

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Verification of Disability

Client Name (Please Print): _____ **SSN** ____-____-____

The person referenced above is a participant in a low-income program that requires verification of disability of program participants who claim disability as their reason for not being employed for a period of one year or more. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

Participant's Signature

____/____/____
Today's Date

THIS SECTION IS TO BE COMPLETED BY PHYSICIAN

A person is considered disabled by Family Services Association of Boyle County if:

- (a) the following Social Security disability definition is met as described in paragraph (1); or
- (b) the individual has a developmental disability as described in paragraph (2)

Please check as appropriate and return to:

Family Services Association of Boyle County, Inc.
PO Box 458
Danville, KY 40423-0458
or **FAX to (859) 936-0403**

- (1) Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." or "In the case of an individual who attained the age 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time."

Primary DX: _____

- (2) "Severe chronic disability that: (a) is attributable to a mental or physical impairment or combination of mental and physical impairment; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living and (7) economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated."

Primary DX: _____

- (3) This person **DOES NOT MEET** Family Services Association of Boyle County Inc's, definition of disabled.

I certify that this information is accurate.

Physician's Signature

Physician's Name (Please Print)

Medical Office

Address

City

State

Zip Code

Telephone Number

Today's Date