

**Disability Qualification Determination**

**Instructions for completing this form***:* Nonprofit agencies (NPAs) participating in the U.S. AbilityOne Program must complete this form to determine whether an employee is a qualified direct labor employee and if an NPA may count that employee’s work as hours performed by a blind or significantly disabled individual as required by U.S. AbilityOne Commission Compliance Policy 51.403.

NPAs must complete this form for each qualified direct labor employee whose work is counted as hours towards satisfying the mandated annual Direct Labor Hour ratio required for participation in the AbilityOne Program.

**PaperworkReduction Act** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated time for completing this form is 30 minutes.

*Type of Disability review:*

**☐ Permanent Disability(ies) *(One-time submission)***

**☐ Non-Permanent Disability(ies) (*7-year review*)**

\*Permanent Disability is defined as: A significant physical or mental disability that is not expected to substantially improve during an individual’s lifetime.

Form Reference Number: Click or tap here to enter text.

Note: The form reference number is randomly generated by the NPA and is submitted into the CNA’s electronic database with the information on this form. The employee’s name associated with the form reference number and any medical documentation concerning the employee are maintained solely by the NPA. The CNA will receive identifiable information regarding the employee during an oversight visit if this form is reviewed by the CNA.

Date of Employee’s Hire: Click or tap here to enter text.

Date of Employee’s Eligibility Determination (if different from date of hire): Click or tap here to enter text.

Nonprofit Agency (NPA) Name: Click here to enter text.



**Section A. Individuals Who Are Blind**

The individual is blind as defined in 41 CFR 51-1.3.***Blind*** means an individual or class of individuals whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses or whose visual acuity, if better than 20/200, is accompanied by a limit to the field of vision in the better eye to such a degree that its widest diameter subtends an angle no greater than 20 degrees.) Alternatively, the individual has submitted documentation from a qualified licensed professional that the visual acuity and or visual field test are unable to be tested (ex. No Light Perception (NLP), Presence of prosthesis (PROS)).

☐ Yes (Complete the Section A information below, then proceed to Section F)

|  |  |
| --- | --- |
| Doctor’s Name | Date of Document |
|       |       |

☐ No (Proceed to Section B)

**Section B. Individuals with Government Documentation Establishing Full Eligibility**

The individual is either receiving or is eligible for:

☐ SSI (based on disability)

☐ SSDI

☐ Medicaid (based on disability)

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| --- |
| Date of Document |
|       |

Note: This government documentation does not need to identify the individual’s specific disability. The individual’s disability will be identified in the annual Participating Employee Information Form. The documentation also does not need to be signed by a government official.

(If any of the above are selected, proceed to Section F)

 ☐ To the NPA’s knowledge the individual is not receiving or eligible for any of the benefits listed above. (Proceed to Section C)



**Section C. Individuals with Other Government Documentation**

The individual is either receiving or is eligible for:

☐ Vocational Rehabilitation Services

☐ Veterans’ benefits based on disability/Veteran Readiness & Employment Services

☐ State Developmental Disability Services

☐ Other Federal, State, or Local Disability Certification

☐ School-to-Work transition services from educational systems for individuals over the age of 18.

☐ Individualized Education Plan (IEP) or other similar education-based plan, due to a permanent or temporary disability(ies), dated within 7 years of graduation/exit from school (documented or self-reported).

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| --- |
| Date of Document |
|       |

(If any of the above are selected, proceed to Section E)

 ☐The individual is not receiving any of the above. (Proceed to Section D)



**Section D. Individuals with Medical Documentation**

The individual has been diagnosed by a qualified licensed professional to have a disability.

☐ Yes (Complete information below, proceed to Section E)

|  |  |
| --- | --- |
| Qualified Licensed Professional’s Name | Date of Document |
|       |       |
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☐ No (If “No” is selected, and documentation was not provided in sections A, B, or C, the individual is not eligible to be counted in the ODLH ratio as blind or significantly disabled)



**Section E. Significant Job Supports – complete for individuals whose documentation is covered in Sections C or D above.**

Significant job support(s) are defined in Commission Policy 51.403 as: One or more accommodation(s) or adaptation(s) needed by an individual with a physical or mental disability and that may be extensive and ongoing in order for that individual to be successful in the job position.

**Which significant job support(s) does this individual need to overcome barriers to competitive employment, as a result of the individual’s disability(ies)?**

☐ Access/Assistive Technology: Devices or software to aid communication
 (e.g., screen readers, voice recognition software, screen magnifiers)

☐ Adaptive Equipment: specialized tools or equipment to assist with tasks associated with daily living

☐ Additional and/or enhanced training to meet essential job functions

☐ ASL Interpreter

☐ Emotion regulation and coping skill support

 (e.g., for individuals with mood disorders or autism)

☐ Enhanced supervisory support and/or modified duties
 (e.g., for people with intellectual/developmental disabilities)

☐ Job Coaching

☐ Medical accommodations: reduced/modified schedule to provide extra breaks or significant time for medical administration

☐ Modified essential job functions

☐ Personal Care Attendants or Aides

☐ Ramps, automatic door openers, or other significant physical modifications
(e.g., for people using mobility devices or individuals with musculoskeletal disabilities)

☐ Reader/Scribe

☐ Reduced qualitative or quantitative performance standards

**Narrative**: How often are the above job support(s) needed and why are they necessary?

Click or tap here to enter text.

☐ **Other Significant Job Supports**

If other significant job supports are provided, in sufficient detail describe the job support (s) provided, why the job support(s) are necessary and why they are extensive and/or ongoing. Click or tap here to enter text.

(Proceed to Section F)



**Section F. Attestation**

The evaluator has read U.S. AbilityOne Commission Policy 51.403, has reviewed the supporting documentation of eligibility required by this form, and has confirmed that the direct labor employee meets the eligibility standards for an individual who is blind or has a significant disability as set forth in Policy 51.403.

(Proceed to Section G)



**Section G. NPA Evaluator**

Date of Determination: Click or tap here to enter text.

Location/Program: Click or tap here to enter text.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature: Click or tap here to enter text.



**TO BE COMPLETED BY CNA/U.S. ABILITYONE COMMISSION**

Date: Click or tap here to enter text. CNA/Commission: Click or tap here to enter text.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature: Click or tap here to enter text.