



INDIVIDUAL ELIGIBILITY EVALUATION

Type of review: *Initial* *Annual*

Name:

Employee Number:

I. Background Information

Date of Hire:

Current Job Title:

Current Job Location/Project:

Information considered pertinent to or supporting the evaluation:

II. For people who are blind

Medical Documentation

Signed eye exam with person's visual acuity or field of vision specified

Signed letter from Government Agency stating that individual is blind

<u>Doctor's Name</u>	<u>Certifier's Name</u>	<u>Date of Document</u>

Competitive employability

Is this individual currently capable of competitive employment? Yes No

If yes, does he or she desire to be placed in competitive employment? Yes No

If the individual wishes placement in a job in the community what steps are being taken to place the individual:

III. For people who are severely disabled

Medical Documentation

Documentation is signed by physician, psychiatrist, or psychologist

Signed letter from Government Agency stating the individual's diagnoses

Synopsis of severe disabilities (This individual has the following disabilities)

<u>Disability</u>	<u>Doctor's Name</u>	<u>Certifier's Name</u>	<u>Date of Document</u>

Synopsis of functional limitations (This individual has the following limitations in self-care, self-direction, work skills, work tolerance, communication and or mobility as a direct result of the documented impairment)

Impaired Major Life Function	Disabilities (list individual disabilities)			
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competitive employability

Is this individual currently capable of competitive employment (obtaining and maintaining a job without supports from the nonprofit agency)?

YES NO

If the answer above is no, detail the individual's functional limitations noted above and what accommodations or supports not normally provided in typical community employment are being provided:

Functional Limitation	Functional Limitation Details	Supports and Accommodations
Mobility		
Communication s		
Self-Care		
Self-Direction		
Work Tolerance		
Work Skills		

IV. Evaluator

Date:

Name:

Title:

Location/Program:

Signature: _____