DEPARTMENT OF HEALTH SERVICES

34/744 P STREET .O. BOX 942732 SACRAMENTO, CA 94234-7320



May 11, 1992

TO: All County Welfare Directors All County Administrative Officers Letter No.: 92-33

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: Presumptive Disability for HIV/AIDS Applicants

The purpose of this letter is to inform you that we are in the process of evaluating new Social Security Administration (SSA) requirements for presumptive disability (PD) for applicants who allege infection with human immunodeficiency virus (HIV). This is strictly an informational letter. Another letter containing specific county instructions for implementation will follow. This letter provides you with: (1) background information on SSA's new procedures for PD based on HIV infection, and (2) citations to the law and regulations which mandate that we implement these new requirements.

BACKGROUND

The SSA revised and expanded their procedures for making PD decisions based on HIV infection. PD is determined by their Field Office staff for purposes of determining eligibility for Supplemental Security Income and disability retirement under Title II of the Social Security Act. These revised procedures permit SSA to identify individuals who meet the requirements for PD because of HIV infection at the earliest possible stage in the application process.

Previously, PD was authorized only for individuals with a full blown AIDS Under the revised criteria, adults and children can meet PD diagnosis. requirements when there is evidence of an HIV infection and the individual's medical source confirms that the disease manifestations are of listing-level Listing-level severity means that an applicant's symptoms meet severity. specified criteria to establish disability based on the HIV infection. SSA developed two separate forms to determine listing-level severity: one for adults, and one for children which addresses specific criteria that apply only to children. The current DHS 7035 (Medical Verification - AIDS) form will be revised to reflect the new criteria. (See enclosed draft forms.)

Currently, county eligibility workers (EWs) complete the DHS 7035 form which is a simple and straight forward form consisting of only three sections. Implementation of SSA's new procedures will revise and expand the EW's role in processing PDs in HIV infection cases. County EW staff will need to evaluate a more complex HIV/AIDS form(s) and familiarize themselves with the various conditions under which PD is allowed.

All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons Page 2

We are working with various county and state offices to determine the approximate number of individuals which may be affected by this new requirement. Hopefully, we will be able to provide you with these figures in our next letter.

FEDERAL AND STATE REGULATION CITES

Title II and Title XVI of the Social Security Act provides that disability is defined as an inability to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last at least 12 months. Federal regulations at 42 Code of Federal Regulations, section 416.933, specify how a finding of PD is made. The proposed revision to this regulation authorizes a finding of PD based on a medical evidence of HIV infection.

Title 22, CCR, Section 50223 (a) provides that persons 18 years of age or over are disabled if they are persons who meet the definition of disability in Title II or XVI of the Social Security Act.

We are in the process of: (1) evaluating these requirements; (2) determining their potential impact; (3) working with our fiscal office to determine and resolve funding issues; and (4) working with the Forms Committee members for their input to the new revised DHS 7035 forms. Implementation is projected for August 1, 1992. In the meantime, if you have any concerns or questions please contact RaNae Dunne at (916) 657-0714; CALNET 437-0714.

