DIVISION OF VOCATIONAL REHABILITATION (DVR)
COMMUNITY REHABILITATION PROGRAM (CRP)

Checklist to Determine Eligibility for Level 4 and/or Deafblind CRP Services

DVR Staff Only
DVR COUNSELOR

Counselors must complete this form in full to determine whether an individual meets the criteria for referral to a CRP for Level 4 and/or Deafblind CRP services. Please complete Section 1 in its entirety. Move to Section 2 (if applicable) and select the barriers to employment that apply for each of the seven (7) functional limitation areas.

CUSTOMER NAME	DATE

Section 1. Disability criteria for hearing and vision loss qualifications; if any questions, please consult with your Supervisor.

A. **Hearing Loss**: Does the Customer have a documented hearing loss from a medical provider? ☐ Yes ☐ No
If yes, check all that apply:

☐ Mild loss: 25 dB to 40 dB threshold	☐ Right ear	☐ Left ear	☐ Both
☐ Mild to moderate loss: 41 dB to 65 DB threshold	☐ Right ear	☐ Left ear	☐ Both
☐ Moderate to moderate loss: 65 dB to 70 DB threshold	☐ Right ear	☐ Left ear	☐ Both
☐ Severe hearing loss: 71 dB to 90 dB	☐ Right ear	☐ Left ear	☐ Both
☐ Profound hearing loss: 90 dB or greater	☐ Right ear	☐ Left ear	☐ Both

B. **Vision Loss**: Does the Customer have a documented vision loss from a medical provider that is not corrected by glasses? ☐ Yes ☐ No
If yes, check all that apply:

☐ Mild vision loss: 20/30 to 20/60	☐ Right eye	☐ Left eye	☐ Both
☐ Moderate vision loss: 20/70 to 20/160	☐ Right eye	☐ Left eye	☐ Both
☐ Severe vision loss: 20/200 to 20/400	☐ Right eye	☐ Left eye	☐ Both
☐ Profound vision loss: 20/500 to 20/1,000	☐ Right eye	☐ Left eye	☐ Both
☐ Near total vision loss: more than 20/1,000	☐ Right eye	☐ Left eye	☐ Both
☐ Visual field between 5° and 20°	☐ Right eye	☐ Left eye	☐ Both
☐ Visual field below 5°	☐ Right eye	☐ Left eye	☐ Both
☐ Other vision loss that impacts daily functioning	☐ Right eye	☐ Left eye	☐ Both

If you have not selected "Yes" for both Hearing Loss and Vision Loss above, do not proceed any further; the Customer does not qualify for Level 4 and/or Deafblind CRP Services.

Section 2. Customer functional capacity limitation areas (due to vision loss and/or hearing loss only).

A. Mobility

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer may need mobility training regardless of the degree of vision loss.
- ☐ Customer requires technology for mobility to complete activities of daily living.
- ☐ Customer uses a guide dog for mobility in the community.
- ☐ Customer uses a cane for mobility in the community.
- ☐ Customer uses a human guide for mobility in the community.
- ☐ Customer is unable to drive due to vision loss.
- ☐ Customer's driving privileges are restricted to daylight hours (only when sun is up).
- ☐ Customer falls due to vision loss.
- ☐ Customer needs a professional support service provider (PSSP) or other individual to bring them to new environments.
- ☐ Customer only drives to areas where they are familiar (unable to recognize landmarks or street signs due to vision loss).
- ☐ Customer requires instruction or assistance from others to adjust to changes in routine travel routes or methods.

Are two or more items checked above? ☐ Yes ☐ No

B. Communication

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer requires American Sign Language (ASL) Interpreter Services for close vision.
- ☐ Customer requires Tactile Interpreter Services.
- ☐ Customer has a cochlear implant.
- ☐ Customer requires technology in order to be alerted for an emergency.
- ☐ Customer has difficulties reading lips.
- ☐ Background noise interferes with hearing ability.
- ☐ Lighting interferes with communication.
- ☐ Requires a PCF (professional certified facilitator) in order to make phone calls.
- ☐ Requires large print, Braille, or assistive technology to read or communicate.
- ☐ Customer cannot speak, speech is not readily understood by others, or speech requires frequent repetition to be understood.
- ☐ Unable to use a telephone, even with application, requires the use of a TTY, relay service, or other assistive devices.
- ☐ Conversation is rambling, halting, weak, pressured, illogical, irrelevant or obsolete.
- ☐ Requires modifications, adaptive technology, and/or accommodations to communicate with others.

