| Department of Human Resources<br>311 West Saratoga Street<br>Baltimore MD 21201 | **FIA ACTION TRANSMITTAL** |
|---|---|
| **Control Number:** | **Effective Date:**<br>**Issuance Date:** |

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES**
**DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT**
**FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR**

**RE: MEDICAL REPORT SUPPLEMENT FORMS**

**PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA)**

**ORIGINATING OFFICE: OFFICE OF PROGRAMS**

**SUMMARY:**

As part of the Family Investment Administration's efforts to meet and surpass the federal work participation rate, we are adding a supplement called the **DHR/FIA/TCA 402-W** (attached) to the Medical Report Form DHR/FIA 402B for disabled TCA adults. On this supplemental medical form the health care provider reports on the customer's ability to work or attend educational or vocational training courses. Using this form, we move the focus from what the customer cannot do, to what the customer is able to do.

In addition, DHR/FIA 334-C, the TCA Supplemental Medical Evaluation Form – Child Only, is being reissued and modified. Modifications include a change in form number. The new number is **DHR/FIA 434-C** (attached). The DHR/FIA 434-C focuses on why the parent or caretaker relative believes he or she is needed in the home with the child. The form provides insight into the daily activities of the parent/caretaker and the child.

Using the information on these two forms, case managers and customers can begin to develop a Family Independence Plan that will guide the family in the direction they need to go and assist them in obtaining services needed to reach self-sufficiency.

**ACTION REQUIRED:**

Effective immediately, staple the Medical Report Supplement Form, DHR/FIA/TCA 402W- to the front of the Medical Report form DHR/FIA 402B for all disabled adult TCA applicants.

Give the parent or caretaker relative the DHR/FIA 434-C to complete, stating why the person is needed in the home to care for a sick or disabled child.

Case managers should review the information in order to obtain a picture of the family's skills, their assets and abilities, their needs and their barriers to employment. Customers do not always equate the knowledge, skills, and abilities obtained caring for a family member as marketable. Discuss the information with the customer and incorporate it into the Family Independence Plan.

**INQUIRIES:**

Please direct TCA policy inquiries to Marilyn Lorenzo at 410-767-7333 or Gretchen Simpson at 410-767-7937. Work Program questions should be directed to John Huegelmeyer at 410-767-8193.

**Attachments**

cc: FIA Management Staff
DHR Constituent Services
DHR Help Desk

**MARYLAND DEPARTMENT OF HUMAN RESOURCES**
**FAMILY INVESTMENT ADMINISTRATION**

## MEDICAL REPORT FORM 402 W

The information provided on this form may be used to determine eligibility for federal and state programs using Social Security disability criteria. The information may also be used to determine the patient's ability to participate in educational or vocational training or employment.

**Patient Information: (to be completed by case manager or patient)**

Name of Patient: _____ Date of Birth: MM_____DD_____YYYY_____

Address:_____ Telephone: _____

**A licensed physician, psychologist, or clinical social worker must complete the following information on this form**.

1. Is the patient able to attend an educational program in a classroom setting that will assist the patient in enhancing life skills and in becoming employed? YES_____ NO_____

2. Is the patient able to attend a vocational training program that may include classroom training that will assist the patient in becoming employed? YES_____ NO_____

3. Is the patient able to work in a setting that has accommodation for the patient's condition? YES_____ NO_____

4. If, in your opinion there is a limitation on the length of time each day the patient may participate, please indicate the maximum number of hours per day the patient may participate in:

   - Classroom educational activities: _____
   - Vocational training activities: _____
   - Paid employment: _____

5. If you believe that the patient's condition will not allow participation in the above activities at this time, when do you believe the patient can begin participation in:

   - Classroom educational activities: _____
   - Vocational training activities: _____
   - Paid employment: _____

Licensed Physician's, Psychologist's or Licensed Clinical Social Worker's:

Signature: _____ Print Name: _____ Date: _____

Title: _____ Medical Specialty:_____ Federal ID#: _____

Company or Practice Name: _____ Telephone:_____

**MARYLAND DEPARTMENT OF HUMAN RESOURCES**
**FAMILY INVESTMENT ADMINISTRATION**
**TCA SUPPLEMENTAL MEDICAL EVALUATION FORM – CHILD ONLY**
(TO BE COMPLETED BY THE CHILD'S PARENT OR CARETAKER RELATIVE)

1. Child's Name:_____ 2. DOB:_____

3. Child's Disability:_____

4. Is your child under the care of a doctor? □ YES □ NO

   Doctor's Name:_____

   Address:_____ Telephone: _____

   City: _____ State: _____ Zipcode: _____

5. Time you spend each day helping your child:_____

6. Check the activities that your child **cannot do** without help:

   □ Dressing □ Eating □ Bathing □ Moving freely in the home

   □ Running □ Walking □ Playing □ Using the bathroom

   □ Watching television □ Playing video games □ Other:_____

7. List any other activities that your child **cannot do** without help:

   _____ _____ _____ _____ _____

8. Does your child attend school, Head Start, or day care? □ YES □ NO
   If YES, check one (or more) of the following:

   □ Public/private school in grade_____ □ Head Start □ Day Care

   □ Special Education - Intensity level: *_____ □ Other:_____

   Number of days each week:_____ Number of hours per day_____

9. Tell us why you feel you are needed in the home to care for your child:_____

   _____

Customer's Signature:_____ Date:_____

Case Manager's Signature:_____ Date:_____

*Case Manager: If level IV or greater, refer to DEAP.