



2. If rejected for work because of disability, explain: \_\_\_\_\_

3. Describe how disability affects homemaking and child caring roles: \_\_\_\_\_

4. Who is responsible for homemaking and/or child care? \_\_\_\_\_

5. Does employment of the type individual has performed exist in community?  Yes  No If yes, describe.

Is person doing any work now?  Yes  No If yes, describe.

**F. Vocational Rehabilitation:**

1. Office of Rehabilitation Services status (date referred) \_\_\_\_\_ Decision and plans: \_\_\_\_\_

2. Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): \_\_\_\_\_

**G. Limitations of Activity:** (Description of individual as a disabled person)

1.  Bedridden  Chair  Housebound  Ambulatory

2. Onset of present disability (please fill in date): \_\_\_\_\_

How has condition changed recently: \_\_\_\_\_

3. 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 prior to present illness. Include family's and applicant's attitude toward disability. \_\_\_\_\_

**H. 1.** Is person now usefully employed? (describe) \_\_\_\_\_

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? \_\_\_\_\_

Date completed: \_\_\_\_\_