> sincerely, ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosures

Compl but for 	ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NITORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EDICAL RELEA ase Medical III named below to other information	Barry payments. (This is the second secon	BIRTH	
	ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NITORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	ase Mediaa Inition named below to other information	GLAMANTS NAME Drelease or disclose to the regarding my treatment is regarding my treatment my treatment my treatment my treatment my t	Date Date	r
+meet (ÈSELINISCTVUR) RYLIC (ANTT'S ELAIMA PHYSH A. PLE D. OPH 1. [] 2. [] 3. [] 4. [] 5. 6. [] 7. [] 8. [] 9. []	hereby authorize the medical source r hereby approximatical records or of HV Infection. INTE SIGNATURE ign ere CIAN'S NAME ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI POSITIVE NI POSITIVE NI FORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	named below to other information TS(S) IEGATIVE	GLAMMANT'S NAME GLAMMANT'S NAME DYTY'S GLAMMANT'S NAME DYT'S GLAMMANT'S NAME DYT'S GLAMMANT'S NAME DYT'S CLAMMANT'S NAME DYT'S C. PLEASE INDICATE H COLA (T4) LYMPHOCYTI Or percent I'S CLAMANT'S DYNGAL INF 19. Candidiasis, C	Date Date	r
RYLLCHNT'S CLAIMA > F PHYSH A. PLE B. PLE D. OPH 1. I. 2. I. 3. I. 5. 6. 7. 8. 9. I.	INTE SIGNATURE ign ere CIAN'S NAME ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI POSITIVE NI POSITIVE NI POSITIVE NI POSITIVE NI FORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	BYTNCTTS GLAIMANTED SSN RPPNCTTS CLAIMANTED DATE OF E RPPNCTTS CLAIMANTED DATE OF E RPPNCTS C. PLEASE INDICATE F CD4 (T4) LYMPHOCYTI or percent If a Dack, II Present FUNGAL INF 19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21.	BIRTH HERE: TE COUNT: wunt not available FECTIONS of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or raginal muccus membranes	
A. PLE B. PLE D. OPI 1. [] 2. [] 3. [] 4. [] 5. [] 6. [] 7. [] 8.] 9. []	ASE CHECK APPROPRIATE BLOCK ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI PORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	BYTNCTTS GLAIMANTED SSN RPPNCTTS CLAIMANTED DATE OF E RPPNCTTS CLAIMANTED DATE OF E RPPNCTS C. PLEASE INDICATE F CD4 (T4) LYMPHOCYTI or percent If a Dack, II Present FUNGAL INF 19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21.	MERE: TE COUNT:	
A. PLE B. PLE D. OPF 1. 2. 3. 4. 5. 6. 7. 8. 9.	ASE CHECK APPROPRIATE BLOCK HIV Test(s) Performed HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI ORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	BYTNCTTS GLAIMANTED SSN RPPNCTTS CLAIMANTED DATE OF E RPPNCTTS CLAIMANTED DATE OF E RPPNCTS C. PLEASE INDICATE F CD4 (T4) LYMPHOCYTI or percent If a Dack, II Present FUNGAL INF 19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21.	MERE: TE COUNT:	
B. PLE D. OPI 1. [] 2. [] 3. [] 4. [5. [] 7. [] 8. [] 9. []	HIV Test(s) Performed HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI PORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	Image: Product of the second state	MERE: TE COUNT:	
D. OPF 1. [2. [3. [4. [5. [7. [8. [9.]	HIV Test(s) Not Performed ASE INDICATE RESULTS OF HIV TEST POSITIVE NI PORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	C. PLEASE INDICATE F CD4 (T4) LYMPHOCYTI or percent If a back, If Present 19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21. Coccidioidom	MERE: TE COUNT:	
D. OPF 1. [2.] 3. [4. [5.] 5. [7. [8.] 9.]	ASE INDICATE RESULTS OF HIV TEST POSITIVE NI PORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	C. PLEASE INDICATE F CD4 (T4) LYMPHOCYTI or percent If or beck, If Present FUNGAL INF 19. Candidiasis, or bronchi, or lu 20. Candidiasis, or lhe skin, urina oral or vulvovi 21. Coccidioidom	E COUNT: wunt not available ECTIONS of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or vaginal muccus membranes	
