



AIVRS PROGRAM

CERTIFICATE OF ELIGIBILITY/INELIGIBILITY (COE) TOOL

INTRODUCTION

The AIVRS Program Certificate of Eligibility/Ineligibility (COE) Tool is designed for use by AIVRS program staff to assist in determining an applicant's eligibility or ineligibility for VR services within 60 days from the receipt of a completed application (signature and date required).

Possible uses of the COE tool include: 1) conducting staff training to become familiar with the VR process, 2) building consistency in the determination of eligibility or ineligibility, 3) improving and maintaining effective case management, 4) improving data collection and management for reporting purposes, and 5) internally evaluating and assessing the VR Counselor's skills and knowledge.

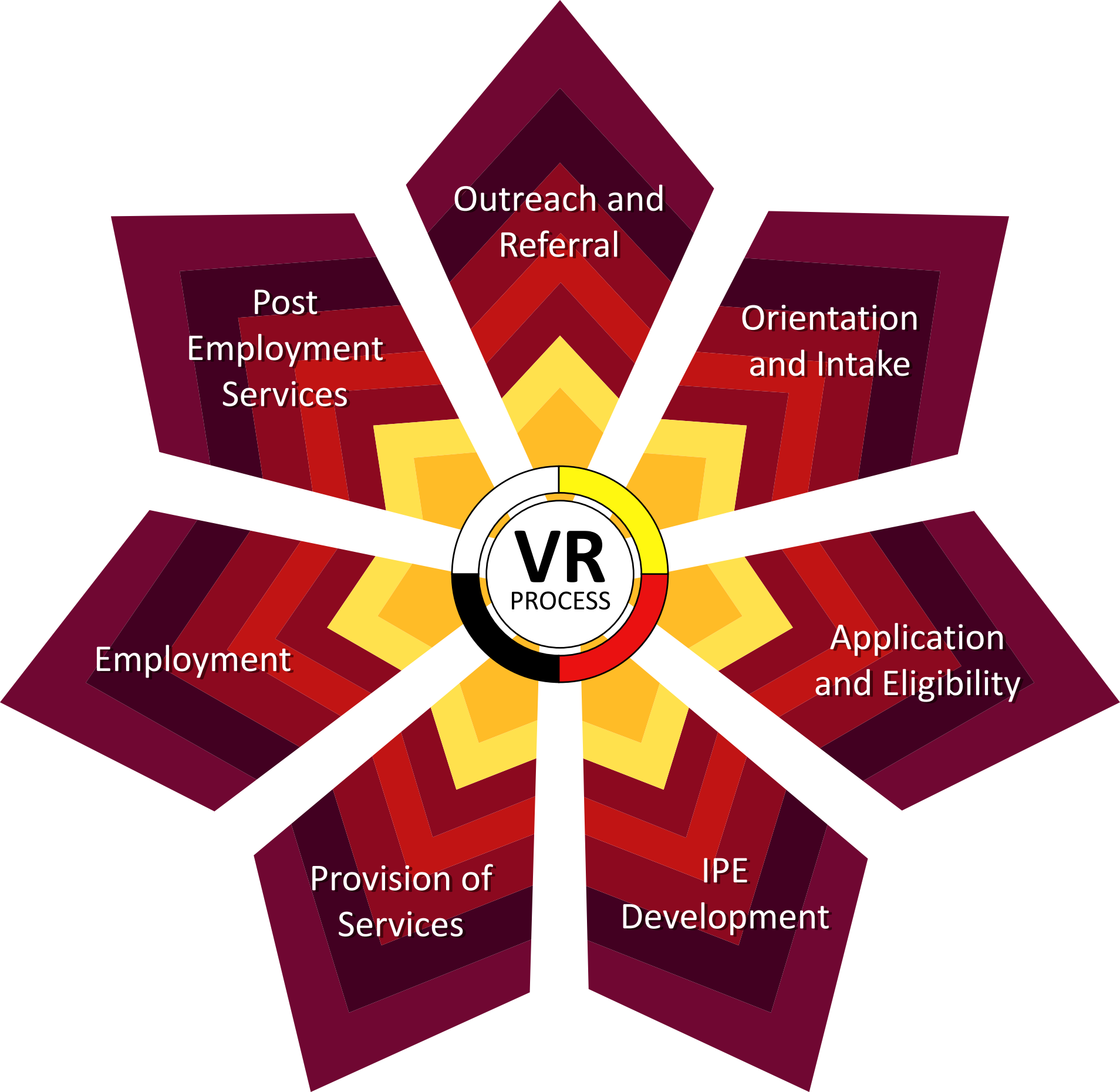
Instructions for completing the AIVRS Program COE Tool:

