

DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE

1111 S. 41ST ST., STE. 220 OMAHA, NEBRASKA 68105

PH: (402) 444-6215 FAX: (402) 444-6332

Client: _____ DOB: _____

The above named individual has applied for assistance from the Douglas County Department of General Assistance. In order to be determined eligible, a report regarding the client's present physical and/or mental health is needed. Below is the client's signature for release of the information. Please fill out form in its entirety. Thank you in advance for your cooperation.

Client's Signature: _____ Date signed: _____

Technician: _____ Please Return Completed Form by: _____

Client's Medical Diagnosis: _____

Does the diagnosis prevent this patient from working? Y___N___

Their ability to get/walk to the bus stop? Y___N___

Being exposed to the heat or cold at times? Y___N___

Any additional restrictions or limitations? _____

If yes, anticipated length of disability? _1 month _3 months _6 months _other(*please specify*) _____

Can this person live alone? Y___N___ If NO, is a licensed room & board facility necessary? Y___N___

Please explain: _____

Does this patient follow with a Mental Health Provider? Y___N___ If yes, please provide the name & contact information of the MH Provider:

Name _____ Phone Number _____ Address _____

Any Additional Comments or Information: _____

Printed Name _____ Address _____ Phone _____

Practitioner's Signature _____ Specialty _____ Date _____