

DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION NOTICE OF PROPOSED GUIDANCE DOCUMENTS

Pursuant to section 227.112 of the Wisconsin Statutes, the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) is hereby accepting comments on the proposed guidance document:

The Consumer Checklist for the Division of Vocational Rehabilitation

LOCATION OF PROPOSED GUIDANCE

Proposed guidance document may be reviewed by accessing:

https://datcp.wi.gov/Pages/About_Us/GuidanceDocuments.aspx

SUBMITTING PUBLIC COMMENTS

Public comments on proposed or adopted guidance document may be submitted by accessing:

https://datcp.wi.gov/Pages/About_Us/GuidanceDocuments.aspx

DEADLINE FOR SUBMISSION

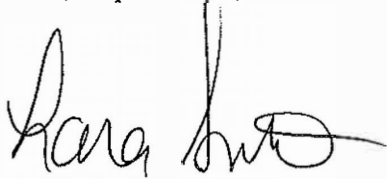
The comment period will run no fewer than 21 days after the publication of this document in the Administrative Register.

AGENCY PUBLICATION

The attached guidance document contains statements or interpretations of law under the following applicable provisions of federal law or the applicable state statutory or administrative code provisions: Wis. Stat. ch. 47, Wis. Admin. Code, ch. DWD 65 .

CERTIFICATION

Pursuant to the authority delegated to me by the Secretary, I have reviewed the attached guidance document or proposed guidance document and I certify that it complies with sections 227.10 and 227.11 of the Wisconsin Statutes. I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated. I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.



Lara Sutherlin, Administrator
Division of Trade and Consumer Protection



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Trade and Consumer Protection

PO Box 8911, Madison, WI 53708-8911

Phone: 608-224-4949

Fax: 608-224-4939

GUIDANCE DOCUMENT

The Consumer Checklist for the Division of Vocational Rehabilitation

This guidance document is based on Wis. Stat. ch. 47 and chapter(s) DWD 65 Wis. Admin. Code. This document is intended solely as guidance, and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any of the issues addressed.

46 (TCP)

Please see attached.

February 24, 2020

Lara Sutherlin - Administrator, Division of Trade and Consumer Protection

DATE

Contributors:

Client Assistance Program
2811 Agriculture Drive
Madison, WI. 53708
1-800-362-1290

The Consumer Checklist for the Division of Vocational Rehabilitation
Order of Selection Waiting List

Division of Vocational Rehabilitation (DVR) Consumers and counselors may use this optional form as a tool for discussing how an individual's disability or disabilities limits their ability to find, keep or advance in a job.

A. MOBILITY LIMITATIONS

- | | | | |
|-----|---|-----|----|
| A1. | Are you limited in speed or distance when walking? | Yes | No |
| A2. | Do you required assistance from either a person or a device to walk and/or drive a vehicle? | Yes | No |
| A3. | Is the ability to drive affected by your disability? | Yes | No |
| A4. | Do you require mobility training or help from others in order to get around in the community? | Yes | No |

B. COMMUNICATIONS LIMITATIONS

- | | | | |
|-----|--|-----|----|
| B1. | Is your speech difficult to understand? | Yes | No |
| B2. | Do you need another means of communication such as sign language, lip reading, braille, enlarged print, or a speech board? | Yes | No |
| B3. | Do you have difficulty explaining your needs? | Yes | No |
| B4. | Is it difficult for you to understand what you are reading or to express yourself in writing? | Yes | No |

C. SELF-CARE LIMITATIONS

- | | | | |
|-----|--|-----|----|
| C1. | Do you have difficulty with grooming, hygiene, or dressing yourself? | Yes | No |
| C2. | Do you have problems cooking, shopping, or doing other household chores by yourself? | Yes | No |
| C3. | Do you need help managing your money or managing your time? | Yes | No |

D. SELF-DIRECTION LIMITATIONS

- | | | | |
|-----|---|-----|----|
| D1. | Have family, friends, or health care professionals criticized your decisions? | Yes | No |
| D2. | Have you ever been hospitalized to prevent you from hurting yourself or others? | Yes | No |
| D3. | Do you have difficulty following through on things? | Yes | No |
| D4. | Do you have difficulty controlling your own behavior? | Yes | No |

E. LIMITATIONS IN INTERPERSONAL SKILLS OR ACCEPTANCE

- | | | | |
|-----|---|-----|----|
| E1. | Do you feel uncomfortable around other people? | Yes | No |
| E2. | Do you become angry or frustrated easily? | Yes | No |
| E3. | Have you been asked not to return to a place because of your behavior? | Yes | No |
| E4. | Does your disability affect your actions in a way that might be difficult for others to understand? | Yes | No |
| E5. | Does your disability affect your appearance in a way that others may not understand or accept? | Yes | No |

F. WORK TOLERANCE LIMITATIONS

- | | | | |
|-----|--|-----|----|
| F1. | Do you have any restrictions in standing, sitting, bending, lifting, or repetitive motion? | Yes | No |
| F2. | Do you have any restrictions that require frequent rest periods or a flexible work schedule? | Yes | No |
| F3. | Are you restricted from working full time? | Yes | No |
| F4. | Do you require a low stress job with limited responsibilities? | Yes | No |

G. WORK SKILLS LIMITATIONS

- | | | | |
|-----|--|-----|----|
| G1. | Does your disability prevent you from using your work skills or training? | Yes | No |
| G2. | Do you feel your work skills are outdated because your disability has kept you out of the workforce? | Yes | No |
| G3. | Do you need an accommodation to perform the jobs you qualify for? | Yes | No |

After reviewing the questions above, are there work related areas below that are significantly limited by the disability or disabilities?

- Mobility**
- Communication**
- Self-Care**
- Self-Direction**
- Interpersonal Skills**
- Work Tolerance**
- Work Skills**

This guidance piece is funded by Rehabilitation Services Administration-WI Client Assistance Program grant H161A040054.

This document complies with Wis.Stat. § 47.02 and DWD 65

Source: Title 34 Code of Federal Regulation: Education

PART 361—STATE VOCATIONAL REHABILITATION SERVICES PROGRAM §361.5 Applicable definitions. (30) Individual with a significant disability means an individual with a disability—

(i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome.