

WORKER OBSERVATIONS—DISABILITY

Applicant	Social security number
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Check appropriate responses and explain in “remarks” where necessary.

- 1. Did this person appear: Pale Jaundiced (yellow)
- 2. Was this person wearing a hearing aid? Yes No
- 3. Was this person wearing glasses? Yes No
 During the interview, did this person use a magnifying glass? Yes No
- 4. Did this person:
 - a. Use a cane? Yes No
 - b. Use a wheelchair? Yes No
 - c. Use a walker? Yes No
 - d. Walk with a limp? Yes No
 If yes, Right Left
- 5. Did this person:
 - a. Appear to have an injury? Yes No
 If yes, explain below.
 - b. Appear to be confused/disoriented? Yes No
 If yes, explain below.
 - c. Have a noticeable breathing difficulty? Yes No

Remarks:

Eligibility Worker	Date
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