STATE OF COLORADO

County Department Fax Information: https://www.colorado.gov/pacific/cdhs/contact-your-county

Med-9 Instructions for the Client	
Important Information	**What We Are Asking You To Do?**
You need a medical examination to determine your ongoing eligibility for Aid to the Needy Disabled (AND). You need to get the attached Med-9 form completed by a medical provider* **and then return it to your county office no later than the redetermination due date.**	1. Make an appointment with a medical provider* 2. Ask the medical provider* to: a. Read the instructions below; and b. Complete all of gray sections on the Med-9 form 3. Return the completed Med-9 form to your county office by the due date. You can do this in person, through email, by fax, by mail or online through your PEAK account.
Med-9 Instructions for the Medical Provider* (Please Read)	
Important Information	**What We Are Asking The Medical Provider To Do?**
This client has applied for Aid to the Needy Disabled (AND). AND provides a monthly payment to individuals that cannot maintain gainful employment due to a disability. In order to qualify, a medical provider* must certify the applicant's disability by filling out the attached Med-9 form based on an assessment of the applicant's medical condition. The words "total disability" on the Med-9 form are derived from regulations. They are not intended to reflect medical prognosis terminology. The county Human Services office and CDHS will consider your medical opinion expressed on the form.	1. Evaluate the client's disability 2. Complete *all* of the gray Sections on the Med-9 form a. Check only *one* disability level box b. Your signature, provider type, name, address, phone number, license number, the state issuing your license and date of exam 3. Return the completed form to the client and you may send a copy to the county department to assist the process. **You can obtain the county's fax number by visiting:** https://www.colorado.gov/pacific/cdhs/contact-your-county a. The client's county of residence is located on the Med-9 form b. On the website above, select the corresponding county to locate the county fax number

**Acceptable Medical Providers are: Colorado licensed physician (general practitioner or specialist), licensed psychologist, physician's assistant, advanced practice nurse, registered nurse, licensed professional counselor, or licensed clinical social worker. Medical certification for blindness shall be completed only by an ophthalmologist licensed in Colorado.*

Colorado Department of Human Services **Med-9**

The Aid to the Needy Disabled (AND) Program provides financial benefits to Colorado residents who are disabled. This form is used by County Departments of Human Services to determine medical eligibility for the AND Program.

Name	SSN	DOB
Address	Phone	Zip Code
City	County	Effective Date

The rest of this form must be completed by one of the following medical professionals licensed in Colorado.

Please select the option that corresponds to your license/certification:

- ○ Physician*
- ○ Licensed Psychologist*
- ○ Registered Nurse*
- ○ Licensed Professional Counselor*
- ○ Physician's Assistant*
- ○ Advanced Practice Nurse*
- ○ Licensed Clinical Social Worker*

*If Specialized, list your specialty: _____

Medical Professional Signature	Printed Name	
License Number	State	Date of Exam
Provider Address	Provider Phone	

Please select the individual's diagnosis(es):

○ Respiratory disorders ○ Cardiovascular disorders ○ Digestive disorders ○ Genitourinary disorders ○ Hematological disorders ○ Congenital disorders ○ Neurological disorders ○ Cancer	○ Immune System disorders ○ Vision, Hearing, or Speech disorders ○ Musculoskeletal disorders ○ Mental or Cognitive disorders ○ Other (please define):	Use this space to write any specific diagnoses or relevant factors to the disorder type/diagnoses selected on the left:

Select <u>Only One</u> of the four disability level options below:

○	This individual has a total disability to the extent the person is unable to work full time at any job due to the disability/diagnosis(es) listed above which is expected to last 12 months or longer.		
○	The individual has a physical/mental disability/diagnosis(es) listed above that is expected to last 6 to 12 months and which, in combination with other factors such as age, training, experience, and social setting substantially precludes the individual from having any employment that exists in the community for which they have competence.	Please enter duration, from 6 to 12 months. This condition is expected to last _____ months.	Please identify the social factors preventing the individual from employment: ○ Age ○ Training ○ Experience ○ Social Setting ○ Other/Additional:_____ _____
○	This individual **does not** have a total physical or mental disability/diagnosis(es) that is expected to last 6 months.		
○	This individual has a primary diagnosis of alcoholism or controlled substance addiction. Selecting this option means there is no other disability(ies) that prevents this person from working other than their **alcohol or controlled substance addiction**. (When selected, this individual will be offered treatment through the Office of Behavioral Health and will be expected to work once treatment is complete.)		