

Client's HMIS #:

Functional Limitation Worksheet

Instructions: Please use this to help relay functional limitations client may struggle with that prevents them from work.

For each functional limitation category that is seriously limited:

1. Check the the appropriate indicators
2. In the space provided, write in your analysis of how and why this limitation results in a substantial impediment to employment.
3. Check whether the limitation is produced by the disability or other causes (Other causes include poverty, legal issues, lack of education, environmental restrictions, limited English proficiency, substance use, not related to a disability, and age, sex, race, or cultural factors.)
4. Categories that are not applicable should be left blank

Functional limitations (review limitations in terms of an employment outcome)	Indicators of serious limitation	Serious limitation	
		Produced by the disability	Produced by other causes
<p>MOBILITY</p> <p>the client lacks the physical, cognitive or psychological ability to independently travel or move about safely within home, work and community environments.</p> <p>IE walking or standing for hours, lifting or carrying, etc</p>	<p><input type="checkbox"/> Is significantly restricted or unable to safely travel or move about within common community, training, home, or work environments.</p> <p><input type="checkbox"/> Other (Specify)</p> <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COMMUNICATIONS</p> <p>A person has a functional limitation when he or she, because of a disability, cannot accurately and efficiently give or receive information (through speaking, listening, reading, or writing) without reasonable accommodation, adaptive aids or technology.</p> <p>IE communication disorders, speech or articulation disorders</p>	<p>The individual's communications ability is significantly limited in speed, clarity or duration. For example:</p> <p><input type="checkbox"/> Cannot hear or understand the content of ordinary spoken conversations.</p> <p><input type="checkbox"/> Cannot be readily understood by others with familiarity.</p> <p><input type="checkbox"/> Cannot print or write short notes (Keep door closed, No exit, Out of order, Don't walk, Sweep floor, and other messages requiring "survival" writing skills).</p> <p><input type="checkbox"/> Cannot read signs or short notes.</p> <p><input type="checkbox"/> Other (Specify)</p> <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>

Functional limitations (review limitations in terms of an employment outcome)	Indicators of serious limitation	Serious limitation	
		Produced by the disability	Produced by other causes
<p>SELF-CARE</p> <p>A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently perform the routine activities of daily living.</p> <p>ADL's can include bathing, dressing, feeding, able to take medication without prompting, etc</p>	<p><input type="checkbox"/> Cannot perform routine activities of daily living and/or self- care to the extent that it impacts employment.</p> <p><input type="checkbox"/> Other (Specify)</p> <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>SELF-DIRECTION</p> <p>A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently plan, initiate, organize, make decisions and carry out personal, social and work activities after his or her self-care needs have been met.</p>	<p><input type="checkbox"/> Cannot independently start tasks, finish tasks, do all the steps in a task, follow schedules, or decide on what to do next.</p> <p><input type="checkbox"/> Other (Specify)</p> <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>INTERPERSONAL SKILLS</p> <p>A person has a functional limitation when he or she, because of a disability, cannot establish or maintain personal, family or community relationships, or cannot interact appropriately with others in the workplace, thereby affecting the ability to secure or maintain employment.</p>	<p><input type="checkbox"/> Cannot establish and maintain working relationships with coworkers, fellow students, or family members.</p> <p><input type="checkbox"/> Exhibits inappropriate behaviors (such as hitting, yelling, temper tantrums, destruction of property, and sexual or racial harassment) which interfere with the performance of others in training or work settings; or the individual's performance in training or work settings.</p> <p><input type="checkbox"/> Is avoided or rejected by coworkers or fellow students because of issues such as serious scarring, disfigurement, uncontrolled drooling, or uncontrolled motions.</p> <p><input type="checkbox"/> Other (Specify)</p> <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>

Functional limitations (review limitations in terms of an employment outcome)	Indicators of serious limitation	Serious limitation	
		Produced by the disability	Produced by other causes
<p>WORK TOLERANCE A person has a functional limitation when he or she, because of a disability, cannot meet the strength, stamina, endurance or psychological stresses of a job regardless of the work skills possessed by the person; or cannot tolerate the physical environment of the workplace.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is significantly restricted in ability to meet typical physical employment requirements to perform previous job or usual line of work, such as: <input type="checkbox"/> Is unable to lift or carry objects required. <input type="checkbox"/> Is unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers. <input type="checkbox"/> Is unable to sustain a continuous or prolonged standing or sitting position of the body. <input type="checkbox"/> Is unable to sustain consistent physical work effort. <input type="checkbox"/> Is significantly restricted in ability to tolerate typical psychological stresses in the work environment. <input type="checkbox"/> Is unable to tolerate the common environmental conditions found at work. <input type="checkbox"/> Is unable to sustain a consistent mental work effort. <input type="checkbox"/> Is unable to complete tasks at a pace comparable to that of the average person in the general population. <input type="checkbox"/> Other (Specify <p>How and why this functional limitation results in a substantial impediment to employment for this individual:</p>	<input type="checkbox"/>	<input type="checkbox"/>