

Physician's Statement of Permanent Disability

Name of Applicant	Case Name	F.S. Case No.
Applicant's Address (Street, City, State, ZIP)		

RETURN TO:

The person named above has applied for food stamps. It is important that the Texas Health and Human Services Commission (HHSC) determine if the person is considered permanently disabled.

Please provide the information requested below. This information is confidential but may be shared, at the discretion of HHSC, with other governmental agencies to determine eligibility for benefits, and is shared with the household's designated representative on request.

The applicant is responsible for any charges for completing this form.

Signature – Caseworker

Date

TO BE COMPLETED BY PHYSICIAN – Please check the appropriate box(es) and sign and date below. Return form to the eligibility determination office.

- Permanent loss of the use of both hands, both feet, or one hand and one foot.
- Amputation of the leg at the hip.
- Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases.
- Total deafness, not correctable by surgery or hearing aid.
- Statutory blindness, except if because of cataracts or detached retina.
- IQ of 59 or less, established after attaining age 16.
- Spinal cord or nerve root lesions resulting in paraplegia or quadriplegia.
- Multiple sclerosis in which there is damage to the nervous system from scattered areas of inflammation which recurs and has progressed to varied interference with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
- Muscular dystrophy with irreversible wasting of the muscles with a significant effect on the ability to use the arms and/or legs.
- Impaired renal function because of chronic renal disease (documented by persistent adverse objective findings) resulting in severely reduced function which may require dialysis or kidney transplant.
- Amputation of a limb, and currently age 55 or older.
- Acquired Immune Deficiency Syndrome that has progressed so that it results in extensive or recurring physical/mental impairment.
- NO This person does not have any of these conditions that are considered permanently disabling.

**PLEASE RETURN THIS FORM TO THE
HHSC OFFICE AT THE ADDRESS ABOVE**

Signature – Physician

Date

Physician's Address	Telephone No.
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