

This form is for you to use to obtain a disability diagnosis certification from a licensed health care provider*

As this ALE Applicant's licensed health care provider, I certify, to the best of my knowledge:

1 Please check one

A This Individual has a severe medically determinable impairment** that results in marked and severe functional limitations which have lasted or can be expected to last for a continuous period of not less than 12 months and/or can be expected to result in death. I understand that "marked and severe functional limitations" means functional limitations that meet, medically equal, or functionally equal the severity of any listing in appendix 1 of subpart P of 20 CFR part 404 (the "Listing"), but without regard to age. The Listing can be found at www.ssa.gov/OP_Home/cfr20/404/404-app-p01.htm. I further understand that the level of severity is determined by taking into account the effect of the individual's prescribed treatment.

B This individual is blind, meaning that [I have] [the beneficiary has] central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.

2 This Individual's severe and marked medically determinable impairment or blindness occurred before the Individual's twenty-sixth birthday.

3 I am a Medical Doctor (MD) or Doctor of Osteopathy (DO), licensed to practice as such in the state in which I performed this diagnosis,

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*Must be a doctor of medicine (MD) or a doctor of osteopathy (DO) who is legally authorized to practice medicine and surgery by the state in which s/he performs the diagnosis.

**A medically determinable physical or mental impairment is an impairment that results from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The medical evidence must establish a physical or mental impairment consisting of signs, symptoms, and laboratory findings—not only by the individual’s statement of symptoms. 20 CFR 404.1528, 404.1529, 416.928, and 416.929 provide that symptoms, such as pain, fatigue, shortness of breath, weakness or nervousness, are an individual’s own perception or description of the impact of his or her physical or mental impairment(s). 20 CFR 416.928 further provides that, for an individual under age 18 who is unable to adequately describe his or her symptom(s), the Social Security Administration will accept as a statement of this symptom(s) the description given by the person most familiar with the individual, such as a parent, other relative, or guardian. However, when any of these manifestations is an anatomical, physiological, or psychological abnormality that can be shown by medically acceptable clinical diagnostic techniques, it represents a medical “sign” rather than a “symptom.” (See Social Security Ruling 96-4p)

As this ABL Applicant’s: _____ licensed health care provider, I am documenting the Individual’s primary diagnosis as required by the Stephen Beck, Jr., Achieving a Better Life Experience (ABLE) Act of 2014.

Primary Diagnosis (ICD-10)

Provider Print Name/Title

Provider Signature

___ / ___ / ___
Date (mm/dd/yyyy)