

**REQUEST FOR ACCES-VR REVIEW**

NAME: \_\_\_\_\_ TABS ID# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OPWDD Eligibility Established:  YES  NO

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DOCUMENTATION REQUIRED FOR REVIEW**

- Psychological Assessment or Psychosocial (Latest available)
- Individualized Service Plan
- Adaptive Behavior Scale

If any of the above are not included, please explain:

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- If individual participated (or is currently participating) in Pathway to Employment attach Discovery Report. If the report is not attached, please explain:

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- If individual participated (or is currently participating) in ETP, provide comments below on progress or concerns:

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**REQUEST FOR ACCES-VR REVIEW**

**REASON FOR REQUEST THAT ACCES-VR REVIEW PRIOR TO APPLICATION**  
**(Check all that apply.)**

- Individual requires 100% line of sight supervision (safety).
- Individual is not independent in self-care. Examples: taking medication or self-feeding (other than needing a personal care attendant for physical needs).
- Individual is not safe in the community without supervision. Example: has mandatory check-in schedule that would interfere with employment, i.e., must call every 45 minutes.
- Other  
If checked, provide below specific information about employment support needs.

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*Information below is to be completed by ACCES-VR staff only.*

**ACCES-VR DETERMINATION**  
**(Check one and sign.)**

- The services required by this individual would be best provided by OPWDD at this time. *(OPWDD eligible individuals only).*
- This individual should be referred to ACCES-VR for further assessment and determination of eligibility for VR services.

\_\_\_\_\_  
ACCES-VR Signature  
(Address)

\_\_\_\_\_  
Date

**COMMENTS:** *(Attach additional pages if necessary.)*