

Functional Capacities Checklist

Consumer: _____

Team Member: _____

Directions: Evaluate the individual on how their disability creates a substantial impediment to employment. This is not to be based on situational factors such as no transportation, but the actual disabling condition.

1. Address each of the 7 Functional Capacities by reading the definition of the category in the black box. Determine if the individual has difficulty in that category – if so, check the yes box which verifies they meet the criteria and qualify for a low rating.
2. Next read the specific evidence of a SERIOUS functional limitation listed below the black box. Determine if the individual also meets one or more of the SERIOUS functional limitations definitions – if so, check to box to the right of the statement which verifies the individual meets that criteria and qualifies for VERY LOW rating in that functional category.
3. Address each of the 7 Functional Capacity categories and all of the individual's disabilities to make sure they are fully evaluated and placed in the appropriate Priority Group.

Complete the Eligibility determination screen in QE2 by summarizing the individual's functional capacity ratings with specific examples of how the disability has created vocational limitations in the narrative section.

Communication – The ability to effectively exchange (give or receive) information through words or concepts. Includes speaking, reading, hearing, writing, and understanding.	<input type="checkbox"/> Yes
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual with a Pure Tone Average hearing loss of 71 dB or greater in the better ear.	<input type="checkbox"/>
An individual who is unable to produce speech or has a pattern of oral expression and articulation that is so severe that the individual's interaction at work or training with co-workers has been or will be significantly limited . <i>Accents, mild stuttering, lispings, etc. would not be considered a serious functional limitation in communication.</i>	<input type="checkbox"/>
An individual who has had or will have significant difficulty understanding (other than hearing) and/or processing verbal communication needed to successfully prepare for, get, or keep employment and requires or will require cognitive accommodations.	<input type="checkbox"/>
An individual who cannot read, print, write, or understand short notes such as 'Out of Order', 'Don't Walk' or other simple written sentences containing common words and phrases.	<input type="checkbox"/>

➤ *A communication problem resulting from a language or cultural difference is not a serious functional limitation in communication.*

Interpersonal Skills – The ability to establish and maintain personal, family, work and community relationships as it affects or is likely to affect job performance and/or job retention.	<input type="checkbox"/> Yes
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual with a history of inappropriate or disruptive behaviors that has led to negative consequences in an educational, vocational training setting, and/or work.	<input type="checkbox"/>
An individual who talks in an excessively halting, illogical, irrelevant, inappropriate manner or makes repeated verbalizations in a loud and/or disruptive volume that may affect work relationships or community relationships.	<input type="checkbox"/>

➤ *Situations where the individual is merely shy, irritable, or has some trouble getting along with supervisors and/or co-workers is not an indication of a serious functional limitation in interpersonal skills.*

Mobility – The physical, cognitive, and/or psychological ability to move about place to place inside and outside the workplace, home, or community including travel to and from community destinations	<input type="checkbox"/> Yes
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual who cannot independently arrange and/or drive or use private (auto) and/or public transportation. <i>Limitations due to the lack of a driver's license (reasons unrelated to disability), geographic location, or availability of transportation are not indicators of a serious functional limitation in the area of mobility.</i>	<input type="checkbox"/>
An individual who cannot get to or from work, or move about in the work place, or training site without significant vehicle modifications, work place accommodations, and/or durable medical goods.	<input type="checkbox"/>

Self Care (includes ADL) - The physical and cognitive skills needed to perform activities of daily living such as eating, toileting, grooming, dressing, money management, and management of special health or safety needs as it relates to employment.	<input type="checkbox"/> Yes
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual who must live in or will need to live in a group home, or other supported residential setting that provides self-care help and safety. May include living with family members, but not for economic, social, or personal reasons. <i>Short term or temporary placement in a facility such as drug & alcohol treatment program is not an indicator of a serious functional limitation in self care.</i>	<input type="checkbox"/>
An individual who requires a personal care attendant or other assistance for activities of self-care and daily living.	<input type="checkbox"/>
An individual who requires personal assistance to safely navigate the workplace during emergencies (hearing the public address systems, mobility issues).	<input type="checkbox"/>
An individual who is unable to self-manage/administer their medications.	<input type="checkbox"/>
An individual who requires or will require a conservator or payee to handle finances.	<input type="checkbox"/>

➤ A Self care focuses on the cognitive and/or physical ability to perform a self care task not the person's choice of whether or not to perform a self care task.