D. OPF 1. [2.] 3. [4. [5. [5. [7. [8. [9.]	POSITIVE N ORTUNISTIC AND INDICATOR DISEAS HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	EGATIVE	CD4 (T4) LYMPHOCYTI or percent if contracts of the ck, if Present FUNGAL INF 19. Candidiasis, contracts of the children	E COUNT: wunt not available ECTIONS of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or vaginal muccus membranes	
1. 2. 2. 3. 4. 4. 5. 6. 7. 6. 9. 9. 9. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy		or percent If control of percent If control of the sent fundation of the sent	ECTIONS of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or raginal muccus membranes	
1. 2. 2. 3. 4. 4. 5. 6. 7. 6. 9. 9. 9. 9. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	HIV encephalopathy HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy	SES: Please Ch	FUNGAL INF 19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21. Coccidioidom	of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or vaginal muccus membranes	
2 3 5 6 7 8 9	HIV wasting syndrome Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy		19. Candidiasis, c bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21. Coccidioidom	of the esophagus, trachea, ungs disseminated beyond ary or intestinal tract, or vaginal muccus membranes	
3 4 5 6 7 8 9	Carcinoma of the cervix FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy		bronchi, or lu 20. Candidiasis, c Ihe skin, urina oral or vulvovi 21. Coccidioidom	ings disseminated beyond ary or intestinal tract, or vaginal muccus membranes	
4. [5.] 6.] 7. [8.] 9.]	FIGO stage II and beyond Anal squamous cell carcinoma Cardiomyopathy Nephropathy		the skin, urina oral or vulvov 21. 🔛 Coccidioidom	ary or intestinal tract, or vaginal mucous membranes	
5. 6. 7. 8. 9.	Anal squamous cell carcinoma Cardiomyopathy Nephropathy		21. 🔲 Coccidioidom		
5. 6. 7. 8. 9.	Cardiomyopathy Nephropathy				
7. 8. 9.				hymph nodes sis, disseminated beyond	
9.	Lymphoma of the brain		the lungs, or i	involving the central	
10.	Hodgkin's disease Non-Hodgkin's lymphoma		nervous syste 23. Histopiasmos	em sis, disseminated beyond	
	 (including Burkitt's lymphoma) M. kansasii disease, disseminated (other	the lungs or ly	ymph nodes	
- Loss	than or in addition to the lungs, skin or cervical or hitar lymph nodes		VIRAL INFE(24. 🔲 Cytomegalovi	CTIONS virus, of an organ other than	
11.	Mycobacterium avium complex	4	the liver, sple	en, or lymph nodes	
12.	Mycobacterial intection, disseminate beyond the lungs, lymph nodes	led	26. 🔲 Herpes simpl	lex virus, causing bronchitis lex virus, causing chronic	
				nucocutaneous infection, or ne pulmonary or gastrointestinal	
13.	PROTOZOAN OR HELMINTHIC II Cryptosporidiosis, intestinal with	NFECTIONS	tract or encep		
	diarrhea for 1 month or more		28. 🗌 Herpes simple	lex virus, causing a ous ulcer persistent over 1 month	
14.i 15.[Isosporiasis, with diarrhea over 1 m Pneumocystis carinli pneumonia	nonth	29. 🔲 Herpes simpl	lex virus, causing pneumonitis	
16 17	Strongyloidiasis, extra-intestinal Toxoplasmosis of the brain		30. Srogressive r	multilocal leukoencephalopathy	•
18.	Toxoplasmosis, of an organ other			INFECTIONS pacteremia, non-typhoid,	
	the liver, spleen, or lymph nodes		recurrent		•
			32. Nocardiosis		
	: IF YOU HAVE CHECKED ANY ITEM				
	HER MANIFESTATIONS OF HIV INFEC APY (If one or more of the following is ch	TION PERSISTIN	NG OVER A 2 MONTH PEI nust also be completed.)	RIOD, AND/OR RESISTANT TO	
33.	Bacterial sepsis 36	6. 🔲 Kaposi's s	sarcoma 39		
34.	Fungal sepsis 37 Endocarditis 38		al neuropathy 41		

