

Appendix D
DES Disability Tracking Form

Instructions for Completing the Disability Determination Tracking Form

1-10: Disabled individual information: If any of this information changes, notify DES.

11-14: Transitional Assistance Office Information

15: Status Indicator: (check one)

- Applicant (EAEDC/TAFDC)
- Recipient (EAEDC/TAFDC)

15A: Priority:

- Indicates that the individual was found to be not disabled in a prior disability decision within a 60-month period.

16: Review/Request Date: (Circle one)

Review

- date of DTA worker's review for continuing eligibility

Request

- date of application for EAEDC or TAFDC

17: Date to DES: (TAO DES Liaison use only)

Items 18 through 27 are completed by DES.

19: Decision: Identifies the DES disability decision.

Decision Code

- Result of the DES determination using EAEDC or TAFDC disability criteria (see Attachment B of the Disability Determination Guide for a description of the codes.)

20: Onset Date: Start date of the individual's disability as determined by DES

21: Diagnosis Code(s): (DES use only)

22: Disability Review Date: End date of the individual's disability as determined by DES

23: Fair Hearing Date: (DES use only)

Remarks: For use by DTA or DES, when warranted.

Disability Determination Tracking Form

To be completed by worker

1. Name (Last, First, MI)		2. Date of Birth	3. Telephone Number ()
4. Address (Number and Street)		5. Case Name	6. Case SSN
7. City/Town	8. State	9. ZIP Code	10. SSN
11. Worker Name	12. CAN	13. Office No.	14. Office Telephone Number ()
15. Status Applicant EAEDC <input type="checkbox"/> TAFDC <input type="checkbox"/> Individual <input type="checkbox"/> Family Recipient EAEDC <input type="checkbox"/> TAFDC <input type="checkbox"/> Individual <input type="checkbox"/> Family			15A. Priority <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Review/Request Date		17. Date to DES	

To be completed by Disability Evaluation Services (DES)

18. DES Decision Date	19. Decision		
	Disabled? Decision Code	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	EAEDC <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Onset Date	21. Diagnosis Code(s)	22. Disability Review Date	23. Fair Hearing Date
24. Disability Examiner's Signature			ID No.
25. Vocational Examiner's Signature			ID No.
26. Physician's Signature			ID No.
27. DES Team Leader's Signature (if applicable)			ID No.

Remarks:

DTF (5/98)
02-712-0598-05

Disability Evaluation Services (DES)**Decision Codes****Approvals:**

101 Meets
102 Equals
103 Vocational Allowance
104 Meets EAEDC Listings
105 Equals EAEDC Listings
106 Meets TAFDC Listing
107 Equals TAFDC Listing
108 Vocational Allowance EAEDC/TAFDC
109 KM disabled/meets LOC
110 Improvements not demonstrated

Denials:

202 Not Severe
203 Will not last 12 months
204 Will not last 60 days
205 Will not last 30 days
206 Capacity for past work
207 Capacity for other work
208 Vocational/grid ruling
209 Failure to attend IAMT
213 Failure to attend IAMT
253 Failure to cooperate
254 Whereabouts unknown

Returns:

501 Claim info insufficient
502 Recalled by TAO
503 Duplicate claim

