

**DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE
4102 WOOLWORTH AVENUE, OMAHA, NE 68105
Telephone: (402) 444-6215 Fax: (402) 444-6696**

Client: _____ SSN: _____

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 this information. Thank you in advance for your cooperation.

Due date: _____

Client's Signature _____ Technician: _____

Date Signed: _____ Technician's Phone: _____

Medical Diagnosis: _____

Does this diagnosis prevent the patient from working? Y _____ N _____

If the client is currently employed, will there be a need to change employment or to re-train? Y _____ N _____

Anticipated length of disability: _____

If you foresee the patient being medically unable to work for up to, or longer than six months, he/she may be eligible for other assistance programs. Would you have sufficient medical evidence to confirm this? Y _____ N _____

Can this person live alone? Y _____ N _____ If "No", is a licensed board and room facility necessary? Y _____ N _____

Please explain: _____

Provider's Signature and Title

Date Completed

Printed Provider's Name

Address

Phone Number

OGA #36 (Revised 4/01)