



Leaders in Placing Americans with Disabilities in Jobs

3.1.2018

Documentation of Disability for AbilityOne Program

NTI, a Community Rehabilitation Program (CRP) under the federal government's [AbilityOne program](#), is required by federal regulation to have on file one of the below forms as certification of a significant disability or blindness for all participants hired as part of our disability employment program. This documentation will be used to determine your eligibility to participate in the AbilityOne program.

- 1. Certification of the disability or disabilities by a state or local governmental entity.** The certification must indicate who the issuing entity is, be signed, and list the disability or disabilities. **The form you should use is on page 2.**

Examples of certifying entities: Vocational Rehabilitation (VR), Commission for the Blind, Public School System, Mental Health Agency, or Veterans Affairs (VA).

- 2. Disability Documentation from a licensed medical or mental health professional capable of making that evaluation.** This documentation must specify the nature and extent of the condition or combination of conditions that have resulted in the determination that he/she is significantly disabled. **The form you should use is on page 3.**

The definition of blindness used by the AbilityOne Program is the same as the definition used by the U.S. Social Security Administration: "central visual acuity which does not exceed 20/200 in the better eye with correcting lenses or visual acuity, if better than 20/200, is accompanied by a limit to the field of vision in the better eye to such a degree that its widest diameter subtends an angle no greater than 20 degrees."

Important Note: If you are an individual who has been diagnosed with a visual impairment, your disability certification document must include your qualifying visual acuity and/or field of vision in each eye.

The AbilityOne Program's definition for a significant disability other than blindness is as follows: "a severe physical or mental impairment (a residual, limiting condition resulting from an injury, disease, or congenital defect) which so limits the person's functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is unable to engage in normal competitive employment over an extended period of time."

Please provide a copy of this letter to your certifying state/local government agency or medical professional so he/she understands why NTI is requesting this documentation of significant disability or blindness.

Please contact sales@nticentral.org about any business inquiries. We will be happy to work with you to find the right solution for your company.

Certification of the disability or disabilities by a state or local governmental entity-TEMPLATE

Note to State Agency: As an AbilityOne producing non-profit federal contractor, all applicants for our program are required to provide the National Telecommuting Institute, Inc. with documentation of significant disability or blindness, which NTI is required by the AbilityOne Commission to maintain on file. **Individuals deemed non-severe are not eligible for this program.**

As a State Agency, please provide the exact nature of the applicant's disability or blindness and the name of the diagnosing licensed professional. A blindness diagnosis must include visual acuity and/or field of vision in both eyes****This information must be on your agency's letterhead.**** NTI can accept your signature on this form letter if you photocopy it on your agency letterhead.

----- Fold on this line to copy onto your agency's letterhead -----

Fax to: 617-977-9570
Attn: NTI Human Resources

National Telecommuting Institute, Inc.
225 Friend Street, Suite 401
Boston, MA 02114

This letter is to inform you that _____, has been diagnosed by Dr. _____, with the following physical/mental impairment(s) or blindness:

The disability determination (if physical/mental impairment(s) is other than blindness) for this consumer is (Check One): **Severe** **Moderate** **Mild**

In my professional opinion, this applicant is not capable of obtaining or maintaining employment in the competitive work environment due to his/her physical/mental impairment(s) or blindness and would benefit from employment through the AbilityOne program.

Name of State Entity: _____

Print Name: _____ **Title:** _____

Signature: _____

Date: _____

Disability Documentation from a licensed medical or mental health professional-TEMPLATE

Note to Physician or Medical Provider/Records Custodian: As an AbilityOne producing non-profit federal contractor, all applicants for our program are required to provide the National Telecommuting Institute, Inc. with documentation of significant disability or blindness, which NTI is required by the AbilityOne Commission to maintain on file. **Individuals deemed non-severe are not eligible for this program.**

Please document the exact nature and severity of this applicant's disability or blindness. A blind diagnosis must include visual acuity and/or field of vision in both eyes. Also, if you are a records custodian, not a physician, please include the name and signature of the diagnosing licensed professional as well. ****This information must be on your agency's letterhead.**** NTI can accept your signature on this form letter if you photocopy it on your letterhead.

----- Fold on this line to copy onto your agency's letterhead -----

Fax to: 617-977-9570
Attn: NTI Human Resources

National Telecommuting Institute, Inc.
225 Friend Street
Boston, MA 02114

This letter is to inform you _____, has been diagnosed by _____, as having the following physical/mental impairment(s) or blindness. The nature and extent of the conditions are as follows (complete applicable chart):

Physical/Mental Impairment	Circle degree of severity for each condition/disability		
	Severe	Moderate	Mild

Blindness	Visual Acuity and/or Field of Vision
Left Eye	
Right Eye	

If applicant has one or more documented condition(s) that is either Moderate or Mild, do you certify that the combination of diagnoses cause this patient to be Severely Disabled (Check One): Yes No

In my professional opinion, this applicant is not capable of obtaining or maintaining employment in the competitive work environment due to his/her physical/mental impairment(s) or blindness and would benefit from employment through the AbilityOne program.

Signature:_____

Date:_____

Print Name:_____ **Title:**_____