U.S. AbilityOne Commission
Proposed Participating Employee Eligibility Form
November 17, 2023
(When finalized, this form will be online.)

1. Type of Disability Review
    Permanent Disability
    Non-permanent Disability – reviewed once every 7 years

2. Employee's ID Number

3. Employee's Date of Birth

4. Employee's First Name

5. Employee's Last Name

6. Employee's Date of Hire

Part A

7. 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.)

    Yes
    No

Part B

8. The individual is receiving or is eligible for:
    SSI (based on disability)
    SSDI
    Home Community Based Services/Medicaid (based on disability)
    Is not receiving any services listed above

Part C

9. The individual is receiving or is eligible for:
Vocational Rehabilitation Services
Veterans benefits based on disability/ Veteran Readiness & Employment Services
State Developmental Disability Services
School-to-Work transition services from educational systems for individuals over the age of 18.
IEP due to a Permanent Disability within 5 years of graduation/exit from school.
Employee is not receiving any of the above

Medical Documentation

10. The individual has been confirmed by a qualified licensed professional to have a physical or mental disability.
Yes
No

Part E

Significant job supports and accommodations

11. This individual requires the following significant job supports:
ASL interpreter
Assistive Technology
Reduced quantitative or qualitative performance standards
An aide to accompany the individual
Job coach
Personal assistance services
Reader/Scribe
Plain language documents
Positive behavior supports (Please describe in other)
Accommodations for mental health conditions (Please describe in other)
Environmental modifications (Please describe in other)
Enhanced training (Please describe in other)
Other *(text box field)*