1. Review the "Sample VR Process Flowchart" on page two to understand where in the VR process the applicant intake process occurs.
2. Review the tool on page three to become familiar with the six applicant eligibility criteria for AIVRS Programs.
3. Select either No or Yes, for each eligibility criterion and provide an explanation of how the applicant either met, or did not meet, each eligibility criterion.
4. Use the information on Disability Level (pages 5 - 7) to assess the applicant's level of disability and limitation(s) experienced by the physical or mental impairment in one or more of the following areas: communication, interpersonal skills, mobility, motor skills, self-care, self-direction, work skills and work tolerance.
5. If the applicant is determined eligible for services, send them a letter informing them of their eligibility and plans for next steps (e.g., schedule an appointment to prepare the IPE).
6. If the applicant is determined ineligible, send them a letter explaining (1) the reason(s) for the determination, (2) the individual's right to exercise the AIVRS Program due process by appealing the decision, (3) information regarding the Client Assistance Program (phone numbers/addresses), and (4) information on other employment resources available to the individual.
7. Establish case notes to demonstrate the VR Counselor documented all information received from the applicant that assisted to make the determination of eligibility or ineligibility.

Note: Applicants who have been determined to have a disability under SSI and/or SSDI are presumed eligible for VR services; however, each applicant must meet the AIVRS program eligibility criteria.

Disclaimer

The contents of this AIVRS COE were developed under a grant from the Department of Education (PR/Award #H250Z150002). However, the contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. (Authority: 20 U.S.C. 1221e-3 and 3474)



AIVRS PROGRAM CERTIFICATE OF ELIGIBILITY/INELIGIBILITY FORM

AIVRS Program Special Application Requirements 34 CFR 371.21(b): All decisions affecting eligibility for vocational rehabilitation services, the nature and scope of available vocational rehabilitation services and the provision of such services will be made by a representative of the tribal vocational rehabilitation program funded through this grant and such decisions will not be delegated to another agency or individual.

Applicant Name: _____ **Case No.:** _____

Address: _____

Each individual applying for AIVRS Program services must meet the following eligibility criteria:

1. The applicant has proof of membership in a State or Federally recognized tribe.

No Yes

How was this determined? _____

Examples of Sources of this Information: Tribal Enrollment Card, Certificate of Degree of Indian Blood (CDIB)

2. The applicant resides on or near the _____ Reservation and/or within the designated tribal service area.

No Yes

How was this determined? _____

Examples of Sources of this Information: Driver's License, electricity bill, and/or gas bill.

3. There exists a documented physical and/or mental impairment?

No Yes

What is/are the impairment(s)? _____

How was this determined? _____

Examples of Sources of this Information: Current existing records from qualified medical personnel, mental health or developmental disability programs, substance abuse treatment centers, individual licensed practitioners. In requesting medication information, ask medical provider to address specific issues that affect the applicant's functional ability to work or participate in VR services. Other sources include the Disability Handbook (2017) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

4. Does the applicant's impairment(s) create substantial impediment to the applicant's employment?

No Yes

If yes, please explain: _____

How was this determined? _____

Examples of Sources of this Information: Applicant self-advocacy. VR Counselor's observation of visible anatomical impairment (e.g. amputation, deformity, etc.), observation of behavioral or functional limitation of an impairment (See Disability Level document on pages 5-7), written reports or verbal descriptions of vocationally relevant limitations from the applicant, their representative, family members, school staff, employers and others familiar with the individual (traditional healer).

5. The applicant can benefit in terms of an employment outcome from VR services.

No Yes

If yes, please explain: _____

How was this determined? _____

Examples of Sources of this Information: An applicant's testimony about their disability and how the disability is a barrier to gaining employment must be based upon documentation. The VR Counselor or Program Director should provide an explanation as to how the provision of VR services will address the applicant's impediment to employment resulting in successful employment outcome.

