

## COMPLIANCE CASE REVIEW INSTRUMENT (CHECKLIST)

Client \_\_\_\_\_

Specialist \_\_\_\_\_

Reviewer \_\_\_\_\_

Date \_\_\_\_\_

**REFERRAL**

1. Was the individual informed about application requirements within 10 calendar days from the date of referral? [34 CFR 361.41 (a)]  YES  NO

**ELIGIBILITY - Complete 2 through 4 if eligibility was determined.**

2. Does the case record contain acceptable information to support that: [34 CFR 361.42 (a) (1) & (2)]

a. the client has a physical or mental impairment?  YES  NO

b. the client's impairment results in a substantial impediment to employment?  YES  NO

c. the client requires VR services to prepare for, secure, retain or regain employment?  YES  NO

3. If the individual was receiving SSDI or SSI at the time of application, were they presumed eligible immediately after verification of benefits was received? [34 CFR 361.42 (a) (3) & (4)]  YES  NO  NA

4. Was the determination of eligibility made within 60 days from the date of the application? [34 CFR 361.41 (b) (1)]  YES  NO

a. If not, were there exceptional and unforeseen circumstances (beyond VR control) that are delaying the eligibility decision?  YES  NO

b. If not, is there evidence that the person agreed to a specific extension of time?  YES  NO

**ORDER OF SELECTION - Complete 5 & 6 if order of selection was determined.**

5. Is the individual's assignment to a priority category supported by service record documentation? [34 CFR 361.47 (a) (4)]  YES  NO

6. If the priority group is currently closed, was the Priority Group Closed letter sent to the individual?[34 CFR 361.36 (e) (2)]  YES  NO  NA

**INDIVIDUAL PLAN FOR EMPLOYMENT - Complete 7 through 21 if the IPE was approved.**

7. Was the IPE developed and approved within 90 days from the date of eligibility? [34 CFR 361.45 (e)]  YES  NO  NA

COMPLIANCE CASE REVIEW INSTRUMENT (CHECKLIST)

8. If the individual was a transition aged youth, was the IPE completed before they graduated? [34 CFR 361.22 (a) (2)]  YES  NO  NA
9. Does the IPE include the specific employment outcome chosen by the individual? [34 CFR 361.46 (a) (1)]  YES  NO
10. Does the service record documentation support the chosen employment goal? [34 CFR 361.45 (f)]  YES  NO
11. Is the employment goal consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice? [34 CFR 361.46 (a) (1) (i)]  YES  NO
12. Does the IPE include a timeline for the completion of the employment outcome? [34 CFR 361.46 (a) (3)]  YES  NO
13. Was the original IPE and any amendments signed by the client and a qualified VR staff member? [34 CFR 361.45 ((d) (3) (i) and (ii)]  YES  NO
14. Does the IPE include the specific rehabilitation services necessary to achieve the employment outcome? [34 CFR 361.46 (a) (2) & (2) (i)]  YES  NO
15. Were timelines identified for the initiation of services listed on the IPE? [34 CFR 361.46 (a) (3)]  YES  NO
16. Does the IPE indicate the entities that will provide the necessary services? [34 CFR 361.46 (a) (4)]  YES  NO
17. Does the IPE indicate, if applicable, the extent of the client's participation in the cost of services? [34 CFR 361.46 (a) (6) (ii) (B)]  YES  NO  NA
18. For supported employment IPEs, is the individual placed in priority group one in the order of selection? [34 CFR 361.5 (b) (53) & 34 CFR 361.46 (b)]  YES  NO  NA
19. For supported employment IPEs, are all parts of the SE section of the IPE completed appropriately? [34 CFR 361.46 (b) (1) thru (7)]  YES  NO  NA
20. If the individual is a student with a disability receiving special Education services was the information in the IEP considered in development of the IPE. [34 CFR 361.46 (d)]  YES  NO  NA
21. Was a copy of the IPE provided to the client? [34 CFR 361.45 (d) (4)]  YES  NO

COMPLIANCE CASE REVIEW INSTRUMENT (CHECKLIST)

**SERVICE PROVISION - Complete 22 through 25 if services under the IPE were initiated.**

22. Was the IPE reviewed at least annually by qualified VR staff?  
[34 CFR 361.45 (d) (5)]

YES  NO  NA

23. Prior to providing any VR services were comparable services or benefits explored to determine whether they were available to the client? (Assessment, counseling, referral, job-related such as job search/ placement/job retention and rehabilitation technology do not require search for or use of comparable services.)  
[34 CFR 361.53 (a)]

YES  NO  NA

24. Does the case record support that the individual exercised Informed choice throughout the process? [34 CFR 361.47 (a) (7)]

YES  NO

**CASE TERMINATIONS - Complete 26 & 27 if case was terminated.**

25. Is the reason for termination of this case documented in the case file? [34 CFR 361.47 (a) (2) & (3)]

YES  NO

26. If the individual was terminated prior to a decision of eligible or ineligible the reason must be that the individual declined or was unavailable for services and VR staff must make reasonable attempts to reach and encourage the individual. Is there evidence in the case file supporting this reason?  
[34 CFR 36.44]

YES  NO  NA

**INELIGIBILITY - Complete 28 through 30 if case was determined ineligible.**

27. If a determination was made that the individual could not benefit from VR services in terms of an employment outcome because of the severity of their disability was trial work used?  
[34 CFR 361.42 (e) (1)]

YES  NO  NA

28. Was the individual fully consulted prior to the decision?  
[34 CFR 361.43 (a)]

YES  NO  NA

29. Was the Office Director letter informing the individual of their rights sent? [34 CFR 361.43 (b)]

YES  NO

**SUCCESSFUL OUTCOMES - Complete 31 through 33 if case is a successful outcome.**

30. Is the outcome consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice?  
[34 CFR 361.56 (a) (1)]

YES  NO

31. Does file information support that the individual and qualified VR staff member considered the outcome to be satisfactory and agree that the client is performing well in the employment?  
[34 CFR 361.56 (c)]

YES  NO

COMPLIANCE CASE REVIEW INSTRUMENT (CHECKLIST)

**REVIEW OF DETERMINATIONS - Complete 34 if client  
was dissatisfied with any determination made by VR staff.**

33. Was the Office Director letter informing the individual of their rights sent?  
[CFR 34 361.57 (b)]

YES  NO

**Comments:**