

Onondaga County DSS – Economic Security: SNAP

Civic Center 421 Montgomery Street, Syracuse, NY 13202

Phone: 315-435-2700

Undercare Fax: 315-435-2929

Intake Fax: 315-435-8232

10-H

MEDICAL STATEMENT FOR SNAP EMPLOYABILITY

TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN'S ASSISTANT,
CLINICAL SOCIAL WORKER OR OTHER HEALTH CARE PRACTITIONER.

Patient Name: _____ Date of Birth: _____

Case No.: _____ Client ID No. _____

Thank you for your assistance. This report is needed to evaluate the patient's employability.

Please answer the questions below in regards to the above patient.

1. HOW MANY HOURS PER WEEK IS THE PATIENT ABLE TO WORK?

- Zero hours per week
- Less than 20 hours per week
- 20 hours or more per week

2. WHAT'S THE REASON FOR PATIENT'S INCAPACITY/DISABILITY/EMPLOYABILITY RESTRICTION?

- Pregnancy: Estimated Due Date: _____
- Alcohol or Substance Abuse
Is the patient is regularly participating in an approved alcohol/substance abuse
rehabilitation program? Yes No
- Responsible for the care of an incapacitated person:
Name of person _____ full-time or part-time
- Other physical or mental health condition: _____
- None

3. HOW LONG IS THE PATIENT'S EMPLOYABILITY RESTRICTION EXPECTED TO LAST?

- Permanent
- More than 6 months
- 4 – 6 months
- 1 – 3 months
- 1 – 30 days
- No restriction

Health Care Provider Signature: _____ Date: _____

Name & Title: _____

Address: _____

Phone: _____