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| Texas Workforce Solutions logo | | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Checklist for Determining  Significance of Disability** | | | | |
| Customer’s name: | | | | | | | | | | | Case ID number: | | |
| Primary Disability: | | | | | | | | | | Secondary Disability: | | | |
| The counselor determines the level of significance of the customer’s disability at the time of eligibility determination. The level of significance, including selection of all seriously-limited functional capacities that apply, must be entered into ReHabWorks (RHW) on the Limited Functional Capacity page.   The level of significance can be updated at any time during the life of the case and must be updated in RHW.  **Required:** Document in a separate case note or as part of the eligibility case note that this form was completed and is filed in the customer’s paper file.  **In the following sections, check the boxes to select appropriate answers.** | | | | | | | | | | | | | |
| SSI/SSDI Recipient: Mark this box only if there is verification of benefits in the case file. | | | | | | | | | | | | | |
| Customer is a SSI/SSDI recipient and is statutorily considered to have a significant disability. | | | | | | | | | | | | | |
| Mobility: The ability to move from place to place or move into certain positions. | | | | | | | | | | | | | |
|  | | | | As a result of the disability, the customer's ability to move from place to place and move the body into certain positions is limited, and the customer requires services or accommodations not typically needed by workers without disabilities. | | | | | | | | | |
|  | | | | |  | | | The customer needs help to get to and from work, such as special training to learn to get to and from work or a vehicle modification. | | | | | |
|  | | | | |  | | | The customer needs modifications, adaptive technology, or accommodations not typically needed by other workers in order to move around the workplace (for example, modifications to a workstation or work environment, such as ramps or elevators; or a scooter, wheelchair, or other mobility aid; or a service dog). | | | | | |
|  | | | | |  | | | Other serious limitations to mobility exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | |
|  | | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | |
| Self-Care: The ability to perform activities related to health and hygiene. | | | | | | | | | | | | | |
|  | | | | As a result of the disability, a customer's ability to perform activities related to health and hygiene are limited in a way that requires services or accommodations not typically needed by workers without disabilities.  **Note:** Seriously limited capacity in self-care may occur because of physical, cognitive, or emotional impairments and may apply to all tasks of self-care or only to specific tasks. | | | | | | | | | |
|  | | | | |  | | | The customer needs help to manage self-care activities such as eating, dressing, grooming, or taking medication. | | | | | |
|  | | | | |  | | | The customer uses assistive or adaptive devices for self-care. Examples of such devices are braces, upper limb orthotics, and grab bars. | | | | | |
|  | | | | |  | | | Other serious limitations to self-care exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | |
|  | | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | |
| Self-Direction: The ability to control and regulate personal, social, and work life. | | | | | | | | | | | | | |
|  | | | As a result of the disability, a customer’s ability to control and regulate his or her personal, social, and work life is limited in a way that requires services or accommodations not typically needed by workers without disabilities. | | | | | | | | | | |
|  | | |  | | | | The customer becomes confused or disoriented in performing routine job tasks and needs the help of a job coach or other supports. | | | | | | |
|  | | |  | | | | The customer needs ongoing help or intervention such as a job coach, constant monitoring, or redirection on the job to begin activities related to task completion, socialization, or behavior management. | | | | | | |
|  | | |  | | | | The customer requires supervision or assistance with managing money and time or maintaining a schedule. | | | | | | |
|  | | |  | | | | Other serious limitations to self-direction exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | | |
|  | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | | |
| Work Skills: The ability to acquire and maintain needed job skills. | | | | | | | | | | | | | |
|  | | | | As a result of the disability, a customer's ability to acquire and maintain needed job skills is limited, and the customer requires services or accommodations not typically needed by workers without disabilities.  **Note:** The lack of work skills alone does not meet the criteria for seriously limited capacity in work skills. | | | | | | | | | |
|  | | |  | | | | The customer needs modifications, adaptive technology, or accommodations such as a note taker, an interpreter, or a personal assistant to get to and from training or to plan, problem solve, or organize work functions. | | | | | | |
|  | | |  | | | | The customer needs specialized support to get or keep a job, such as a job coach, job duty modification, or job restructuring. | | | | | | |
|  | | |  | | | | Other serious limitations to work skills exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | | |
|  | | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | |
| Work Tolerance: The ability to consistently and adequately perform a job based on the physical, emotional, environmental, and psychological demands of the position. | | | | | | | | | | | | | |
|  | | | | As a result of the disability, a customer's ability to consistently and adequately perform a job based on the physical, emotional, environmental, and psychological demands of the position is limited, and the customer requires services or accommodations not typically needed by workers without disabilities. | | | | | | | | | |
|  | | |  | | | | The customer needs modified job duties or assistive devices to perform job duties, altered work schedule or work hours, or frequent rest or breaks not typically needed by workers in the workplace. | | | | | | |
|  | | |  | | | | The customer lacks the capacity to effectively and efficiently perform job duties that present various levels of psychological demand and requires prescribed medication or specialized supports to sustain required levels of work function. | | | | | | |
|  | | |  | | | | Other serious limitations to work tolerance exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | | |
|  | | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | |
| Interpersonal Skills: The ability to establish and maintain appropriate relationships with other people in the workplace. | | | | | | | | | | | | | |
|  | | | | As a result of the disability, a customer's ability to establish and maintain appropriate relationships with other people in the workplace is limited, and the customer requires services or accommodations not typically needed by workers without disabilities. | | | | | | | | | |
|  | | |  | | | | The customer requires specialized services, modifications, or supports to establish appropriate relationships with co-workers, employers, and others in the workplace (for example, history of job loss because of conflicts with employers or co-workers). | | | | | | |
|  | | |  | | | | The customer requires medication or specialized services in order to interact with others in a socially appropriate manner. | | | | | | |
|  | | |  | | | | The customer requires specialized services or supports to reduce inappropriate behaviors that interfere with getting or keeping a job. | | | | | | |
|  | | |  | | | | Other serious limitations to interpersonal skills exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | | |
|  | | | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | |
| Communication: The ability to convey and receive information efficiently and effectively. | | | | | | | | | | | | |
|  | | As a result of the disability, a customer's ability to convey and receive information efficiently and effectively is limited, and the customer requires services or accommodations not typically needed by workers without disabilities. | | | | | | | | | | |
|  |  | | | | | The customer requires modifications, adaptive technology, or accommodations to effectively and efficiently communicate orally or in writing with people without disabilities, such as   * an interpreter for training, * use of a video phone or amplified phone to perform job duties, * use of a hearing aid to understand speech on the job, or * use of specialized communication equipment to produce speech. | | | | | | |
|  |  | | | | | Other serious limitations to communication exist that require services or accommodations not typically needed by workers without disabilities (specify): | | | | | | |
|  | | It is expected that multiple services are needed over an extended period of time.\* | | | | | | | | | | |
| **\*** Multiple services means the assessment to develop the IPE, counseling, and at least one additional VR service. These services must be included in the IPE. If at any time in the life of the case, it is determined that multiple services are not needed, the significance of the disability must be updated, per policy, and documented in a case note. | | | | | | | | | | | | |
| **Level of Significance:** Refer to VRSM B.4: Level of Significance for definitions of levels of significance.  Individual with a disability  Individual with a significant disability  Individual with a most significant disability | | | | | | | | | | | | | | |
| VR Counselor’s signature:  **X** | | | | | | | | | | | | Date: | | |