	COMPARTMENT OF HEM. IN AND HOMME BERINCES.	-Form Approved -Form Approved 	
	PHYSICIAN'S REPORT ON CHILD WITH HUMAN IMMUNODEFICIENCY VIRUS	ALLEGATION OF CONSTR	
	The individual named below has filed an application for complete this form, your patient may be able to receive but for existing medical information.)	early payments. (This is not a request for an examination	
	Form SEA 027 *Authorization To Release Medical Info	SE INFORMATION ALCA Intration to the Social Scourity Administration" attached. Degar 4 mph - 0 4 14 PALth	Services or
+ + Econolise	Conta a sur a sur a subsection of a state information	release or disclose to the Social Security Administration or regarding my treatment for Human Immunodeficiency Virus	
PLICANTS	CLAIMANTS PARENT OR GUARDIAN SIGNATURE Sign Here	Date	
	PHYSICIAN'S NAME	OLAIMANTO NAME APPLICAD TS	
	A. PLEASE CHECK APPROPRIATE BLOCK	OLAIMANTS SSN APPLLCADT'S	
	HIV Test(s) Performed	BLAIMANTE DATE OF BIRTH	
	B. PLEASE INDICATE RESULTS OF HIV TESTS(S)	C. PLEASE INDICATE HERE:	
		CD4 (T4) LYMPHOCYTE COUNT: or percent if count not available	
	D. OPPORTUNISTIC AND INDICATOR DISEASES: Please Ch		
	HIV encephalopathy HIV wasting syndrome	FUNGAL INFECTIONS 23. Candidiasis, of the esophagus, trachea, bronchi, or lungs	
	3. Carcinoma of the cervix FIGO stage II and beyond	24. Candidiasis, disseminated beyond the skin, urinary or intestinal tract, or oral or vulvovaginal mucous membranes	
	Anal squamous cell carcinoma Cardiomyopathy	25. Coccidioidomycosis, disseminated beyond the lungs, or lymph nodes	
	 6. Nephropathy 7. Failure to thrive, or a failing off from the age-appropriate range of the projected provide curve. 	 26. [_] Cryptococcosis, disseminated beyond the lungs, or involving the central nervous system 27. [_] Histoplasmosis, disseminated beyond 	
	growth curve 8. Lymphoma of the brain 9. Lymphoid interstitial pneumonia in a child less than age 13	the lungs or tymph nodes	
	10. Pulmonary lymphoid hyperplasia in a child less than age 13	 28. Cytomegalovirus, of an organ other than the liver, spleen, or lymph nodes 29. Herpes simplex virus, causing bronchilis 	
	 11. Hodgkin's disease 12. Non-Hodgkin's lymphoma (including Burkit's lymphoma) 13. M. kansasii disease, disseminated 	30. Herpes simplex virus, causing chronic continuous mucocutaneous infection, or infection of the pulmonary or gastrointestinal	
	other than or in addition to the lungs, skin, or cervical or hilar lymph nodes	tract or encephalitis 31. Herpes simplex virus causing esophagitis 32. Herpes simplex virus, causing a mucocutaneous	
	15. Mycobacterial infection, disseminated beyond the lungs, or lymph nodes	ulcer persistent over 1 month 33. Herpes simplex virus, causing pneumonitis	
	16. Progressive neurological disease	34. Progressive multifocal leukoencephalopathy BACTERIAL INFECTIONS	
	17. Cryptosporidiosis, intestinal with diarrhea more than 1 month	35. Saimonella bacteremia, non-typhoid, recurrent 36. Nocardiosis	
	 18. Isospariasis, with diarrhea more than 1 month 19. Fneumocystis carinii pneumonia 20. Strongyloidiasis, extra-intestinal 21. Toxoplasmosis of the brain 	37. Multiple or recurrent bacterial infections affecting a child less than age 13 (septicemia, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ)	
	22. Toxoplasmosis of the blain 22. Toxoplasmosis of an organ other than the liver, spleen, or tymph nodes	· · · · · · · · · · · · · · · · · · ·	

