					SOCIAL DATA REPO	DRT				
A. Ic	lentification:	Medicai	AT 🗌 TA	NF		5. County	Name:			
1. N	ame of Individu		Firet	N/ie	ddle Last					
2 1	ddress:7. Gend		First	IVIIC	ddle Last	6. Case r	number.			
					7	-				
3. Individual's Status: A. Applicant B. Recipient						9. Birth da	ate:			
4. Social report status: A. Initial investigation B. Reinvestigation 10. Marital status						I status:				
в. с	urrent Assista	ance and Ben	efits: (com	nplete appli	icable items)	I				
1. Public Assistance (a) to applicant(b) to others in household										
2. Other agencies (such as DPH, VRD, Workmen's Compensation, OASDI – date of entitlement)										
:	eteran 🗌 Ye		Administr		hrough Veteran's	Yes	No			
H	ad hospitalizati	ion through VA	\?	Da	ate:	Site:				
	escribe compo edicaid recipie	sition of house	n spouse] With ch oximate ag	Ildren		ursing home or institution , names of other			
	ducation: rade complete	d (K-12)		_						
2. C	ollege or additi	onal educatior	n (specify)							
3. Sj	pecial training	(describe)								
4. Q	uality of studer				son for terminating sch					
	mployment R	ecord or Hom	emaking:	(Do not list	t employer's name)					
	Date From To		Part Time	Full Time	Description of	work performed	Reason for leaving			
						•				

Form 188 (Rev. 06/16)

Bescribe how disability affects homemaking and/or child care? Who is responsible for homemaking and/or child care? Does employment of the type individual has performed exist in community?Yes Nolf yes, describe. Is person doing any work now?Yes Nolf yes, describe. Vocational Rohabilitation: Decision and plans: Office of Rehabilitation Services status (date referred) Decision and plans: Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): Stimutations of Activity: (Description of individual as a disabled person) Obscuss all physical and mental minitations, handicaps, and remaining capacities. Describe how and to what extent person doe things for self, how well gets around, help required from others, usual daily activities, etc. Compare present activities to those prior to present illiness. Include family's and applicant's attitude toward disability. In the person now usefully employed? (describe)	2.	f rejected for work because of disability, explain:								
Does employment of the type individual has performed exist in community?Yes Nolf yes, describe. Is person doing any work now?Yes Nolf yes, describe. Vocational Rehabilitation: Office of Rehabilitation: Office of Rehabilitation Services status (date referred) Decision and plans: Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): Decision and plans: Decision and plans: Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): Decision and plans: Decision and plans: Describe how and to what extent person doe Describe how and to what extent person doe Divisos and physical and mental Imfations: Decision and plans: Decision set. Include family's and applicant's attitude toward disability: Decision and townat extent person doe </th <th>3.</th> <th>Describe how disability affects homemaking and child caring roles:</th>	3.	Describe how disability affects homemaking and child caring roles:								
Is person doing any work now?YESNoff yes, describe. 	4. Who is responsible for homemaking and/or child care?									
Vocational Rehabilitation: Office of Rehabilitation Services status (date referred) Decision and plans:	5.	pes employment of the type individual has performed exist in community?Yes NoIf yes, describe.								
Office of Rehabilitation Services status (date referred)		Is person doing any work now?Yes NoIf yes, describe.								
Bedridden Chair Cha	2.	Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics):								
2. Amount of monthly gross income from above employment (include monetary value of income in kind): 3. Is person's pattern to perform seasonal work when available? 4. How has he managed to live since onset of disability? 5. When and how was person first known to this agency?	1. 2. 3.	Bedridden Chair Housebound Ambulatory Onset of present disability (please fill in date): How has condition changed recently: Discuss all physical and mental limitations, handicaps, and remaining capacities. Describe how and to what extent person does things for self, how well gets around, help required from others, usual daily activities, etc. Compare present activities to those this present illeges and the prevent activities of the prevent disability.								
2. Amount of monthly gross income from above employment (include monetary value of income in kind): 3. Is person's pattern to perform seasonal work when available? 4. How has he managed to live since onset of disability? 5. When and how was person first known to this agency?	-									
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3. Is person's pattern to perform seasonal work when available? 4. How has he managed to live since onset of disability? 5. When and how was person first known to this agency?	H. - - -	1. Is person now usefully employed? (describe)								
4. How has he managed to live since onset of disability?5. When and how was person first known to this agency?		2. Amount of monthly gross income from above employment (include monetary value of income in kind):								
5. When and how was person first known to this agency?		3. Is person's pattern to perform seasonal work when available?								
		4. How has he managed to live since onset of disability?								
Date completed:		5. When and how was person first known to this agency?								
		to completed:								

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