On August 1, 2017, Vocational Rehabilitation Services (VR) began working under an Order of Selection. Even if applicants are eligible for the VR program, they will be waitlisted unless they can prove that:

1. their disability makes it difficult to perform three or more functional limitations;
2. they require multiple VR services; and
3. the services that they need from VR will be delivered over an extended period of time.

This Guide may help VR applicants think about the seven functional limitations defined by VR. Functional limitations are ways that your disability affects your life. Let VR staff know if you have difficulty with any of the following activities, whether on the job, at home, or in the community. The examples offered in this Guide are not complete; you may have difficulties other than those listed below. Be sure to share those with VR staff, too, during your intake meeting. Although it may feel awkward or uncomfortable to talk about how your disability affects you, sharing all of your limitations is necessary to be properly assessed.

Remember that you can bring materials documenting your functional limitations, including individualized education plans (IEPs), medical records, letters from your doctors or therapists, or anything else you believe shows your functional limitations. You can also bring family members, friends, or other advocates to your intake meeting who can share information about the way your disability affects your daily life.

**Mobility**

- Do you use a wheelchair, walker, cane, or other aid to travel more than one city block?
- Do you use a lift or aid to help you transfer to your bed, shower, or toilet?
- Do you fall frequently when walking?
- Do you tire after walking more than one city block?
- Do you become short of breath when walking more than one city block?
- If there were an emergency in your home or workplace, could you exit the building without help?
- Do you need help navigating new places?
• Do you use a guide dog or a white cane?
• Are you comfortable crossing busy streets in your community?
• Can you use public transportation?

Communication

• Do you require an ASL interpreter to communicate with hearing individuals?
• Do you use an augmentative communication device, such as an eye-gaze system, to communicate with others?
• Do you have difficulty expressing your needs and wants without the help of friends and family?
• Do others frequently ask you to repeat what you have said because they cannot understand what you are saying?
• Do you have to frequently ask others to repeat what they have said because you cannot hear them?
• Can you read?
• When you are reading, do you need braille or large print?
• Can you write?

Self-Care

• Can you prepare and eat a meal without help?
• Can you use the restroom by yourself?
• Can you shower or take a bath by yourself?
• Do you perform hygiene tasks, such as brushing your teeth and hair, by yourself?
• Can you dress yourself without help?
• Can you go shopping for items, such as groceries and bathroom supplies?
• Can you keep your house clean, by vacuuming, dusting, etc.?
• Can you take medication without help?
• Can you budget your money by yourself?
• Can you can navigate your community without support?
• Can you contact 911 and clearly share what's happening in an emergency?

Self-Direction

• Can you make and attend appointments without reminders from others?
• Can you make decisions about what you want to eat and wear each day without help?
• Can you prioritize effectively?
• Can you exercise basic safety precautions, such as refusing rides from strangers and going to the basement in the event of a tornado?
• Do you understand right from wrong?
• Can you understand and accept the consequences of your actions?
• If an unexpected situation arises, can you effectively problem solve?
• Has someone ever tricked you into giving them money?

Interpersonal Skills

• Can you maintain calm and focus, even if you are upset?
• Can you interpret non-verbal communications from peers and supervisors?
• Do you use appropriate body language, including making eye contact and respecting personal space?
• Can you listen to others, even when you are upset and have something to say?
• Do you have a good understanding of manners and the ability to practice them across all settings?
• Do you ask questions when talking with others, to show interest and make sure that you fully understand?
• Do you work well with others?

Work Tolerance

• Can you work 8 hours per day without the quality of your work falling?
• Can you work 5 days per week?
• Can you maintain focus throughout a regular work shift?
• How long can you stand without changing positions?
• How long can you sit without changing positions?
• Have you ever fallen asleep in school or at work?
• Do you have any concerns about your physical or mental ability to successfully achieve your employment goal?

Work Skills

• Can you be flexible and adapt to new situations?
• Are you good at working with others?
• Do you have a good work ethic?
• Are you self-confident?
• Have you completed any internships?
• Do you have any job experience?
• How many words per minute can you type?
• Do you have strong math skills?
• Can you create and follow a schedule?
• Do you have a high school diploma or GED?
• Do you have any certificates or certifications?
• Do you have a college, graduate, or professional degree?