MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
SOCIAL INFORMATION SUMMARY

CASE NAME (FIRST)	(MIDDLE)	(LAST)	CASE DCN	COUNTY

INDIVIDUAL NAME (FIRST)	(MIDDLE)	(LAST)	INDIVIDUAL DCN	DATE OF BIRTH (MONTH)	(DAY)	(YEAR)

ELIGIBILITY SPECIALIST	WORKER NUMBER/FAMIS USERID	LOAD	DATE OF APP/REAPP	DATE SUBMITTED TO MRT

CASE STATUS OF DISABLED PERSON (CHECK ONLY PROGRAMS FOR WHICH YOU WANT MEDICAL DECISION)

1. APPLICATION			2. REDETERMINATION		
		PQ			PQ
MA	☐	☐	MHABD	☐	☐
NC	☐	☐	NC	☐	☐
TA	☐		SP	☐	☐
TWHA	☐	☐	TA	☐	
			TWHA	☐	

LIVING ARRANGEMENT (CHECK ANY THAT APPLY)

☐ ALONE ☐ WITH UNRELATED PERSON(S)

☐ WITH FAMILY GROUP ☐ IN NURSING HOME/ INSTITUTION
__ NO. ADULTS
__ NO. CHILDREN (UNDER 18)

ASSISTANCE HISTORY OF INDIVIDUAL

PROGRAM	DATES RECEIVED	PAYEE	OTHER	REASON LAST CLOSED

WORK HISTORY (LAST 10 YEARS, INCLUDE MILITARY SERVICE)

DATES FROM/TO	FULL TIME	PART TIME	EMPLOYER	TYPES OF WORK JOB DUTIES/ACTIVITIES	PARTICIPANT STATEMENT OF GROSS MO INCOME	GROSS MO INCOME VERIFIED BY	REASON FOR LEAVING
-							
-							
-							
-							

IS PARTICIPANT EMPLOYED AT A SHELTERED WORKSHOP? ☐ YES ☐ NO

IF YES, DOES PARTICIPANT FEEL THEY ARE OVERPAID FOR THEIR WORK? ☐ YES ☐ NO IF YES, EXPLAIN:

EXPENSES

DOES THE PARTICIPANT HAVE MEDICAL EXPENSES (ITEMS AND SEERVICES) NEEDED TO ENABLE HIM/HER TO WORK? (EX: MEDICAL DEVICES, ATTENDANT SERVICES, TRAVEL TO WORK, PROSTHESIS) ☐ YES ☐ NO IF YES, LIST THE EXPENSE(S) AND THE AMOUNT(S) BELOW.

TYPE OF EXPENSE	EXPENSE AMOUNT CLAIMED BY PARTICIPANT	EXPENSE AMOUNT VERIFIED BY WORKER

RECORD OF TREATMENT

TREATING PHYYSICIAN 1	ADDRESS	DATE LAST SEEN
TREATING PHYSICIAN 2	ADDRESS	DATE LAST SEEN
HOSPITALIZATION 1-HOSPITAL NAME	ADDRESS	DATE OF LAST ADMISSION
HOSPITALIZATION 2- HOSPITAL NAME	ADDRESS	DATE OF LAST ADMISSION

EXPLAIN

MEDICAL REVIEW TEAM DETERMINATION

To determine eligibility for MO HealthNet participants who **are not engaged in substantial and gainful employment,** proceed to Step 1. For all other participants proceed to Step 2.

Step 1: Does the participant have a severe impairment which is considered to significantly limit his/her physical or mental ability to do basic work activities?

- No. The person is ineligible for MHABD on this basis. Proceed to Step 2 to determine eligibility for TWHA if participant has earned income.
- Yes. Proceed to Step 2.

Step 2: Does the participant's impairment meet or equal a Social Security disability listing?

- Yes. The participant is eligible for MHABD or TWHA.
- No. Proceed to Step 3.

Step 3: Does the participant's impairment prevent the participant from doing past, relevant work?

- No. The participant can still do the kind of work s/he has done in the past and is not eligible for MHABD.
- Yes. Proceed to Step 4.

Step 4: Does the participant's impairment prevent the claimant from doing other work considering the participant's age, education, and past work experience?

- No. The participant can do other work for which his/her age, training, and work history has fitted him/her and is ineligible for MHABD.
- Yes. Participant meets the criteria set forth in 20 CFR Section 416.962, medical-vocational profiles showing an inability to make an adjustment to other work, which states:

"(a) *If you have done only arduous unskilled physical labor.* If you have no more than a marginal education…and work experience of 35 years or more during which you did only arduous unskilled physical labor, and you are not working and are no longer able to do this kind of work because of a severe impairment(s), we will consider you unable to do lighter work and, therefore, disabled. *Example to paragraph (a):* Mr. B is a 58-year-old miner's helper with a fourth grade education who has a lifelong history of unskilled arduous physical labor. Mr. B says that he is disabled because of arthritis of his spine, hips and knees, and other impairments. Medical evidence shows a 'severe' combination of impairments that prevents Mr. B from performing his past relevant work. Under these circumstances, we will find that Mr. B is disabled.

(b) *If you are at least 55 years old, have no more than a limited education, and have no past relevant work experience:* If you have a severe, medically determinable impairment(s)…, are of advanced age (age 55 or older)..., have a limited education or less, and have no past relevant work experience…, we will find you disabled. If the evidence shows that you meet this profile, we will not need to assess your residual functional capacity…" The individual is eligible for Medical Assistance.

I have followed the four-step sequential evaluation process for evaluating disability as outlined in 20 CFR Section 416.920; this is established by my entries on this document.

WE HAVE REVIEWED THE MEDICAL REPORTS AND SOCIAL INFORMATION AND CERTIFY THIS INDIVIDUAL

A. ELIGIBLE FOR:		**DATE NEXT REVIEW**	**B. INELIGIBLE FOR:**		**INFORMATION INSUFFICIENT FOR:**
	PQ			PQ	
☐ MHABD/NC/SP/TWHA	☐		☐ MHABD/NC/SP/TWHA	☐	☐ MHABD/NC/SP/TWHA
☐ TA			☐ TA		☐ TA

C. PRIMARY DIAGNOSIS/DISABILITY/RECOMMENDATIONS ☐ REFER TO VOCATIONAL REHABILITATION (VR)

MRT PHYSICIAN	DATE
MRT SUPERVISOR	DATE