NOTE: IF YOU HAVE CHECKED ANY ITEM IN BLOCK D, SKIP BLOCKS E, F, & G, GO TO BLOCKS I & J.

DHS 7035 ?

E. OTHER MANIFESTATIONS OF HIV THERAPY. (If one or more of the following		OVER A 2 MONTH PERIOD AND/OR RESISTANT TO st also be completed.)	
38. 🔲 Bacterial sepsis	41. 🗌 Kaposi's sarc	coma 44 🛄 Pneumonia	
39. 🔲 Fungal sepsis	42. 🔲 Meningitis	45. Pulmonary tuberculosis	
40. Endocarditis	43. Peripheral ne	europathy 46. Septic arthritis	
NOTE: IF YOU HAVE CHECKED BLOCK G.	ANY ITEM IN BLOCK E.	., YOU NEED NOT COMPLETE BLOCK F., GO TO	
47. Anemia-Hct. less than or equ	at to 30%	54. 🔲 Herpes zoster, recurrent	
48. Granulocytopenia (absolute	neutrophil	55. 🔲 Hepatomegaly	
count less than or equal to 1	000/mm²)	56. 🛄 Lymphadenopathy, generalized	
49. 🔲 Thrombocytopenia (Less tha	in or equal to	57. 🛄 Mucosal candidiasis (including vutvovagina	al
40,000/mm³)		58. 🔲 Oral hairy leukoplakia	
50. Dermatological conditions, p	ersistent	59. 🔲 Parotitis	
51. Diambea, persistent and unri	esponsive	60. 🔲 Sinusitis, persistent or recurrent	
52. Documented temperature of	100.4° F.	61. 🔲 Splenomegaly	
(38°C) or greater		62. 🗍 Weight loss of greater than or equal	
53. 🔲 Herpes zoster, chronic		to 10% of baseline	
APPLICABLE MUST ALSO BE COMPL YOUR PATIENT.	ETED. YOU NEED ONLY C	LOCK E. OR F., AS MANY OF THE FOLLOWING ITEMS A COMPLETE THE GROUPING PERTAINING TO THE AGE	OF
BIRTH TO ATTAINMENT OF AGE YOUNGER INFANTS, EVIDENCED		AND EMOTIONAL DISORDERS OF NEWBORN AND IN THE AREAS OF:)
chronological age. (e.g., in infants 0-6 months	ly acquired by children no more than one-half of the cl s, markedly diminished variation in the production or mality, such as problems with sucking swallowing, or	ulds -
65. 🛄 Apathy, over-excital		idren no more than one-hall the child's chronological a onstrated by an absent or grossly excessive response	
of the following: Visual stimu Auditory sin Tactile stim	nulation, or ulation; or		
Inability by I	6 months to participate in	poing, reciprocal basis as evidenced by: vocal, visual, and motoric exchanges (including facial	
expression) E Failure by 9	months to communicate	basic emotional responses, such as cuddling or exhib	iting

Failure to attend to the caregiver's voice or face or to explore an inanimate object for a period of time appropriate to the infant's age; or

67. Attainment of development or function generally acquired by children no more than two-thirds of the child's chronological age in two or more areas (i.e., cognitive/communicative, motor, and social). 68. Other:

G. FUNCTIONAL LIMITATIONS (CONTD)—IF AN ENTRY WAS MADE IN BLOCK E. OR F., AS MANY OF THE FOLLOWING ITEMS AS ARE APPLICABLE MUST ALSO BE COMPLETED.

AGE 1 TO ATTAINMENT OF AGE 3-FOR OLDER INFANTS AND TODDLERS, PLEASE INDICATE THE FOLLOWING:

- 69. 🔲 Gross or fine motor development at a level generally acquired by children no more than one-half the child's chronological age; or
- 70. Cognitive/communicative function at a level generally acquired by children no more than one-half the child's chronological age; or
- 71. Social function at a level generally acquired by children no more than one-half the child's chronological age; or

.

- 72. Attainment of development or function generally acquired by children no more than two-thirds of the child's chronological age in two or more areas covered by 69, 70, or 71. 73. Other:

