

**OHIO DEPARTMENT OF MEDICAID  
MENTAL FUNCTIONAL CAPACITY ASSESSMENT**

<b>SECTION I: IDENTIFYING INFORMATION TO BE COMPLETED BY WORKER</b>							
Assistance Group Number	Recipient ID	DOB	Sex	County Name			
Client Last Name		Client First Name		MI	County Address		
Client Address		Client Phone		City	ZIP		
City	ZIP	SSN	Caseworker/Case Mgr	Caseload ID	County Phone		
<b>SECTION II:</b>							
				Not Significantly Limited	Moderately Limited	Markedly Limited	Not Rated
<b>Understanding and Memory</b>							
1. The ability to remember locations and work-like procedures.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sustained Concentration and Persistence</b>							
1. The ability to carry out very short and simple instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to carry out detailed instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to maintain attention and concentration for extended periods.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to sustain an ordinary routine without special supervision.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to work in coordination with or proximity to others without being distracted by them.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The ability to make simple work-related decisions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Interaction</b>							
1. The ability to interact appropriately with general public.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to ask simple questions or request assistance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to accept instructions and respond appropriately to criticism from supervisors.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptation</b>							
1. The ability to respond appropriately to changes in the work setting.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to be aware of normal hazards and take appropriate precautions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to travel in unfamiliar places or use public transportation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to set realistic goals or make plans independently of others.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After taking the appropriate history and performing the relevant physical examination, do you believe the client is: <input type="checkbox"/> Employable <input type="checkbox"/> Unemployable							
How long are the physical and/or mental functional limitations listed above expected to last? <input type="checkbox"/> Less than 30 days <input type="checkbox"/> Between 30 days and 9 months <input type="checkbox"/> Between 9 months and 11 months <input type="checkbox"/> 12 months or more							
Will disclosure of this information to the client have an adverse effect? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Physician's Signature</b>				<b>Date of Last Exam</b>			
Physician's Name ( <i>Please print</i> )				Specialty			
Address							
City		State		Zip		Physician's Phone	

Client Last Name	Client First Name	MI	Recipient ID	SSN
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**SECTION III: TO BE COMPLETED OR SIGNED OFF BY PHYSICIAN OR PSYCHOLOGIST**

Please insert or attach your mental status exam copy here.

(Note: A diagnosis or summary alone is not sufficient because the program rules require actual signs, symptoms, and mental status exam data).