

## PASS Candidate Checklist

**Beneficiary Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions:** This checklist is designed to be completed with the beneficiary as part of a general discussion about use of the PASS work incentive. This tool is NOT intended to be a screening device used to refuse assistance with developing a PASS. This tool merely highlights areas of strength for PASS development and areas that will require support.

| Positive Indicators   | Potential Barriers  |
|---|---|
| <p>____ Beneficiary has a clear, reasonable, and achievable occupational goal</p> <p>____ Apparent motivation to strive for and achieve a specific occupational goal</p> <p>____ Strong desire to work or be self-employed at a substantial level</p> <p>____ Strong desire to reduce dependency on public benefits</p> <p>____ Money and/or other things are needed to meet occupational goal</p> <p>____ Not currently working over SGA, or if working over SGA, at imminent risk of job loss</p> <p>____ Income and/or resources to set aside now or in near future. Please list:</p> <p>____ If funds are needed, beneficiary has additional sources of assistance besides PASS. Please list:</p> | <p>____ Previous PASS failed</p> <p>____ No support system to help meet occupational goal or manage the PASS</p> <p>____ Problems managing money and benefits in the past</p> <p>____ Significant debt and/or inability to live on available income while on the PASS</p> <p>____ No VR or other agency involvement or beneficiary has “burnt bridges” with VR or other agencies in area</p> <p>____ Significant history of “false starts” in jobs, school, other ventures</p> <p>____ Health/disabling condition is unstable or other instability is present (i.e.: moves frequently, recent history of homelessness or eviction, bankruptcy, jail/prison time, imminent marriage/divorce). Please describe:</p> |

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|-----------------|-----------------|
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| <b>Summary:</b> | <b>Summary:</b> |