## CAPECO 721 SE Third, Suite D Pendleton OR 97801 541-276-1926

## **Energy Assistance Permanent Disability Verification Form**

Date:

Name: \_\_\_\_\_Date of Birth: \_\_\_\_\_

The person listed above would like to be recognized as permanently disabled for Energy Assistance Programs.

The Energy Assistance Programs need assurance from a licensed physician, medical practitioner, or psychologist that this person is permanently disabled according to the program definition below. Please confirm if the person listed above fits the following definition:

## Definition of Permanently Disabled

Persons who are unable to engage in any substantial paid activity by reason of any documented medically determinable physical or mental impairment that can be expected to last for twelve (12) continuous months or longer (or in the case of a child under the age of eighteen (18), if he/she suffers from any medically determinable physical or mental impairment of comparable severity). A statement of disability benefits may be considered proof of disability for an applicant.

The person named above **meets** the definition of Permanently Disabled as written above.

\_\_\_\_\_The person named above **does not meet** the definition of Permanently Disabled as written above.

Name of physician/psychologist

Signature of physician/psychologist

Thank you for helping us to help this person! CAPECO – Energy Assistance Programs

## **Patient's Release of Confidential Information**

I (we) authorize the above individuals or agencies to exchange information about my disability status with CAPECO's Energy Assistance intake screening office listed on this form.

Print name here

Sign name here

Date

In accordance with Federal law this institution does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political belief, sexual orientation, and marital or family status. CAPECO is an equal opportunity provider.

Name of medical office

Phone number of medical office