

OVR E-1 Eligibility Worksheet Instructions

Kentucky Office of Vocational Rehabilitation

Introduction:

The purpose of the eligibility worksheet is to determine if an applicant is eligible for services with the Office of Vocational Rehabilitation, and identify the functional limitations, priority category, and order of selection for that applicant's case.

Form Sections and Fields

Individual Information

Field	Instruction
First Name	Enter the first name.
Middle Initial	Enter the middle initial.
Last Name	Enter the last name.
Case Number	Enter the six-digit case number.
Date of Eligibility	Enter the date eligibility was determined by using the dropdown to select the month, day, and year or manually enter the date using the MM/DD/YY format.
Amended Date	Enter the date the eligibility worksheet was amended, if applicable, using the dropdown to select the month, day, and year or manually enter the date using the MM/DD/YY format.
Counselor	Enter the name of the counselor.

Field	Instruction
SSI/SSDI Recipient	Select “Yes” to indicate the applicant’s SSI/SSDI status has been verified or “No” if it has not been verified.
Date SSI/SSDI Documentation Received	Enter the date the documents verifying the applicant’s SSI/SSDI status were received using the dropdown to select the month, day, and year or manually enter the date using the MM/DD/YY format.
Primary Impairment	Use the dropdown to enter the primary impairment.
Primary Impairment Cause	Use the dropdown to enter the primary impairment cause.
Secondary Impairment	Use the dropdown to enter the secondary impairment.
Secondary Impairment Cause	Use the dropdown to enter the secondary impairment cause.
Other Reported Impairments	Enter any other impairments.

Step 1: Determine Eligibility

Presumptive Eligibility for SSDI/SSI Recipients

Field	Instruction
<p>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.</p>	<p>Select “Yes” or “No” to indicate if social security benefits have been verified.</p> <p>If “Yes” is selected, move to question “b” in this section.</p> <p>If “No” is selected move to the Basic Eligibility Section below.</p>

Field	Instruction
<p>b. Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice?</p>	<p>Select “Yes” if the applicant intends to achieve employment or “No” if the applicant does not intend to achieve an employment outcome.</p> <p>If “Yes” is selected, move to Step 2 – Limitations to Functional Capacities.</p> <p>If “No” is selected, the applicant is ineligible, and the form is complete.</p>

Basic Eligibility

Field	Instruction
<p>Has it been determined by qualified personnel that the applicant has a physical or mental impairment?</p>	<p>Select “Yes” if the applicant has a physical or mental impairment, otherwise select “No”.</p> <p>If “No” is selected, the applicant is ineligible.</p>
<p>Has it been determined by qualified personnel that the applicant’s impairment constitutes or results in a substantial impediment to employment?</p>	<p>Select “Yes” if the applicant’s impairment results in a substantial impediment to employment, otherwise select “No”.</p> <p>If “No” is selected, the applicant is ineligible.</p>
<p>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?</p>	<p>Select “Yes” if vocational rehabilitation services are required for the applicant to prepare for, secure, retain, advance in, or regain employment, otherwise, select “No”.</p> <p>If “No” is selected, the applicant is ineligible.</p>
<p>Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice?</p>	<p>Select “Yes” if the applicant intends to achieve an employment outcome, otherwise, select “No”.</p> <p>If “No” is selected, the applicant is ineligible.</p>

Field	Instruction
Can the applicant benefit in terms of employment?	<p>Select “Yes” to indicate the applicant can benefit in terms of employment. The applicant is eligible, move to Step 2, Limitations to Functional Capacities.</p> <p>If “No”, the applicant is ineligible.</p> <p>If “Unknown”, a Trial Work Experience is required to determine eligibility. See Policy and Procedures Manual for guidance.</p>

Step 2: Limitations to Functional Capacities

Do the impairments identified above seriously limit any of the seven functional capacities listed below? Select all that apply.

Field	Definition
Self-Care	<p>The individual’s ability to perform daily living skills seriously limits their ability to participate in training and/or work activities.</p>
Work Skills	<p>The individual’s ability to learn or perform work skills seriously limits their ability to participate in training and/or work activities.</p>
Interpersonal Skills	<p>The individual’s ability to interact in an acceptable and mature manner with coworkers, supervisors, and others to facilitate the normal flow of work activities (not due to cultural or language factors) seriously limits their ability to participate in training and/or work activities.</p>

Field	Definition
Communication	The individual's ability to accurately and effectively transmit and receive information, verbally or nonverbally, due to their impairment(s) (not due to cultural or language factors) seriously limits their ability to participate in training and/or work activities.
Mobility	The individual's ability to move efficiently from place to place in the community, school, home, and work due to their impairment(s) seriously limits their ability to participate in training and/or work activities.
Self-Direction	The individual's ability to plan, initiate, organize, and carry out goal-directed activities related to job preparation and employment seriously limits their ability to participate in training and/or work activities.
Work Tolerance	The individual's ability to sustain the required physical and cognitive tasks in an effective and efficient manner over a period of time seriously limits their ability to participate in training and/or work activities.

Significant Attendant Factors

Field	Instruction
List of Significant Attendant Factors	Select all that apply.
If other selected, please describe.	Enter a short description of any other attendant factors not listed above.

Step 3: Is Applicant an Individual with a Significant Disability?

If the applicant is an SSI/SSDI recipient, they are presumed to be Significantly Disabled, move to Step 4.

Field	Instruction
Does the applicant have a severe physical or mental impairment (or combination of impairments) that seriously limits one or more functional capacities listed above?	Select “Yes” if the applicant has an impairment that limits one or more functional capacities, otherwise select “No”. If “Yes” is selected, continue to question b. If “No” is selected, the applicant has a non-significant disability; Continue to Step 5.
Is the applicant expected to require multiple vocational rehabilitation services (including guidance and counseling) over a period of six (6) months or more?	Select “Yes” if the applicant will require multiple vocational rehabilitation services (including guidance and counseling) over a period of six (6) months or more, otherwise select “No”. If “Yes” is selected, the applicant has a “Significant Disability”. Continue to Step 4. If “No” is selected, the applicant has a non-significant disability; Continue to Step 5.

Step 4: Is Applicant an Individual with a Most Significant Disability?

Field	Instruction
Is the applicant with a significant disability seriously limited in four or more of the functional capacities identified in Section 2 above?	Select “Yes” if the applicant is seriously limited in four or more of the functional capacities identified in Section 2, otherwise select “No.”

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.

Field	Instruction
Priority Category 1	Select Priority Category 1 if the individual was identified as an individual with a most significant disability in Step 4.
Priority Category 2	Select Priority Category 2 if the individual was identified as an individual with a significant disability in Step 4 and has limitations in three (3) areas of functional capacity.
Priority Category 3	Select Priority Category 2 if the individual was identified as an individual with a significant disability in Step 4 and has limitations in two (2) areas of functional capacity.
Priority Category 4	Select Priority Category 4 if the applicant is eligible and does not meet the criteria for priority categories one, two, or three.

Step 6: Determine Order of Selection

Field	Instruction
Based on the current order of selection, per the Office of Vocational Rehabilitation's Policy and Procedures Manual, and the applicant's priority category the individual's status is determined to be:	Select whether the individual's status is "Eligible and Accepted" or "Eligible, but Out of Selection".

Progress Notes

Field	Instruction
Progress Notes	Enter the eligibility progress notes. Also, include any information from text fields that did not fit into the allocated spaces above.

Next Steps

Field	Instruction
Next Steps	Enter next steps.