

Sample Medical Statement Form to document "Unfit for Work" under SNAP Time Limit Rules
Once filled out, patient/client returns to case worker.

To be completed by patient

Patient Name _____

Address _____

I, _____ request verification of my physical or mental condition or my participation in a drug and alcohol program.

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL:

Please check all that apply.

Does this patient have a **mental** condition, which restricts his or her ability to work? ___ yes ___ no

If yes, is the mental condition ___ **temporary** OR ___ **permanent**?

Does this patient have a **physical** condition, which restricts his or her ability to work? ___ yes ___ no

If yes, is the physical condition ___ **temporary** OR ___ **permanent**?

If **yes** to either question above, please indicate **how long**, in your professional opinion, the patient would be unable to work due to this illness/disability:

___ less than 30 days

___ 1-- 3 months

___ 3-- 6 months

___ 6 -- 9 months

___ 9-- 12 months

___ more than 12 months/or indefinite

Is this patient pregnant? ___ yes ___ no Due date: _____

To be completed by staff/counselor at a Drug and Alcohol Program

Is this person a participant in an in-patient/out-patient drug or alcohol treatment or counseling program, which restricts his or her ability to work? ___yes ___no

If yes, what is the anticipated program end date: _____

Signature and contact information for person filling out the form (either health care professional or staff at an in-patient/out-patient drug and alcohol program):

I certify that the information provided above is true and accurate.

_____/_____/_____
Name (please print) Title/profession** Date form signed

Signature Address Phone

** Verification of a mental and/or physical condition can be signed by the following healthcare providers: physician or physician's assistant. Verification of participation in an in-patient/out-patient substance abuse program can be provided by program counselors or staff.

Health Care Providers:

You Can Help Low-Income Adults Keep Their SNAP (Food Stamp) Benefits

SNAP benefits (formerly food stamps, also known as FAP in Michigan) help low-income people to buy the food they need to stay healthy. Many SNAP recipients ages 18 to 49 are at risk of losing their SNAP benefits, starting January 1, 2019, due to a federal SNAP rule that goes into effect in all counties on October 1, 2018. The rule limits Able Bodied Adults Without Dependents (ABAWDs) to receive SNAP benefits to three months if they are not exempt, and don't meet the work requirements.

With just a few minutes of your time, you can easily help. Many of those categorized as ABAWDs are not “able-bodied” due to a physical or mental condition that reduces their ability to work.

Frequently Asked Questions

How disabled do my patients need to be to be exempt from the work rule and three-month time limit?

People are exempt from the three-month time limit if they have “a physical or mental impairment that reduces their ability to work 20 hours a week or more.”

Some patients have impairments that prevent them from working at all. Or, some patients have impairments that allow them to work—but they may not be able to work full time, or even 20 hours per week. This standard of unfitness is much less strict than the Social Security standard and does not require a diagnosis or medical records.

Who might qualify for this exemption?

Patients with a reduced ability to work including those who:

- have difficulty maintaining focus and concentration for two hours at a time, including difficulty with consistently remembering and carrying out tasks.
- are diagnosed with “mild” or “moderate” anxiety, depression or maladaptive personality that reduces their ability to work. The symptoms do not need to be “marked” or “severe.”
- have a physical condition that limits them to light or sedentary work, who cannot stand or walk for extended periods of time, or who cannot engage in physical labor on a sustained basis.

How do I verify that my patient has a “reduced ability to work” based on his or her condition?

Fill out the simple one-page Medical Statement Form on the back side of this flyer. Include the expected duration of the incapacity and your signature. **A variety of healthcare professionals can sign this form** including: a physician or a physician's assistant.

For more information, visit www.michiganalliancetostophunger.com/resources



www.foodgatherers.org

Prepared by Food Bank Council of Michigan and Food Gatherers, with information from Michigan Department of Health and Human

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