



Quality Virtual Staffing

From: NTI

To: Candidates for both AbilityOne and Non-AbilityOne Positions

Subject: Forms for Requesting Documents Certifying Your Disability

Use one of the following forms on to obtain a document certifying your disability. NTI requires one of these forms of disability documentation from all disabled candidates.

1. **If you are working with a Vocational Rehabilitation Counselor:** The form you should use is on page 2.
2. **If you must obtain certification from a medical doctor:** The form you should use is on page 3.
3. **If you are a client of the Massachusetts Rehabilitation Commission (MRC):** The form you should use is on page 4. **This form should only be used for MRC clients.**
4. **Documentation of SSI or SSDI Benefits (only if you are unable to obtain documentation of disability by one of the methods stated above).** This information is described in greater detail on the last page.

Candidates **cannot** begin employment until NTI has their properly completed and signed disability certification on file. Please be sure to have your certification completed as soon as possible.

IMPORTANT NOTE: If you are an individual who has been diagnosed with a visual impairment, your disability certification document MUST include your degree of blindness in EACH eye.

Use this version if you **HAVE** a VR Counselor (other than MRC).

Note to VR Counselor: As a condition of employment, all applicants are required by law to provide the National Telecommuting Institute, Inc., an AbilityOne producing non-profit federal contractor, with documentation of their disability, which NTI must maintain on file. As a condition of producing AbilityOne-eligible employment, NTI is serving only individuals who are deemed severely disabled. **Individuals deemed non-severe are not eligible for this program.**

As the referring VR agency, please provide the exact nature of the applicant's disability and the name of the diagnosing licensed professional. ****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. Please fax a copy to NTI, Inc., at 617-535-7944 OR 617-412-3467. Thank you!

NOTE: Per AbilityOne regulations, if your VR consumer has been diagnosed with a visual impairment, this letter MUST include the degree of blindness in each eye.

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

Fax to: 617-535-7944 OR 617-412-3467
Attn: NTI Human Resources

National Telecommuting Institute, Inc.
69 Canal Street
Boston, MA 02114

This letter is to inform you that _____, has been diagnosed by

Dr. _____, as having the disability of _____

_____.

The above-mentioned consumer/individual is eligible for and receiving vocational rehabilitation services through this state agency. The disability determination for this consumer is:

Severe Non-severe

As guided by our agency policies and budget, I will work with the consumer to ensure that he/she has the home-based equipment/services needed to perform this work.

I have I have not been contacted by the client regarding home-based needs.

Sincerely,

Signature

Date

Name

Title

cc _____

Consumer's Name

Use this version if you **DO NOT** have a VR Counselor.

Note to Physician or Medical Provider/Records Custodian: As a condition of employment, all applicants are required by law to provide the National Telecommuting Institute, Inc., an AbilityOne producing non-profit federal contractor, with documentation of their disability, which NTI is required to maintain on file.

Please document the exact nature of the candidate's chronic medical condition and/or disability. 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. Please fax a copy to NTI, Inc., at 617-535-7944 OR 617-412-3467. Thank you!

NOTE: Per AbilityOne regulations, if your patient has been diagnosed with a visual impairment, this letter MUST include the degree of blindness in each eye.

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

Fax to: 617-535-7944 OR 617-412-3467
Attn: NTI Human Resources

National Telecommuting Institute, Inc.
69 Canal Street
Boston, MA 02114

This letter is to inform you that _____, has been diagnosed by
Dr. _____, as having the chronic medical condition and/or
disability of_____. Based on his/her
condition, the above-mentioned patient would benefit from working from home.

Sincerely,

Signature Date

Name Title

cc: _____
Patient's Name

Use this version if you are an **MRC Consumer ONLY**.

Note to MRC Counselor: As a condition of employment, all applicants are required by law to provide the National Telecommuting Institute, Inc., an AbilityOne producing non-profit federal contractor, with documentation of their disability, which NTI is required to maintain on file.

****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. Please fax a copy to NTI, Inc., at 617-535-7944 OR 617-412-3467. Thank you!

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Attn: NTI Human Resources

National Telecommuting Institute, Inc.
69 Canal Street
Boston, MA 02114

_____ is an active client of the Massachusetts Rehabilitation Commission.

At this time, because of insufficient funds, the Massachusetts Rehabilitation Commission is operating under an Order of Selection (OOS).

107 CMR 4.08 establishes the OOS to be followed by the Vocational Rehabilitation Services Program (Title 1 of the Rehabilitation Act) in selecting eligible individuals with disabilities who can be provided vocational rehabilitation services when resources are inadequate to provide vocational rehabilitation services to all eligible individuals. Eligible individuals who are not considered to be individuals with most significant disabilities will not be selected to receive paid vocational rehabilitation services.

Each individual referred for services to the National Telecommuting Institution's Contract is an individual with a most significant disability who has a significant physical or mental impairment which seriously limits three or more functional capacities such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills.

In accordance with Federal law and regulations governing the administration of the vocational rehabilitation program, documentation of disability and all case records are kept confidential and maintained on file.

Sincerely,

Signature

Date

Name

Title

IF YOU ARE UNABLE TO PROVIDE ANY OF THE PREVIOUS DOCUMENTATION

If you are unable to provide documentation of disability from a VR counselor or a physician, NTI can accept current documentation from the Social Security Administration (SSA) that you are receiving or are eligible to receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). This document or certificate does NOT need to include a list of your disabilities. Please see www.ssa.gov to request a "Proof of Income Letter".

Examples of current documents that NTI will accept:

- "Form SSA-1099 – Social Security Benefit Statement"
 - Must have an award amount on it
 - Must have your current legal name
- "Your Benefit Amount" from Social Security
 - Must have an award amount on it
 - Must have your current legal name
- Anything from "Social Security Administration – Retirement, Survivors and Disability Insurance"
 - Cannot be a favorable outcome letter
 - Must have an award amount on it
 - Must have your current legal name
- Anything from "Social Security Administration – Supplemental Security Income"
 - Cannot be a favorable outcome letter
 - Must have an award amount on it
 - Must have your current legal name

Fax to:

617-535-7944 OR 617-412-3467

ATTN: NTI Human Resources

Or mail to:

National Telecommuting Institute

69 Canal Street

Boston, MA 02114

ATTN: Human Resources

*NTI only needs a copy on-file. No originals need to be mailed.