GE 3 TO ATTAINMENT OF AGE 18FOR OTH NOTE: MARKED MEANS MORE				
74. Harked impairment in age-appropri historical and other information from such information is needed and ava	m parents or other inc	unicative function (includ dividuals who have know	ing consideration of rledge of the child, when	
75. Marked impairment in age-appropri information from parents or other in needed and available); or	iate social functioning			
76. Marked impairment in personal/beh Marked restriction of age-a information from parents of	ppropriate activities of	ot daily living, (including		
Persistent serious maladap	ptive behaviors destri			
77. Deficiencies of concentration, persi		liting in frequent failure t	o complete tasks in a	
timely manner. 78. 🔲 Other:				
			·	
	y= 1= 0		·	_
DISCUSSION: (Please use this space to indicate an wish about your patient.)	ny other medical condit	tions of your patient, or to	provide any other comments	
		2		
REPORTING PHYSICIAN'S NAME AND ADDRESS				-
		TELEPHONE NUMBER	(AREA CODE)	
			(AREA CODE)	-
	y that the at	DATE	(AREA CODE)	-
Certify under penalty of persus	y that the at	DATE	(AREA CODE)	-
Certify under genality of persus Second-upp is true and control of PHYSICIAN'S SIGNATURE SIGN	y that the at	DATE	(AREA CODE)	-
Corting under genality of persus Sectorities is tone and control of PHYSICIAN'S SIGNATURE SIGN HERE NS IN SECTOR	and will not	DATE	HONT THE LOTITE	
Corting under genality of persus Sectorities is tone and control of PHYSICIAN'S SIGNATURE SIGN HERE NS IN SECTOR	and will not	DATE	HONT THE LOTITE	n consent o
Corting under genality of persus Sectorities is tone and control of PHYSICIAN'S SIGNATURE SIGN HERE NS IN SECTOR	and will not	DATE	HONT THE LOTITE	
Corting under genality of persus Sectorities is true and control of PHYSICIAN'S SIGNATURE SIGN HERE NS IN SECTORITION SECTOR CORDINAL	and will not	DATE	HONT THE LOTITE	
Certify under genality of persus Structure and control of persus PHYSICIAN'S SIGNATURE SIGN HERE NS INFORMATION IS CONFIDENTIAL FIELD OFFICE DISPOSITION: AUXACY ACT NOTICE: The Social Genuity Administration is an the Social Social Social Genuity Administration is an the Social Social Social Genuity Administration is an the Social Social Social Genuity Administration is and the Social Genuity Administration Social Genuity Administration is and the Social Social Genuity Administration Social Genuity Adm	and Will NOT	DATE	TCES DISPOSITION 2 ICES DISPOSITION 2 ors 205(a), 223(d) and 1633(e) (1	particent.
CET +144 Under Penalty of persus SIGN HERE NS WHERE ALSO MATURE ALSO MATURE A	and Will ast	DATE De Coca sca u « ETERMINATION SERV internation on this form upder sect ke a decision on the named cu uid prevent ar accurate or time an making a determination at	cris 205(a), 223(d) and 1633(e) (internet clarm. While giving us th y decision on the named clarmant out the clarmant's disability, such	
CETTING UNDER GEALING OF DEGLES PHYSICIAN'S SIGNATURE SIGN HERE NS NAOR MATON SCONE WORKAN FIELD OFFICE DISPOSITION: INVACY ACT NOTICE: The Social Geouring Administration is an the Social Security Act. The information from is needed ormation on this form as voluntary, lailure to provide all or part of th im. Although the information you lumish is almost never used ormation may be disclosed by the Social Security Administration Social Security benefits and/or coverage: (2) to comply with Fode counting Office and the Department of Veterage (2) to comply with Fode	And Will net DISABILITY D DISABILITY D D DISABILITY D D DISABILITY D D D D D D D D D D D D D D D D D D D	DATE DATE De Cleated und ETERMINATION SERV STERMINATION SERV do provent aprocurate or time third pointy or agency to assist a set of information at third pointy or agency to assist a set of information tom Social S set of information tom Social S	ons 205(a), 223(d) and 1633(e) (iman's clam, While gring us a y decision on the named clammant ocut the clammant's disability, suc ocial Security in establishing right acuity records (e.g., to the Gener messary to assure the integrity an	particulant.
CERTING UNDER GEALING OF DETUG PHYSICIAN'S SIGNATURE SIGN HERE NS INFORMATION IS CONFIDENTIAL FIELD OFFICE DISPOSITION: IVACY ACT NOTICE: The Social Security Administration is an the Social Security Act. The information of this form is needed formation on this form a voluntary, failure to provide all or part of th im. Although the information you lumish is almost never used ormation may be disclosed by the Social Security Administration Social Security benefits and/or coverage: (2) to comply with Tede counting Office and the Department of Veterans Affairs); and provement of the Social Security programs (e.g., to the Bureau Binar also use the information you gues us when we matching p	And Will Net- DISABILITY D MISABILITY D M	DATE DATE De TC bea bed us d ETERMINATION SERV ETERMINATION SERV in making a determination at third party or agency to assist 5 see and and audit activities new programs compare our records	The second secon	part-sent.
