

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 rehabilitations 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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