

MVR ELIGIBILITY WORKSHEET

Counselor Name:

Client Name:

Date:

Do you have a documented disability from a qualified professional? YES NO

Does individual experience substantial impediments to employment? YES NO

- Questions to ask: } What specific job duties can individual no longer perform as a result of physical and/or mental condition?
 } Does disability prevent individual from independently preparing for, getting, or keeping a job?

Complete orienting Sentence (“_____, who lives with _____, _____.”):

List impediments to employment (see questions above):

1.

2.

3.

Note the presence of or lack of transferable work skills:

Does individual require VR services to prepare for, get, or keep a job compatible with his/her “unique strengths, resources, priorities, abilities, capabilities, and interests?” YES NO

If 'YES,' list required services:

1.

2.

3.