6. The applicant requires VR services to prepare for, enter into, engage in, or retain employment consistent with the applicant's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

No Yes

If yes, please explain: _____

How was this determined? _____

Examples of Sources of this Information: This may be documented by looking at the impediment to employment and the transferable skills of the applicant.

VR Counselor Name

Program Director Name

VR Counselor Signature

Date

Program Director Signature

Date

OFFICE USE ONLY	
Applicant is:	
Eligible for services	_____ Date of eligibility determination
Ineligible for services	_____ Date of ineligibility determination
_____ Initials of VR Counselor or Program Director	

Disability Level

These questions are recommended to assess the applicant's severity of disability and limitation(s) experienced by a physical or mental impairment in one or more of the following areas: communication, interpersonal skills, mobility, motor skills, self-care, self-direction, work skills and work tolerance to determine eligibility for VR services.

"Significant Limitation" - means a reduction in capacity due to severe impairment to the degree that the individual requires Vocational Rehabilitation services or accommodations not typically made for other individuals in order to prepare for, secure, retain or regain employment.

"Accommodation" - means special working conditions such as job engineering, assistive technology, substantial support or intensive supervision.

External factors such as geographical location, unavailability of public transportation, lack of financial resources, or training are not considered for purposes of "significance."

Employment aspects focus on previous jobs, usual line of work, or occupations usually available to people of equivalent age, education and capacities who do not have disabilities.

Communication

The physical, cognitive and psychological ability to exchange information effectively when participating in work activities.

(Check all that apply.)

- ☐ Has significant limitations being understood by supervisors, co-workers and others to the degree necessary to engage in work.
- ☐ Has significant limitations understanding communications by supervisors, coworkers and others to the degree necessary to engage in work.
- ☐ Has significant limitations understanding written materials such as job manuals, work orders, diagrams, instructions or signs.
- ☐ Has significant difficulty producing written materials. Has illegible handwriting due to the disability.
- ☐ Lacks the organizational skills needed to compose letters or reports. Transposes or deletes concrete parts of language
- ☐ Has significant difficulty with expressive communication such as inadequately describing skills, work and educational experiences during an interview.
- ☐ Expressive and receptive primary mode of communication is unintelligible to non-family members.
- ☐ Communication with others is impaired through thought process and/or mood as evidenced by symptoms such as hallucinations, delusions, extreme mood swings, depression and/or severe deficit in attention span.
- ☐ Has significant difficulty with using the telephone.
- ☐ Has an inability to understand verbal directions/instructions given by others and/or relay directions/instructions to coworkers.
- ☐ Other (describe):

Interpersonal Skills

Means the ability to establish and maintain positive interpersonal relationships to the degree necessary to prepare for, secure, and keep a job. *(Check all that apply.)*

- ☐ Has significant limitations regarding job-related interpersonal skills such as inappropriate interactions with peers or supervisors, working collaboratively with others, accepting supervisory monitoring and criticism and understanding acceptable types and levels of personal interaction. Has frequent conflicts with others.
- ☐ Has significant limitations related to social competency and emotional maturity. These limitations may manifest themselves as inappropriate behaviors, language, explosiveness, withdrawal, sudden shifts in mood and attitude, low frustration tolerance, task avoidance and unpredictability.
- ☐ Inability to understand obvious social cues.
- ☐ Has deformity, disfigurement and disability related behaviors which cause others to avoid interactions.
- ☐ Other (describe):

Mobility

Means the ability to move from place to place, inside and outside the home, to the degree necessary to get and keep a job.

(Check all that apply.)