Are two or more items checked above? ☐ Yes ☐ No

C. Work Tolerance

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer experiences eye fatigue and/or pain.
- ☐ Customer requires a modified work schedule.
- ☐ Customer requires assistive technology to perform specific job tasks.
- ☐ Job modifications are necessary due to hearing and vision loss.
- ☐ Customer requires workstation/environment accommodations, such as lighting adjustment.
- ☐ Work speed is reduced due to vision.
- ☐ Unable to perform at a pace necessary to meet minimum production or job standards; or productivity and/or quality of work significantly declines over a work shift due to limited endurance.
- ☐ Serious limitations involving movement such as sitting, standing, bending, reaching, or lifting (the Customer may need extra time to get around, or to reorient themselves each time the environment changes, due to vision loss).
- ☐ Serious adverse reaction to environmental conditions, such as noise that could interfere with communication for hard of hearing.

Are two or more items checked above? ☐ Yes ☐ No

D. Personal Safety

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer requires the use of technology to travel to work.
- ☐ Customer requires assistance to access the work environment safely.
- ☐ Customer requires mobility training.
- ☐ Customer requires assistance to recognize environmental alarms.
- ☐ Customer uses a cane or guide dog for personal safety.
- ☐ Modifications needed for equipment/machinery/etc. for personal safety.
- ☐ Employer sets up a buddy system to ensure Customer is safe during emergencies.
- ☐ Employer sets up basic communication systems, e.g., drawing an X on Customer's back to inform them to get out of the building to a prearranged spot.

Are two or more items checked above? ☐ Yes ☐ No

E. Higher Job Accommodation Needs

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer requires intensive training and support to learn work tasks.
- ☐ Customer has higher job accommodation needs related to hearing and vision loss to learn technology and/or job tasks needed to carry out job functions such as JAWS/Zoom Text.
- ☐ Customer requires interpreter services.
- ☐ Customer requires alternative methods to communicate with an employer (e.g., writing back and forth with an employer).
- ☐ Customer requires technology to complete job tasks related to hearing and vision loss.
- ☐ Employer needs additional education and training on vision/hearing loss, accommodation needs, and cultural information, and employer needs to be taught some basic communication strategies.

Are two or more items checked above? ☐ Yes ☐ No

F. Transportation

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer requires personal assistant or others to get around in the community.
- ☐ Customer is unable to travel independently due to hearing and vision loss.
- ☐ Customer uses shuttle transportation or a family member to transport.
- ☐ Customer uses assistive device or service animal.
- ☐ Customer uses cane and/or bus cards (assistive technology tools) so that the bus driver will know and guide the Customer on the bus.
- ☐ Customer cannot drive.
- ☐ Customer requires mobility training in order to use the bus system
- ☐ Customer requires mobility training for new areas.
- ☐ Serious limitations and ability to stand, walk, or maintain balance (e.g., individuals who are Deafblind may struggle with balance, walk slower, and are unable to use public transportation).
- ☐ Requires instruction or assistance from others to adjust to changes in routine travel routes or methods.
- ☐ Requires specialized transportation, e.g., assistive technology, adaptive devices, and/or vehicle modifications to drive independently or ride in a vehicle.

Are two or more items checked above? ☐ Yes ☐ No

G. Self-Care

Check each limitation below that applies to the Customer.

Note: Only select limitations when they are due to vision loss and/or hearing loss.

- ☐ Customer requires assistance with shopping, reading, mail, banking, running errands. Qualifies for Support Service Provider (SSP) services with Deafblind Service Center.
- ☐ Customer requires modifications and/or adaptive equipment in the home to cook, clean, do laundry, etc.
- ☐ Needs household items and appliances labeled in order to know what they are and to use them. Needs signaling device that vibrates for notifications of the doorbell ring, alarm clock, fire alarm, etc.
- ☐ Customer needs assistance with identifying and learning to use household items that will increase independence (e.g., household cooking utensils that are adapted for individuals with vision loss).
- ☐ Customer requires assistance from another individual or technology to identify items (e.g., dollar amounts of bills, color of clothing).
- ☐ Requires assistive technology in order to maintain scheduled appointments, work schedule, shuttle schedule, etc.
- ☐ Requires assistance from another person, assistive technology, or other accommodations to follow a daily schedule or to accomplish changes in daily schedule.
- ☐ Requires assistance from another person, assistive technology, or other accommodation to maintain safety, respond to emergencies, or participate in evaluations at work.
- ☐ Requires assistance from another person, assistive technology, or other accommodation to accomplish routine personal care, such as bathing, using the bathroom, dressing, meals, taking medications (e.g., identifying medication labels), etc.

Are two or more items checked above? ☐ Yes ☐ No

Total areas of functional limitation: _____	**If you have selected "Yes" for both Hearing Loss and Vision Loss in Section 1 and marked "Yes" in four (4) or more functional capacity limitation areas in Section 2, this individual meets the eligibility criteria for Level 4 and/or Deafblind CRP services.**