Certify under grading of persus PHYSICIAN'S SIGNATURE SIGN HERE NS NOT FRATION SCORE (APAMA) FIELD OFFICE DISPOSITION: AND FRATION SCORE (APAMA) FIELD OFFICE DISPOSITION: Although the information of this form is needed the Social Security Act. The information of this form is needed to social Security Act. The information of this form is needed to social Security Act. The information of this form is needed to social Security Act. The information of this form is needed to social Security Act. The information of the social Security Administration Social Security benefits and/or coverage; (2) to comply with Sec counting Office and the Department of Veterans Affairs); and provement of the Social Security programs (e.g., to the Bureau 8 may also use the information you gue us when an match recou local government agencies. Many agencies may use matching to the law allows us to do this even if you do not agree to it. rese and other reasons why information about the claimant may	And Willing and Wi	DATE DATE DETERMINATION SERV ETERMINATION SERV ETERMINATION SERV indipervent an action of the named cli uid prevent an accurate or time namaxing a determination at third party or agoing a sessist S search and audit activities new or concerns under contract to St programs compare our records programs compare our records at a person qualifies for benefit	TOWN THE DENGAL ICES DISPOSITION ICES DISPOSITION iman's claim. While giving us th y decision on the named claimant's source claimant's disability, suc ocial Security in establishing right acutity records (e.g., the Generic ressary to assure the integrity an icial Security). (With those of other Federal, State is paid by the Federal government	partensent.
Certific under genatify of persues PHYSICIAN'S SIGNATURE SIGN HERE NS NATOR MATOR SECTOR COMMANNE FIELD OFFICE DISPOSITION: AVACY ACT NOTICE: The Social Genutity Administration is a the Social Security Act. The information has form is needed ormation on this form is voluntary, lailure to provide all or part of th im. Athrough the information you lumish is almost never used ormation may be disclosed by the Social Security Administration Social Security benefits and/or coverage; (2) to comply with Fedd counting Office and the Department of Veteraris Affairs; 2 and provement of the Social Security programs (e.g., to the Bureau Bring also use the information you gues us when we matching to the law allows us to do this even if you do not agree to it. ness and other reasons why information about the claimart may s, contact any Social Security office. ME IT TAKES TO COMPLETE THIS FORM	And Will ast DISABILITY D DISABILITY D authorized to collect the infor d by Spicial Security to mail he requires and information co d for any purpose other th has follows: (1) to enable a eral larks requiring the release (3) to facilitate statistical re- ing the consultate statistical to find Census and private which by computer Matching programs to find of prove the y be used or given out are a form 1 This includes the time	DATE DATE DATE DE TORA SEA WY ETERMINATION SERV INTERMINATION SERV INTERVIEW INTERVIE	The second secon	part- 24 t.
Certific under genality of persus PHYSICIAN'S SIGNATURE SIGN HERE NS NATOR MATOR SECTOR COMMITTEE SIGN HERE NS NATOR MATOR SECTOR COMMITTEE INACY ACT NOTICE: The Social Security Administration is an the Social Security Act. The information how to more used ormation on this form is voluntary, laiture to provide all or part of th im. Although the information you turnish is almost never used ormation may be disclosed by the Social Security Administration Social Security benefits and/or coverage; (2) to comply with Fod provement of the Department of Veterars Affairs); and I provement of the Social Security programs (e.g., to the Bureau Binary also use the information you gaus us when we matching p e law allows us to do this even if you do not agree to it. esse and other reasons why information about the claimant may is, contact any Social Security office. ME IT TAKES TO COMPLETE THIS FORM estimate that it will take you about 10-Minutes to complete this out the form. If you have comments of suggestions on how long ministration. ATTN: Reports Claimance Officer, 1-A-21 Operale	And DISABILITY D DISABILITY D DISABILITY D authorized to collect the infor d by Sticial Security to main he requires d information co d for any purpose other th has tolows: (1) to enable a real larks requiring the relea real larks requiring the relea to the Census and private wide by constitute statistical re- to the Census and private wide by constitute statistical programs to find of puose the wide by constitute statistical programs to find of puose the statistic complete this to boos Bidg, Battimore, MD 3 SEND COMPLETED FOR	DATE DATE DE CEA CA A STERMINATION SERV STERMINATION SERV is a decision on the named of this decision on the named of the decision on the named of the decision on the named of the decision of the named of the decision of the decision of the name of the name of the decision of the decision of the name of the name of the second of the decision of the the decision of the decision of the decision of the decision of the decision of the decision of the decision of the decision of the decision of the dec	ons 205(a), 223(d) and 1633(e) (inman's clam. While gring us th ydecision on the named clamant's couly records (e.g., to the General sounty r	