- ☐ Requires an assistive device such as a cane, prosthesis, crutches, walker, or wheelchair to be mobile.
- ☐ Has significant spatial orientation and perceptual problems influencing directional sense and mobility.
- ☐ Has significant cognitive limitations that interfere with the individual's ability to navigate due to the inability to read public transportation schedules, recall directions or recognize landmarks.
- ☐ Has significant limitations in balance and motor coordination that may result in physical clumsiness and being accident prone in driving or using escalators and elevators.
- ☐ Requires assistance from another individual to travel from place to place because of the impairment.
- ☐ Has significant physical limitations that affect the individual's ability to climb stairs or walk long distances.
- ☐ Has a disability that prevents the individual from obtaining a driver's license.
- ☐ Is unable to tell time or has time sense limitations that result in lateness or difficulty comprehending public transportation schedules.
- ☐ Unable to utilize available transportation due to cognitive, sensory or ambulatory impairments.
- ☐ Other (describe):

Motor Skills

Means the purposeful movement and control of the body and its members to achieve specific results to the degree necessary to get and keep a job. *(Check all that apply.)*

- ☐ Is unable to control and coordinate fine or gross motor movements.
- ☐ Has motor impediments that prevent performing required employment tasks at a competitive pace.
- ☐ Has poor motor skills that create safety issues at work site.
- ☐ Has motor deficits that cause clumsiness, balance problems and/or reduced response times resulting in accident proneness.
- ☐ Other (describe):

Self-Care

Means the skills necessary to fulfill basic needs such as those related to health, safety, food preparation and nutrition, hygiene and grooming and money management. *(Check all that apply.)*

- ☐ Routinely requires supervision, personal assistance services or assistive technology to complete essential activities of daily living to engage in work.
- ☐ Has significant problems with reasoning, processing and cognition that may cause the individual to repeatedly make poor decisions that puts self at risk or neglects self-care.
- ☐ Has significant memory limitations that may lead to forgetting to observe health and safety precautions or to take prescribed medications at the designated intervals.
- ☐ Has academic deficits, particularly in reading, writing and arithmetic that may significantly limit management of finances and self-care activities that require following written directions.
- ☐ Has language deficits that cause significant limitations in carrying out basic everyday functions such as shopping and banking that involve communication with others.
- ☐ Other (describe):

Self-Direction

Means the ability to regulate behavior in a purposeful and predictable way to the degree necessary to get and keep a job.

(Check all that apply.)

- ☐ Requires intensive supervision and direction on an on-going or episodic basis in order to maintain behaviors and to solve problems necessary for work.
- ☐ Places self or job at risk due to poor decision-making, reasoning and/or judgment.
- ☐ Is unable to plan, initiate and monitor behaviors with respect to an identified outcome.
- ☐ Is significantly limited by lack of insight, i.e., inadequate awareness of strengths and weaknesses, an inability to adjust behaviors and activities if the current performance is not adequate.
- ☐ Shifts from one activity to another without purpose.
- ☐ Fails to follow through and complete job search activities, training assignments, or job duties/tasks.
- ☐ Has significant difficulty in adapting to new circumstances when there are changes in work requirements or conditions.
- ☐ Makes decisions impulsively without consideration for previous plans or experiences.
- ☐ Other (describe):

Work Skills

Means the ability to perform specific job skills required to carry out work functions as well as the capacity to benefit from training in necessary work functions to remain employed. *(Check all that apply.)*

- ☐ Unable to learn or retain new work skills without assistance or supports not required by the average workers.
- ☐ Unable to follow a sequence of instructions independently.
- ☐ Academic limitations in math, reading or spelling that significantly interfere with the ability to learn and/or perform job tasks.
- ☐ Requires accommodations or rehab technology to participate in training to develop work skills.
- ☐ Requires training because can no longer perform essential job duties in previous employment
- ☐ Other (describe):

Work Tolerance

Means the ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period-of-time. *(Check all that apply.)*

- ☐ Has significant limitations sustaining consistent physical or mental work effort (concentration/attention) in accordance with a typical work schedule.
- ☐ Is unable to physically remain in the same location or sustain work pace or behaviors for an extended period of time due to psychological impairment (anxiety, panic) and exhibits feeling restless, fleeing the site, shifting from one uncompleted task to another, etc.
- ☐ Has significant physical and/or cognitive fatigue that may result in a general decline as the work period progresses, demonstrated by lower productivity, increased mistakes and increased injury rate.
- ☐ Requires frequent breaks to address disability needs in order to maintain work.
- ☐ Is typically adversely affected by environmental conditions in the workplace such as heat, cold fumes, production schedules, or unexpected changes in duties.
- ☐ Other (describe):