Functional Capacities
Checklist

Client: _____

Team Member: _____

Directions: Base your ratings on the individual's current level of functioning, **NOT** projected estimates of one's abilities *without* medications or accommodations.

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 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 the 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 – An individual who, due to physical, cognitive, sensory, and/or psychological ability cannot effectively exchange information through expressive or receptive methods, spoken words or concepts.	*Individual meets criteria and qualifies for a low rating:* ☐
Evidence of a serious functional limitation includes any one of the following:	**Rate Very Low**
An individual who cannot hear or understand the content of ordinary spoken conversation and/or requires frequent repetition. *Examples of barriers:* ○ Cannot communicate with others without the use of modifications, adaptive technology, and/or accommodations (i.e.: Text to Speech Software). ○ Depends on others for communication (interpreter, VP, TTY, etc.) ○ Unable to use a telephone, even with amplification.	☐
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**. *Accents, mild stuttering, lisping, etc. would not be considered a serious functional limitation in communication.* *Examples of barriers:* ○ Cannot speak or speech is not readily understood by others or requires frequent repetition. ○ Difficulty formulating and expressing questions and thoughts in a way to convey information. ○ Tone or inflection conveyed in verbal communication is not perceived or understood (i.e.: flat affect or monotone). ○ Conversation is rambling, halting, weak, pressured, illogical, irrelevant or obscure.	☐
An individual who has had or will have **significant** cognitive difficulty understanding and/or processing verbal communication needed to successfully prepare for, get, or keep employment and **requires** or **will require** cognitive accommodations (i.e.: Speech to Text software). *Examples of barriers:* ○ Difficulty following oral instructions. ○ Easily overwhelmed by external and/or internal stimuli and will require simple, brief and specific verbal communication and/or additional time to process information. ○ Understanding complex sentences and/or language subtleties in work-related items. ○ Inability to comprehend questions to the extent an answer cannot be given without the use of an accommodation.	☐

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. *Examples of barriers:* ○ Difficulty interpreting written materials; particularly job manuals, work orders, diagrams and signs. ○ Inability to understand complex sentences and/or language subtleties in work-related items. ○ Unable to perform functional reading and/or writing without the use of accommodations (i.e.: Electronic Books, Dictation Software).	☐

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

Interpersonal Skills – An individual who, due to physical, cognitive, sensory, and/or psychological ability cannot establish and maintain personal, family and community relationships as it affects, or is likely to affect, job performance and security.	*Individual meets criteria and qualifies for a low rating:* ☐
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. *Examples of barriers:* ○ Unable to recognize or respect commonly accepted social cues or personal boundaries. ○ Unable to perceive or consider others' viewpoints or to work cooperatively. ○ Persistent behavior of social avoidance, isolation or withdrawal. ○ Extreme suspiciousness/anxiety, anger or aggression. ○ Behaviors resulting in sudden shifts in mood and attitudes, low frustration tolerance, task avoidance, and unpredictability.	☐
An individual who makes **repeated** vocalizations in a **loud and/or disruptive volume or manner** that may affect work or community relationships. *Characteristic examples:* ○ Uncontrollable humming, yelling, nonsensical outbursts, cursing/obscenities, repeated questioning, inappropriate comments	☐

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

Mobility – An individual who, due to physical, cognitive, sensory, and/or psychological ability cannot move about place to place inside and outside the workplace, home, or community; including travel to and from community destinations	*Individual meets criteria and qualifies for a low rating:* ☐
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. *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.* *Examples of barriers:* ○ Inability to get around in the community without a personal assistant or other individual. ○ Cannot adjust to changes in routine travel routes or methods without instruction or assistance from others. ○ Frequently gets lost and has an inability to navigate within the environment, be it travelling within the community or finding one's way around the inside of a building, plant or complex.	☐
An individual who cannot get to or from work, or move about in the workplace, or training site without significant vehicle modifications, workplace accommodations, and/or durable medical goods. *Examples of barriers:* ○ Cannot drive independently or ride in a vehicle without specialized transportation, adaptive devices, and/or vehicle modifications. ○ Inability to get around in the environment without a wheelchair, prosthesis, or other device or equipment; service animal or specialized training.	☐
An individual who has limitations in balance and gross motor coordination resulting in physical clumsiness or accident proneness in driving and walking. *Examples of barriers:* ○ Difficulties when using escalators, elevators, and people movers. ○ Experiences repetitive falls (hearing loss is tied to a 3-fold increase in the risk of falling).	☐

Self-Care (includes ADL) – An individual who, due to physical, cognitive, sensory, and/or psychological ability cannot perform activities of daily living at a level which allows the individual to participate in work-related activities.	*Individual meets criteria and qualifies for a low rating:* ☐
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. *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.* *Examples of barriers:* ○ Unable to follow a daily schedule or accomplish changes in a daily schedule without assistance or accommodations (i.e.: Picture Schedule).	☐
An individual who **requires** a personal care attendant or other assistance for activities of self-care and daily living. *Examples of barriers:* ○ Cannot accomplish routine personal care such as bathing, using the restroom, dressing, meals, etc. without assistance from another person, assistive technology or other accommodation (i.e.: Roll-In Shower, Grab Bar, Button Hooks, Zipper Pull). ○ Requires assistance on job for personal health care needs and/or activities of daily living (ADLs), or to avoid self-injurious behavior, interactions or decisions.	☐
An individual who requires personal assistance to safely navigate the workplace during emergencies. *Examples of barriers:* ○ Unable to maintain safety, respond to emergencies or participate in evacuations at work without assistance from another person, assistive technology or other accommodation (i.e.: Alerting/Signaling Device). ○ Inability to recognize emergency situations that may arise.	☐
An individual who is **unable** to self-manage/administer their medications. *Examples of barriers:* ○ Cannot take medication as prescribed without assistance from another person, assistive technology, or other accommodation (i.e.: Pill Organizer Timers).	☐
An individual who **requires** or **will require** a conservator or payee to handle finances.	☐

