

State of Hawaii
Department of Human Services
Vocational Rehabilitation and Services for the Blind Division

**CERTIFICATION FOR
SELECTIVE PLACEMENT OF A SIGNIFICANTLY DISABLED INDIVIDUAL**

_____ Date

To: _____
Personnel Officer State Agency

_____ Address

Applicant or VR Client: _____ Social Security Number

Job Title: _____ SR or other pay Schedule: _____

Ability of the Applicant to do the Job

A. Summary of Job description and environment: _____

B. Applicant's Assets: _____

C. Job Modification Recommendations if needed: _____

D. Auxiliary Aids/Devices Recommended if needed: _____

E. Work Site Modifications Recommended if needed: _____

F. VR Specialist's Statement of Client's ability to perform and qualifications to do the work
without hazard to self or others: _____

G. Other information essential to successful job placement if any: _____

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I have reviewed the job duties and job environment and certify that in my judgment the named applicant, who has a significant physical or mental disability, is capable of performing the duties of the position without hazard to self or to others.

Signature of Authorized VR Staff

Typed or Printed Name of Signer

Address

Telephone

Applicant/ VR Client Accepted for Placement:

Signature of Authorized Departmental Staff

Date

Position Title

Position Number

Distribution of Copies:
Original – Employer
Copy – DHRD
Copy – VRSBD Authorizing Office