3) areas of functional capacity, in terms of an employment outcome.

Priority Category 3: Individual with a significant disability is an individual with a disability who has been determined eligible for vocational rehabilitation services, requires multiple vocational rehabilitation services for a period of six (6) months or more, and experiences serious limitations in one (1) to two (2) areas of functional capacity, in terms of employment outcome.

Priority Category 4: Individual with a disability is an individual who has been determined eligible for vocational rehabilitation services and does not meet the criteria for priority categories one, two, or three.

STEP 6: DETERMINE ORDER OF SELECTION

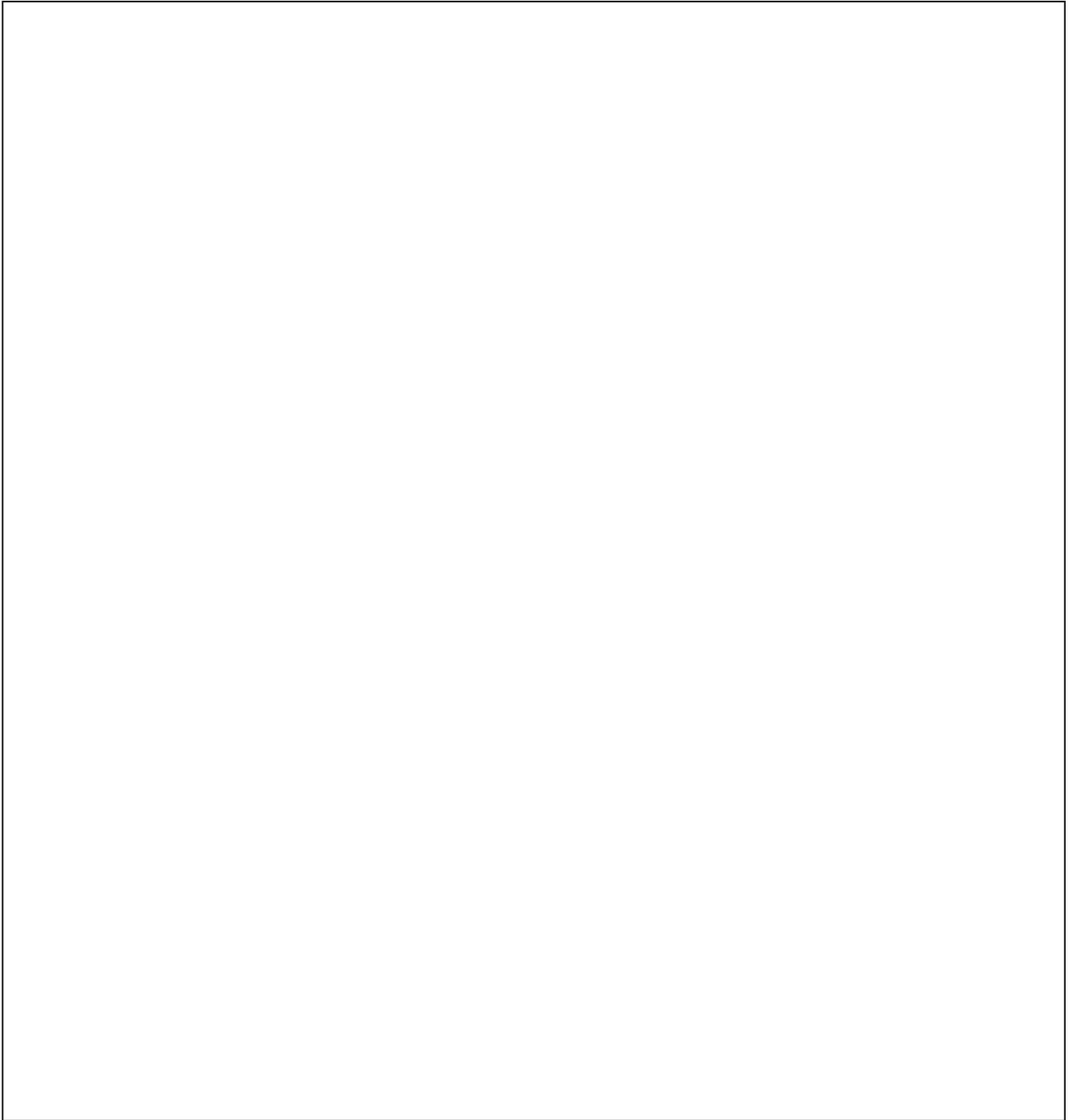
Based on the current order of selection, per the Office of Vocational Rehabilitation's Policy and Procedures Manual, the applicant's priority category is determined to be:

Eligible and Accepted

Eligible, but Out of Selection

PROGRESS NOTES

NEXT STEPS



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