

**COLORADO DEPARTMENT OF HUMAN SERVICES MED-9 FORM** The Aid to the Needy Disabled (AND) program provides financial benefits to Colorado residents who are disabled. This form is used by County Departments of Human Services to determine medical eligibility for the AND program. Medical Personnel must complete the red section (Section 2).

		Name (Last, First, Middle)	Social Security Number	Date of Birth	
Section 1	ıty	Address Ci	ty, State, Zip Code	Client Telephone Number	
	Cour	Printed Name of County Representative C	ounty Telephone Number/FAX number	County	
				County	

Section 2	Completed by the Medical examiner: CHECK ONE	(If this box is checked, please also select the qualifying disability- more than 1 may be selected)	1.	<ul> <li>I find this individual has been or will be totally and p full time at any job due to a physical or mental imparmore. Select the Qualifying Disability:</li> <li>□ Respiratory disorders, such as cystic fibrosis, chrinsufficiency;</li> <li>□ Cardiovascular disorders, such as chronic heart recurrent arrhythmias not related to a reversible</li> <li>□ Digestive disorders, such as liver dysfunction or</li> <li>□ Genitourinary disorders, such as chronic renal fa</li> <li>□ Hematological disorders, such as sickle-cell dise</li> <li>□ Congenital disorders, such as fragile X syndrome</li> <li>□ Neurological disorders, such as multiple sclerosi</li> <li>□ Disorders of speech or other senses, such as blilloss, or loss of speech;</li> <li>□ Musculoskeletal disorders, such as a gross anateresulting in nerve root compression, or amputation developmental disabilities, or substance abuse to following activities: -Marked restriction of activities functioning; -Marked difficulties in maintaining constant (please define):</li> <li>I find this individual is not totally disabled but does precludes this person from engaging in his/her usua period of (check one): □ 6 months □ 7 months □ 8 Physical exertion is limited to (check all that apply):</li> </ul>	irment. This disat ronic persistent lur failure despite me cause; gastrointestinal he ilure resulting in c ase, hemophilia, c e or phenylketonus s, muscular dystro ndness, tinnitus in omical deformity, s on of both hands; enia, affective disc o the extent that th es of daily living; -f oncentration or pac	bility is expected to $1$ ng infections, or chro dication, congenital emorrhage; hronic hemodialysis or aplastic anemia; ria (PKU); ophy, head trauma, combination with pro- spinal stenosis or other orders, personality dentificulties in ce; -Repeated decord mental impairment s condition has been s $\square$ 10 months $\square$ 11	ast 12 months or onic pulmonary heart disease, or ; or cerebral palsy; rogressive hearing her spinal disorder isorders, n at least two of the maintaining social mpensation for that substantially n or will be for a	
	the N			Please identify the less severe conditions preventin	om employment:			
	leted by	<ul> <li>I find this individual <b>does not</b> have a total physical or mental impairment that has lasted or is expected to lat 6 months.</li> </ul>						
	Comp	<ul> <li>4. PRIMARY DIAGNOSIS IS ALCOHOLISM OR CONTROLLED SUBSTANCE ADDICTION Checking this box means there is no other physical or mental disability(ies) that precludes this persor working other than his/her alcohol or controlled substance addiction. (If this box is checked, the i will be offered treatment through ADAD and will be expected to work once treatment is complete.)</li> </ul>						
		If this is a Medical Re-examination, please answer this question if number 2 above was checked						
		□Yes □No	Has	s there been improvement in this client's physical/me	ntal condition that	would allow the clie	ent to return to work?	
		□Examining p □Psychiatrist	ohysi	completed by the following: (Please check one) cian		E, ADDRESS, AND o insure the accurac		
		SIGNATURE:			STATE	LICENSE #	DATE OF EXAM	

		Αμ	plicant Complete	this yellow section b	efore your me	edical e	exam:	
3	ŧ	Highest Grade Completed: Your age:						
tion	lical	Type of formal job training:						
Section 3	Applicant	Explanation of disability or	, if this is a redeterm	nination, explain your p	progress since	last me	edical examination:	
-	r	The physical/mental impairment (Box 2, Section 2 above) and other factors such as:						
Section 4	Supervisor	Age, Training, Experience, or Education would render the person totally disabled from having any employment that exists in the community for which they have competence.						
Secti	npei	County must complete the Residual Functional Capacity Scoring Matrix below and					e of County Eligibility	
	S	document limitations in the ca		, , ,			or/Supervisor Designee	(Date)
		RESIDUAL FUNCTIONAL CAPACITY SCORING MATRIX						
					1			
			Score Zero (0) Points	Score One (1) Point	Score Two (2) Points	)	Score Three (3) Points	Points
		Age (in years)	18-30	31-49	50-54		55-59	
		Education	GED, high school diploma, or higher	7 <sup>th</sup> through 11 <sup>th</sup> grade	6 <sup>th</sup> grade or less		Illiterate	
	ve	Communication Barriers	None	Mild	Moderate		Severe or Non- English Speaking	
	ked Abo	Previous Work History	Skilled	Semi-Skilled	Unskilled		None	
n 5	epartment if Box 2 is Marked Above	Limitations Related to the Ability to: • Understand, • Remember, • Carry Out Instructions	None	Mild	Moderate		Severe	
Section 5	Completed by the County Departr	Limitations related to the Ability to: • Use Judgment, • Concentrate, or • Respond Appropriately in a Work Environment	None	Mild	Moderate		Severe	
	Compl	Medical disability results as reported on medical certification form, a Medicaid disability determination, or other medical evidence obtained by the county department	Disabled less than six (6) months. The client is ineligible for AND- SO.	Disabled six (6) months or longer but able to work in some type of employment. Physical exertion limited to sedentary, light, or moderate.	Disabled six (6 months or long able to work in type of employ Physical exerti limited to light sedentary.	yer but some yment. ion	Disabled twelve (12) months or longer but able to work in some type of employment. Physical exertion limited to light or sedentary.	
		TOTAL RESIDUAL FUNCTION		ORE				
		(maximum points possible = 21)						