



Disability Preference Pilot

Acceptable Eligibility Documentation

In order to qualify for the Disability Preference Pilot, you must submit one form of eligibility documentation for each job to which you apply. Acceptable forms of eligibility documentation are listed below.

After the announcement closes, qualifying applicants will be notified of where to send their documentation via email as well as the due date and time for it to be submitted. Documentation will not be retained for future recruitments which will require that applicants submit their documentation for each job they have applied for separately.

You can choose **ONE** of these options:

1

A letter from the following:

- ▶ Public or private vocational rehabilitation agency
- ▶ County social services
- ▶ Licensed physician or medical professional
- ▶ College or university (e.g., campus access center)
- ▶ Community mental health center
- ▶ Disability advocacy organization (e.g., a statewide advocacy organization, center for independent living, etc.) (You can find a [list of common organizations here.](#))

For an example of a letter written by a vocational rehabilitation agency, county social services, licensed physician or medical professional, college or university, community mental health center, disability advocacy organization, or case management agency, see the link here: ([example letter](#)).

2

Medicaid Eligibility Verification Documentation:

- ▶ Premium Notice for Medicaid Buy-In for Working Adults with Disabilities ([redacted example](#))
- ▶ Long-Term Care Medicaid Eligibility Notice ([redacted example](#))
- ▶ Letter from Case Management Agency ([example letter](#))
- ▶ Community Center Boards (CCBs)
- ▶ Single Entry Points (SEPs)
- ▶ Regional Accountable Entities (RAEs)

3

Letter, notice, or Benefit Verification Document from the Social Security Administration that verifies eligibility for or the amount of Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI)

4

Individualized Education Program/Plan (IEP) Annual or Triennial Documentation or 504 Plan ([potential forms link](#))

5

Copy of your driver's license or state identification with the disability identifier symbol