Certific under gealing of persus Physician's signature sign HERE NS War mathematical and control of Physician's signature Sign HERE NS War mathematical Field OFFICE DISPOSITION: All of the social Security Administration is an the Social Security Act. The information on this form is needed formation on this form is voluntary, failure to prove all or pan of the information you turnish is aimbut never used formation may be disclosed by the Social Security Administration Social Security benefits and/or coverage (2) to comply with Fod provement of the Department of Veterairs Affairs); and I provement of the Social Security programs (e.g., to the Bureau Binary also use the information you gaus us when we matching p the law allows us to do this even if you do not agree to it. Ness and other reasons why information about the claimant may is, contact any Social Security office. MEIT TAKES TO COMPLETE THIS FORM estimate that it will take you about 10-finuities to complete this out the form. If you have comments of suggestions on how long thinistration. ATTN: Reports Charance Officer, 1-A-21 Operate Manual context of 000571. Washington, D.C. 20050. DO NOT	And DISABILITY D DISABILITY D DISABILITY D authorized to collect the infor d by Sticial Security to main he requires d information co d for any purpose other th has tolows: (1) to enable a real larks requiring the relea real larks requiring the relea to the Census and private wide by constitute statistical re- to the Census and private wide by constitute statistical programs to find of puose the wide by constitute statistical programs to find of puose the statistic complete this to boos Bidg, Battimore, MD 3 SEND COMPLETED FOR	DATE DATE DE CEA CA A STERMINATION SERV STERMINATION SERV is a decision on the named of this decision on the named of the decision on the named of the decision on the named of the decision of the named of the decision of the decision of the name of the name of the decision of the decision of the name of the name of the second of the decision of the the decision of the decision of the decision of the decision of the decision of the decision of the decision of the decision of the decision of the dec	ons 205(a), 223(d) and 1633(e) (inman's clam. While gring us th ydecision on the named clamant's couly records (e.g., to the General sounty r	
Corting under genality of persus Sector type is time and control of PHYSICIAN'S SIGNATURE SIGN	Aud (JL) ACH DISABILITY D DISABILITY D DISABILITY D AUTORIZED COllect the infor d by Social Security to mail he requested information co d for any purpose other th nas follows: (1) to enable a eral laws requiring the relea (1) of the Census and private programs to find of pure th adds by constular. Matching programs to find of pure th d to take to complete this for y be used or given out are of loons Bidg. Baltimore, MO SEND COMPLETED FOR THE INFORMATION. ATEMENT OR REPRE OCIAL SECURITY ACT	DATE DATE DE CLEA ECA UN ETERMINATION SERV ETERMINATION SERV is a decision on the named of this decision on the named of the decision of the decision of the name of the decision of the name of the decision of the name of the decision of the decision of the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the the decision of the decision of the decision of the decision of the the decision of the decision of the decision of the decision of the the decision of the decision of t	ons 205(a), 223(d) and 1633(e) (inman's clam. While gring us th ydecision on the named clamath ydecision the clamath ydecision on the named clamath provide the clamath ydecision on the name provide the stability, suc- could be clamath the clamath provide the stability of the clamath provide the stability of the clamath provide the necessary facts as is form, write to the Social Secur- page of the the social Secur- tion of the social Secur- tion of the social Secur- tion of the social Secur- tion of the social Secur- page of the social Secur- tion of the social Secur- page of the social Secur- page of the social Secur- tion of the social Secur- tion of the social Secur- page of the social Secur- page of the social Secur- tion of the social Secur- security is the social Secur- security is the social Secur- tion of the social Secur- tion of the social Secur- security is the social Secur- security is the social Security is the social Secur- security is the social Security is the social Secur	Parte Aller t.