Self Direction - The ability to independently plan, initiate, organize, or carry out goal directed activities and/or solve problems.	<input type="checkbox"/> Yes
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual who is unable to independently plan, manage or resolve problems in daily life that requires or will require cognitive accommodations (cell phone, digital recorder, PDA, iTouch, iPhone, iPad, etc.), and/or substantial ongoing support (case manager, therapist, DD provider, DD service coordinator, guardian, family member, sponsor, etc.).	<input type="checkbox"/>
An individual who is unable to recognize consequences, or self-correct inappropriate behaviors during training, a job search, or on a job that has led or will lead to problems in obtaining a job, job retention, and/or job safety. The individual requires or will require substantial ongoing support (case manager, DD Services Coordinator, DD Provider, on and offsite job coach, sponsor, etc.). <i>Attending a peer support group is not considered substantial ongoing support. Court order treatment does not necessarily mean an individual has serious functional limitations in self-direction.</i>	<input type="checkbox"/>

➤ Difficulty with relationships should be considered under Interpersonal Skills.

➤ Inability to live independently should be considered under Self-Care.

Work Skills - The ability to learn and/or do specific skills required in carrying out job functions. <input type="checkbox"/> Yes	
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual whose ability to perform and/or learn job tasks is so severe that their vocational choices will be limited to jobs with routine and repetitive tasks.	<input type="checkbox"/>
An individual who will be unable to learn the specific tasks of the job without a job coach.	<input type="checkbox"/>
An individual whose work speed or quality of work has been or is likely to be significantly below competitive standards and the individual requires or will require selective placement, or other special training, accommodations, or technology to learn and/or perform the work skills competitively. <i>Training or accommodations that would be beneficial but are not required to learn and perform the job tasks would not be an indicator of a serious functional limitation in work skills.</i>	<input type="checkbox"/>
An individual who has had or will have significant issues in remembering job duties.	<input type="checkbox"/>

➤ *The need for post secondary education or other training in order to acquire the skills and knowledge to perform a particular job is not an indicator that there is a serious functional limitation in work skills.*

Work Tolerance - The ability to carry out required physical, emotional, and cognitive demands of work in an efficient and effective manner over a sustained period of time. <input type="checkbox"/> Yes	
Evidence of a serious functional limitation includes any one of the following:	Rate Very Low
An individual who has been restricted for a significant period of time to part-time work, or will be restricted for a significant period of time to part-time work.	<input type="checkbox"/>
An individual who has repeatedly lost jobs because of multiple hospitalizations or treatments that interfered with maintaining employment.	<input type="checkbox"/>
An individual who has limitations in strength, range of motion, flexibility, and/or physical, cognitive, or emotional stamina so severe that it affects the individual's ability to perform any job consistently over time. <i>Having limitations that have affected or would affect just some jobs is not a serious functional limitation in work tolerance.</i>	<input type="checkbox"/>
An individual who cannot adjust to a new work setting without the assistance of substantial supports (on or off site job coaching). <i>Would not include the use of a job coach to learn work/job skills.</i>	<input type="checkbox"/>
An individual who requires or would require significant worksite accommodations or modifications (i.e. job carving, job restructuring, flexible schedule, etc.) in order to meet work demands.	<input type="checkbox"/>

➤ *Use of a telephone headset, electric stapler, ergonomic chair, ergonomic keyboard, or other accommodations and devices that are beneficial, but are not required to perform the job tasks would not be an indicator of a serious functional limitation in work tolerance.*

➤ *Individuals who chose to work part-time for other than work tolerance issues related to the impairment would not have a serious functional limitation in work tolerance.*

PRIORITY GROUP 1: *Has a disability that results in a VERY LOW rating in TWO or more functional areas.*

PRIORITY GROUP 2: *Has a disability that results in a VERY LOW rating in ONE functional area. Individuals who receive SSDI or SSI automatically qualify for Priority Group 2 and are assessed to determine if they qualify for Priority Group 1.*

PRIORITY GROUP 3: *Has a disability that results in a LOW rating in ONE or more functional areas.*