

Complete this form and return it to your representative.

What is your current age? Highest grade completed in school? When did your impairment stop you from working? Are you seeing a medical source for treatment of your impairments? Does your impairment interfere with your ability to do normal activities? Do you have multiple serious impairments? Do you have both a mental and physical impairment? Has your condition required surgery? Have you had one or more hospitalizations as a result of your impairment? Are you taking a medication for your condition that has caused unpleasant side effects?	Name:				_	
Phone:	Address:				<u> </u>	
Please answer each question below as honestly as possible: What is your current age?			S	tate:	Zip:	
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Has your impairment caused a physical deformity?	Loes your impairment significantly reduce your ability to hear?					
Have you experienced a decline in your ability to memorize or concentrate?	Has your impairment caused a physical deformity?					
	Have you experienced a decline in your ability to memorize or concentrate?					
Do you feel your condition is worsening with time?						
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