# Arkansas Division of services for the blind

## VR Case Review Form

Review date:       Counselor:       Supervisor:

Client name:       Client #:       Current status:

**Referral/Applicant Information**

Referral date:       Initial contact date:       Application date:

Application processed in a timely manner?       Date of birth:       Age at referral:

Primary disability:       Secondary disability:

Was secondary disability addressed?       Does secondary disability hinder employability?

Were correct disability codes used?

Receiving SSI/SSDI at application?       Receiving SSI/SSDI at closure?

Was client working at application?       Occupation:

Comments on the application information:

**Assessments**

Functional Skills Assessment completed?

VRT Assessment completed?

Tech Assessment completed?

Do the assessments identify all VR needs?

Do the assessments support the employment goal?

Comments on assessments:

**Eligibility Information Client #**

Eligibility date:

Is there documentation (eye report) supporting the determination that the consumer has a visual impairment that constitutes a substantial impediment to employment?       If not, explain.

Does documentation support the determination that VR services are needed in terms of employability?

Does documentation (eligibility narrative) support the determination that VR services may reasonably be expected to benefit the client in terms of employability?       If not, explain.

Was the consumer presumed eligible due to receiving SSI/SSDI?

Was eligibility determined within 60 days?       If not, was there an extension agreement?

Is there a Certificate of Eligibility Form in the case record?       Is the form dated?

Does client meet Criterion 1?       Does client meet Criterion 2?

Is the form signed by the counselor?       Is client eligible for VR services?

Comments on eligibility:

**IPE Information**

IPE date:

Was the IPE developed within 90 days of the COE?       IPE signed and dated?

Does the IPE document the consumer’s views concerning the goals and services being provided?

Does the IPE contain staggered timelines for the initiation and completion of each service?

Were all services listed on the IPE necessary to reach an employment outcome?

Were amendments completed as appropriate?

SOC Code and Title:

Comments on the IPE:

**Delivery of Services Client #**

Were all services that were provided listed on the IPE?

Does the case record document that the service was given to the consumer?

Was full consideration given to any similar benefits (PELL grant, medical insurance, VA benefits) available to the consumer to meet, in whole or in part, the cost of the service?

Were authorizations completed in a timely manner?

Do invoices and reports match authorizations?

Once initiated, did services continue without delays?

Did counselor maintain contact with consumer?

Comments on service delivery:

**Closure Information**

Closure status:       Closure date:

Does the case record contain a closure form?       Is it signed and dated?

Does the case record contain a closure letter?

Is the reason for closure documented?

Is there documentation to support that the consumer and counselor agree the employment outcome was satisfactory and the consumer is performing well in employment?

Is the employment outcome consistent with the consumer’s strengths, resources, etc.?

Did the client maintain the employment outcome at least 90 days?

Is there documentation supporting that wages earned are commensurate with earnings of the non-disabled?

Comments on closure information:

**Narratives and Filing Client #**

Were the following required narratives in the case record?

Initial Interview?

Eligibility Determination?

Comprehensive Assessment?

IPE Development?

Annual Reviews (as appropriate)?

Closing Narrative?

Is the case record in a neat and orderly fashion and documents filed appropriately?

**Miscellaneous**

Wages at application:       Hours worked:

Wages at closure:       Hours worked:

Informed choice documented throughout the case?

CAP documented at application, IPE, and closure?

If applicable, small business plan in order?

Was O & M needed and provided?

Comments on miscellaneous:

**Commendations:**

**Non-compliance issues:**