- ***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 (Cognition and Learning)– An individual who, due to physical, cognitive, sensory, and/or psychological ability lacks the ability to independently plan, initiate, organize, or carry out goal directed activities and/or solve problems.	*Individual meets criteria and qualifies for a low rating:* ☐
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, Drug/Alcohol sponsor, etc.). *Examples of barriers:* ○ Unable to judge whether work is completed correctly or incorrectly. ○ Inability to initiate tasks, solve simple problems, maintain attention and make small adjustments in routine or completion of tasks without constant or nearly constant assistance with decision making. ○ Unable to follow instruction, concentrate, remember or complete task. ○ Underestimating the time (and energy) needed to complete work assignments, causing other responsibilities not to be addressed.	☐
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, Drug/Alcohol sponsor, etc.). 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. *Examples of barriers:* ○ Unable to keep a job due to unacceptable work behaviors despite ongoing correction and redirection at the worksite. ○ Been routinely late, missed work, and/or called off work often that the employer has been upset with work stability/performance. ○ Responds impulsively and/or is easily distracted by external/environmental stimuli.	☐

- ***Difficulty with relationships should be considered under Interpersonal Skills.***
- ***Inability to live independently should be considered under Self-Care.***

Work Skills - An individual who, due to physical, cognitive, sensory, or psychological ability is unable to learn and/or do specific skills required in carrying out job functions.	*Individual meets criteria and qualifies for a low rating:* ☐
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 impacts their vocational choices and/or will be **limited** to jobs with routine and repetitive tasks. *Examples of barriers:* ○ Difficulties in learning new job tasks or adapting to changes in work requirements, particularly if they involve changes in task sequence, procedures, tools or working environments. ○ An individual who will be unable to learn the specific tasks of the job without a job coach.	☐
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 (i.e.: Job coach, Job Task Checklist), or technology to learn and/or perform the work skills competitively. 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. *Examples of barriers:* ○ Performs at a lower standard of work speed and/or quality expected of other workers due to not understanding information, missing instructions, not hearing instructions and/or other communication related barriers. ○ Limitations in dexterity/coordination impeding tasks that require control, precision and/or speed. ○ Limitations in cognitive processing requiring prompts to initiate/complete tasks.	☐
An individual who has had or will have significant issues in remembering job duties. *Examples of barriers:* ○ Inability to recall instructions or the appropriate task sequence, which could contribute to the loss or misplacement of tools, papers or other essential work related items. ○ Unable to remember work tasks without accommodations or assistive technology (i.e.: Watch-Reminding system, Audio Recording apps).	☐

- ***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- An individual who, due to physical, cognitive, sensory, or psychological ability is unable to carry out required demands of work in an efficient and effective manner over a sustained period of time.	*Individual meets criteria and qualifies for a low rating:* ☐
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. Significant period of time is defined as any period of time where the job duties were modified due to part-time status or coverage by another person was needed to fulfill the job duties. ***Do not consider those who restrict themselves to part-time work due to SSDI/SSI.*** *Examples of barriers:* o Significantly restricted in ability to tolerate typical psychological stresses in work environment. o Unable to sustain consistent mental and physical work effort.	☐
An individual who has **repeatedly** lost jobs based on their disability and/or because of multiple hospitalizations or treatments that interfered with maintaining employment. ***Multiple hospitalizations or treatments*** can be related to Dialysis, Mental Health, Physical Therapy/Occupational Therapy, Drug/Alcohol Use, etc.	☐
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. *Having limitations that have affected or would affect just **some** jobs is **not** a serious functional limitation in work tolerance.* *Examples of barriers:* o Inability to physically remain in the same location for an extended period of time without fidgeting, feeling restless, or even fleeing the site. o Unable to perform at a pace necessary to meet minimum production or job standards; productivity and/or quality of work significantly declines over a work shift due to limited endurance. o Unable to sustain attention or concentrate for long periods of time.	☐
An individual who cannot adjust to a new work setting without the assistance of **substantial** supports. *Would not include the use of a job coach to learn work/job skills.* *Examples of barriers:* o Cannot adjust to work environment without an on or off-site job coach. o Cannot complete work tasks and/or physically navigate their environment without the use of a service animal.	☐

An individual who **requires** or **would require significant** worksite accommodations or modifications in order to meet work demands. *Examples of barriers:* ○ Inability to keep up stamina or endurance without the use of rehabilitation technology or worksite modifications. ○ Due to physical/emotional conditions or the side effects of medication; requires/will require a modified or flexible work schedule, extra rest periods, job modifications or other accommodations. ○ Cannot perform job duties without accommodations such as software, sit/stand desk and/or the modification of the physical space of their work environment.	☐

- ***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.*