

Consumer Information

Name		Case Number
Date of Eligibility	Amended Date	OVR Counselor
SSI / SSDI Recipient (verified)		Date Documentation Received
Primary Impairment		
Primary Impairment Cause		
Secondary Impairment		
Secondary Impairment Cause		
Other Reported Impairment(s)		

Step 1: Determine Eligibility

Presumptive Eligibility for SSI/SSDI 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 (presumed?)

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, interest, 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 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)*

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 V**)

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

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 two or more of the functional capacities identified in Section 1 above?

Yes (Most Significant Disability)

No (Significant Disability)

Step 5: Priority Category

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.

Priority Category 1: Most significant disability with limitations in three or more functional capacities

Priority Category 2: Most significant disability with limitations in two functional capacities

Priority Category 3: Significant disability with limitation in one functional capacity

Priority Category 4: Non-significant disability (Meets basic eligibility but does not have limitations in functional capacity or require two or more services.)

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