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. TAO Worker Name	12. CAN		13. Office No.	14. Office Telephone Number ( )
15. Status ☐ TAFDC Applicant ☐ TAFDC Recipient ☐ EAEDC Applicant ☐ EAEDC Recipient Number of months of time-limited benefits remaining for individual named in #1 _____. If a *TAFDC two-parent* assistance unit, number of months of time-limited benefits remaining for the other parent_____. ☐ Individual ☐ Family				15A. Priority Has the individual received a decision of "not disabled" within the previous 60 months? ☐ Yes ☐ No
16. Review/Request Date		17. Date to DES		

To be completed by Disability Evaluation Services (DES)

18. DES Decision Date	19. Decision			
		SSI	EAEDC	TAFDC
	Disabled?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Decision Code			
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:

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)

- TAFDC Applicant or TAFDC Recipient
  - record the number of months of time-limited benefits remaining whether the individual is currently **exempt** or **nonexempt**. For example, if an individual is currently exempt and has not used any time-limited benefits enter 24 months. For two-parent families the number of months remaining must be recorded for both parents, not just the parent claiming the disability.
- EAEDC Applicant or EAEDC Recipient
  - indicate either EAEDC individual or EAEDC family case.

15A: Priority:

- Indicate if the individual has received a decision of "not disabled" within the previous 60 months.

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 Evaluation Services (DES)

Decision Codes

Approvals:

100 Meets Criteria listing
110 Equals Criteria listing
120 Vocational Allowance
130 Improvement Not Demonstrated (CDR)

Denials:

210 Not Severe
220 Will not last 12 months
221 Will not last 60 days
222 Will not last 30 days
230 Capacity for past work
231 Capacity for other work
232 Vocational/grid ruling
240 Substance Abuse was Determined as Material to Decision
252 Decision Based on Available Information. Failure to Attend Consultative Examination.
253 Decision Based on Available Information. Failure to cooperate
254 Decision Based on Available Information. Whereabouts unknown

Returns:

501 Incomplete Supplement
502 Recalled by TAO
503 Duplicate Claim
504 Applicant Withdraws Application