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
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.

Please see attached.

February 24, 2020

Lara Sutherlin, Administrator, Division of Trade and Consumer Protection

Contributors:
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 require 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?  
E2. Do you become angry or frustrated easily?  
E3. Have you been asked not to return to a place because of your behavior?  
E4. Does your disability affect your actions in a way that might be difficult for others to understand?  
E5. Does your disability affect your appearance in a way that others may not understand or accept?  

F. WORK TOLERANCE LIMITATIONS  

F1. Do you have any restrictions in standing, sitting, bending, lifting, or repetitive motion?  
F2. Do you have any restrictions that require frequent rest periods or a flexible work schedule?  
F3. Are you restricted from working full time?  
F4. Do you require a low stress job with limited responsibilities?  

G. WORK SKILLS LIMITATIONS  

G1. Does your disability prevent you from using your work skills or training?  
G2. Do you feel your work skills are outdated because your disability has kept you out of the workforce?  
G3. Do you need an accommodation to perform the jobs you qualify for?  

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  

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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—  
(l) 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.