

**Kentucky Office of Vocational Rehabilitation  
Eligibility Worksheet**

<b>Name:</b>	<b>Counselor:</b>
<b>Case Number:</b>	<b>Date of Eligibility Determination:</b>
<b>Major Impairment:</b>	<b>Code:</b>
<b>Secondary Impairment:</b>	<b>Code:</b>
<b>Other Impairments:</b>	
<b>SSI/SSDI Recipient</b> <input type="checkbox"/> <b>(Verified)</b>	<b>Date Documentation Received:</b>
<b>Amended Date:</b>	<b>Counselors Initials:</b>

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### **Step I: Determine Eligibility**

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#### **Presumptive Eligibility for SSI/SSDI Recipients**

- a. Have Social Security benefits under title II or title XVI of the Social Security Act been verified?  
 Yes                                      No (Move to Basic Eligibility 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 (presumed?)  
 Yes                                      No (Ineligible)

If both answers are yes, the applicant is presumed Eligible. Move to Step II

#### **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, interest and informed choice?  
 Yes                                      No (Ineligible)
- e. Can the applicant benefit in terms of employment?  
 Yes (Presumed)                      **The ability to benefit in terms of employment is Unknown: Trial Work Experience Required (refer to Policies and Procedures manual for Guidance)**

If all five answers are yes, then the applicant is considered eligible. Continue to Step II.

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## Step II: Determine Limitations to Functional Capacities

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Determine limitations to functional capacities (do the impairments listed 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 and, or, 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 and, or, 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: (Please specify)**

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## Step III: Determine if the Applicant is an Individual with a Significant Disability

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**SSI/SSDI Recipients are presumed to be Significantly Disabled. Move to Step IV**

- 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 V)

- b. Is the applicant expected to require multiple vocational rehabilitation services (including guidance and counseling) over an extended period of time?

Yes                      No (Non-Significant Disability. Continue to Step V)

**If both answers are yes, the applicant has a Significant Disability. Continue to Step IV)**

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## Step IV: Determine If the Applicant is an Individual with a Most Significant Disability

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- a. Is the applicant with a significant disability seriously limited in two or more of the functional capacities listed above?

Yes (Most Significant Disability)                      No (Significant Disability)

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## **Step V: Determine the Priority Category**

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After determining that the consumer 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.

- 1-Most significant disability with limitations in three or more functional capacities
- 2-Most significant disability with limitations in two functional capacities
- 3-Significant disability with limitation in one functional capacity
- 4-Non-significant disability (Meets basic eligibility but does not have limitations in functional capacity or require two or more services.)

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## **Step VI: Determine Order of Selection**

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Based on current order of selection per the Office of Vocational Rehabilitation's Policy and Procedures Manual, the priority category listed above is:

Eligible and Accepted

Eligible and Out of Selection

The Kentucky Education Cabinet, Department for Workforce Investment, Office of Vocational Rehabilitation does not discriminate on the basis of race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, veteran status, or any other status protected by applicable law.

Progress Note: