1. DEFINITIONS

a. “Assessment for determining eligibility and vocational rehabilitation needs” means, as appropriate in each case:
   i. A review of existing data to determine if an individual is eligible for vocational rehabilitation services, and to assign priority for the order of selection;
   ii. To the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make the eligibility determination and waiting list assignment;
   iii. To the extent additional data are necessary to make a determination of the employment outcomes and nature and scope of vocational rehabilitation services to be included in the Individualized Plan for Employment (IPE) of an eligible individual; and
   iv. A comprehensive assessment means an assessment of the personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual and the medical, psychiatric, psychological and other pertinent vocational, educational, cultural, social, recreational, and rehabilitation needs of the individual.

b. “Individual with a disability” means an individual:
   i. Who has a physical or mental impairment;
   ii. Whose impairment constitutes or results in a substantial impediment to employment; and
iii. Who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services. (34 CFR 361.5(c)(27))

2. SCOPE OF SERVICES

a. For purposes of an assessment for determining eligibility and vocational rehabilitation needs, an applicant is presumed to have a goal of an employment outcome and is presumed to be able to benefit. The completion of the application process for VR services is sufficient evidence of the individual's intent to achieve an employment outcome.

b. Nothing in this policy concerning service provision is to be construed to create an entitlement to any vocational rehabilitation service or support.

c. The determination of eligibility for services requires that a qualified vocational rehabilitation counselor employed by IVRS perform a comprehensive analysis of the disabling conditions, impediments to employment, and justification of why the individual requires services from IVRS to be successfully employed. It can only be made by an IVRS vocational rehabilitation counselor and must be based on the following requirements:

   i. The applicant has a physical or mental impairment:

      1. Demonstrated by a stated diagnosis from an individual or entity licensed and qualified to provide the diagnosis (see Case Services Guidance for a list of standards for consultants and service providers).

   ii. The applicant’s impairment constitutes or results in a substantial impediment to employment for the applicant:

      1. Demonstrated by statements (e.g. from applicant, family member, teacher) regarding the impact the impairment causes the applicant in preparing for, obtaining, maintaining, regaining, or advancing in employment;
2. Demonstrated by medical or educational records reporting impediments, applicant statements, and information received from family, supervisors, teachers, and others; or if necessary;

3. Demonstrated by assessment information detailing the impediments and functional limitations.

The applicant demonstrates significant limitations in at least one of the functional impediment areas in terms of an employment outcome: communication, interpersonal skills, mobility, self-care, self-direction, work tolerance, and work skills. The following are examples of when the impediment is considered serious; this is not an all-inclusive list:

1. **Mobility**: The individual is unable to drive without modifications or specialized training; unable to ambulate without adaptive equipment or personal assistance; unable to climb one flight of stairs or walk 100 yards without pause on a permanent basis; unable to drive due to a physical impairment; unable to access public transportation due to a physical impairment.

2. **Self-Care**: The individual is unable to live without supervision impacting the ability to obtain or maintain employment; unable to plan or perform activities of daily living without personal assistance or rehabilitation technology as required for employment; requires an extended period of time beyond the norm to prepare for work due to physical or emotional impairments; requires assistive technology to perform essential daily living skills.

3. **Self-Direction**: The individual is unable to adjust to new work conditions, new work routines, or new work expectations without personal assistance, specialized training, or an extended transition period; unable to concentrate on the job
for minimal periods of time in order to make appropriate work-related decisions, to problem-solve effectively on the job, and/or to complete multi-step work tasks without being easily distracted as a result of the disabling condition or medications prescribed that treat the condition; unable to make routine decisions that would affect work tasks and work performance without structured intervention, personal assistance or specialized training; unable to learn from the consequences of poor decision-making on the job which results in repeated job loss for long periods of unemployment.

4. **Work Skills:** The individual is unable to learn new work tasks, learn appropriate work behaviors and skills, and/or organize work functions on the job without direct intervention or specialized training; unable to utilize previous job training and skills because of disability-related impediments and retraining that is required; will require rehabilitation technology on a permanent basis in order to perform/resume job skills; requires compensatory strategies, created by a third party, such as visual cues, illustrations, color-coding, numbering, etc., in order to complete work tasks.

5. **Work Tolerance:** The individual is unable to perform sustained work activity for two or more hours without rest on a permanent basis beyond what is allowed for a regular work shift; requires a permanently modified work schedule or work environment for disability-related needs; unable to perform job tasks that require repetitive motion without modifications to the work environment in order to maintain employment; cannot work around chemicals, dust or fumes without having a serious reaction; unable to work around environmental extremes such as temperature changes, noise or visual stimuli without aggravating the disability and causing a reduction in
stamina; unable to demonstrate the psychological stamina to work a full-time job due to the disability.

6. **Interpersonal Skills**: The individual is unable to establish or maintain appropriate interactions with coworkers and supervisors without specialized training and/or personal assistant; unable to establish or maintain appropriate interactions with coworkers and supervisors without prescribed medication; unable to maintain current or future employment due to a documented history of job loss resulting from on-the-job interpersonal problems; demonstrates a serious lack in maintaining appropriate eye contact, understanding visual cues and personal work space to the point it creates discomfort on the part of the person with whom the interaction occurs.

7. **Communication**: The individual is unable to perform/understand written or oral communications in the workplace without accommodation or interventions; unable to perform functional communications required for completing job applications and participating in interviews without accommodations or interventions; demonstrates job loss due to failure to communicate effectively, which caused misunderstandings and extreme difficulty in the work environment.

iii. The applicant requires vocational rehabilitation services to prepare for, secure, retain, advance in, or regain employment that is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice:

1. Demonstrated by the eligibility justification narrative in the case notes authored by the VR counselor of record with a description of the need for services, the anticipated
expectation of how those services will remedy or significantly impact the impediments so that competitive integrated employment will be achievable; and if applicable

2. The relationship of additional assessment data to the individual’s employment.

d. The comprehensive assessment:
   i. Uses as a primary source of information, to the maximum extent possible and appropriate and in accordance with confidentiality requirements:
      1. Existing information obtained for the purposes of determining the eligibility of the individual and assigning priority for an order of selection;
      2. Information that can be provided by the individual and, if appropriate, by the family of the individual;
      3. Referral, for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment; and
      4. An exploration of the individual's abilities, capabilities, and capacity to perform in work situations, including experiences in which the individual is provided appropriate supports and training.

   ii. Is limited to information that is necessary to identify the rehabilitation needs of the individual and to develop the IPE of the eligible individual.

   iii. The assessment may include an appraisal of the patterns of work behavior of the individual and services needed for the individual to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns necessary for successful job performance, including the use of work in real job situations to assess and develop the capacities of the individual to perform adequately in a work environment. To the maximum extent possible, it relies on information obtained from experiences
3. AGENCY EXPECTATIONS

a. Any individual who has been determined eligible for SSDI/SSI based upon their own personal disability is presumed eligible and considered to be an individual with a significant disability. Verification of the status from the Social Security Administration (SSA) is needed. This verification may be received through:
   i. Telephone verification with the local Social Security office that the individual is a recipient due to their own disability. The contact person’s name is documented in the R-413 case note.
   ii. A letter or other correspondence provided by the individual that documents the receipt of a disability benefit. A copy of the letter or correspondence is retained in the case file.
   iii. Verification of a disability benefit that is printed and retained in the case file from the individual’s online Social Security account.
   iv. Records received from the SSA from a signed SSA Release of Information verifying a disability benefit.

4. COMPLETION OF THE ELIGIBILITY FACE SHEET

The Eligibility Face Sheet must be completed for all decisions of eligibility and ineligibility. Instructions on how to complete this document are listed below:

Name

a. Enter the name of the individual at the top of the sheet.

Eligibility

a. If the individual is being found eligible based on SSI/SSDI benefits, check the “does” box. Check the “individual requires vocational rehabilitation services box”. Then proceed to the RSA Disability Coding section.

b. If the individual is not being made eligible based on SSI/SSDI benefits and is instead being found eligible based on the factors described in policy above, the next two boxes (has an impairment and requires services) would have to be checked "does"
to be able to check "yes" on the eligibility line. If the individual is ineligible, mark “does not" in the appropriate box(es) and proceed to check “no” on the eligibility line.

RSA Disability Coding
a. For eligible individuals, list each applicable impairment, the corresponding code, the date of the report, and the name of the source who provided the information. For presumptive eligibility, if Social Security Administration (SSA) has provided a diagnosis, indicate the diagnosis followed by “SSA Verification” and the date of the SSA verification. If no diagnosis was received, list the job candidate reported diagnosis followed by “SSA Verification” and the date of the SSA verification.

Counselor Signature/Date
a. The counselor must sign and date the face sheet certifying the decision that the individual is eligible or ineligible for services. For eligible individuals, the signature date represents the date of the initial eligibility decision and waiting list category selection. This date must be the same or earlier than the IPE-2 which outlines the first vocational goal and plan of services.

Severity of Disability and Waiting List Category
Completing this section verifies the severity of the individual’s disability and places them into the appropriate waiting list category. The SD and MSD sections would only need to be dated and initialed if/when the form is updated from a previous eligibility determination.

a. If the individual does not require multiple services over an extended period of time, and/or has a significant, but not serious, impediment to employment, check the box that corresponds to the “6--Others Eligible” section. This section would not apply to individuals who are automatically eligible based on SSI/SSDI benefits as these individuals would be at least in the Significant Disability category.

b. If the individual is considered to have a significant disability based on their SSI/SSDI benefits, then select the “4--Significantly Disabled” box. This box would also be checked if the individual will require multiple vocational rehabilitation services over
an extended period of time and has serious limitations based on the established
disability in one or two functional capacities.

c. If the individual will require multiple vocational rehabilitation services over an
extended period of time and has serious limitations based on the established
disability in three or more functional capacities, the “2--Most Significantly Disabled”
box must be checked.

If the eligibility face sheet is updated to reflect a new waiting list category, the face
sheet must be dated and initialed by the counselor in the appropriate area
corresponding to that new category.

5. ELIGIBILITY JUSTIFICATION
   a. For every eligibility decision, regardless of whether or not the individual is eligible,
an eligibility justification must be completed in the case notes. The justification
analyzes and describes whether the disability results in limitations and impediments
to employment. The counselor provides a justification through this analysis by
connecting this information to the rehabilitation services that are necessary in order
for the individual to benefit in terms of employment. The back of the Eligibility Face
Sheet provides an outline of the information that must be included within this
justification.

6. TIMEFRAMES
   a. Eligibility should be completed by the 60th day after the IPE-1 was signed, unless an
appropriate Extension of Eligibility is mutually agreed on.
   b. An Extension of Eligibility should be completed by the 45th day after the IPE-1 was
signed, with a specific date noted by when the decision will be determined, the
reason for the extension and approval of the job candidate and guardian, when
applicable. If the applicant’s approval was not received through use of the Extension
of Eligibility, the reason for the extension must be documented in the case notes.

7. EXCEPTIONS
   a. None
8. **APPLICABLE FORMS/DOCUMENTS**
   a. [Eligibility Face Sheet](#)
   b. [Extension of Eligibility](#)
   c. [Statement of Diagnosis Request](#)

9. **TRAINING**
   a. [Eligibility Policy Training](#)