STATE OF COLORADO

County Department Fax Information: https://www.colorado.gov/pacific/cdhs/contact-your-county

Med-9 Instructions for the Client	
Important Information	**What We Are Asking You To Do?**
You need a medical examination to determine your ongoing eligibility for Aid to the Needy Disabled (AND). You need to get the attached Med-9 form completed by a medical provider* **and then return it to your county office no later than the redetermination due date.**	1. Make an appointment with a medical provider* 2. Ask the medical provider* to: a. Read the instructions below; and b. Complete all of gray sections on the Med-9 form 3. Return the completed Med-9 form to your county office by the due date. You can do this in person, through email, by fax, by mail or online through your PEAK account.
Med-9 Instructions for the Medical Provider* (Please Read)	
Important Information	**What We Are Asking The Medical Provider To Do?**
This client has applied for Aid to the Needy Disabled (AND). AND provides a monthly payment to individuals that cannot maintain gainful employment due to a disability. In order to qualify, a medical provider* must certify the applicant's disability by filling out the attached Med-9 form based on an assessment of the applicant's medical condition. The words "total disability" on the Med-9 form are derived from regulations. They are not intended to reflect medical prognosis terminology. The county Human Services office and CDHS will consider your medical opinion expressed on the form.	1. Evaluate the client's disability 2. Complete *all* of the gray Sections on the Med-9 form a. Check only *one* disability level box b. Your signature, provider type, name, address, phone number, license number, the state issuing your license and date of exam 3. Return the completed form to the client and you may send a copy to the county department to assist the process. **You can obtain the county's fax number by visiting:** https://www.colorado.gov/pacific/cdhs/contact-your-county a. The client's county of residence is located on the Med-9 form b. On the website above, select the corresponding county to locate the county fax number

**Acceptable Medical Providers are: Colorado licensed physician (general practitioner or specialist), licensed psychologist, physician's assistant, advanced practice nurse, registered nurse, licensed professional counselor, or licensed clinical social worker. Medical certification for blindness shall be completed only by an ophthalmologist licensed in Colorado.*

Colorado Department of Human Services

Med-9

The Aid to the Needy Disabled (AND) Program provides financial benefits to Colorado residents who are disabled. This form is used by County Departments of Human Services to determine medical eligibility for the AND Program.

Name	SSN	DOB
Address	Phone	Zip Code
City	County	Effective Date

The rest of this form must be completed by one of the following medical professionals licensed in Colorado.

Please select the option that corresponds to your license/certification:

- o Physician*
- o Licensed Psychologist*
- o Registered Nurse*
- o Licensed Professional Counselor*
- o Physician's Assistant*
- o Advanced Practice Nurse*
- o Licensed Clinical Social Worker*

*If Specialized, list your specialty: _____

Medical Professional Signature	Printed Name	
License Number	State	Date of Exam
Provider Address	Provider Phone	

Please select the individual's diagnosis(es):

o Respiratory disorders o Cardiovascular disorders o Digestive disorders o Genitourinary disorders o Hematological disorders o Congenital disorders o Neurological disorders o Cancer o Alcohol/Controlled Substance Addiction	o Immune System disorders o Vision, Hearing, or Speech disorders o Musculoskeletal disorders o Mental or Cognitive disorders o Other (please define):	Use this space to write any specific diagnoses or relevant factors to the disorder type/diagnoses selected on the left:

Select only one of the two disability level options below:

O	This individual has a physical or mental disability/diagnosis(es) listed above which in combination with other factors, such as age, training, experience, and social setting substantially precludes the individual from having any employment that exists in the community for which they have competence. This disability is expected to last 6 months or longer. This condition is expected to last ____ months. (Please enter a number between 6 and 12.)
O	This individual **does not** have a physical or mental disability/diagnosis(es) that will last 6 months or longer and/or does not have accompanied social factors that preclude the individual from having employment in the community for which they have competence.

Please identify the social factors preventing the individual from employment:

o Age o Training o Experience o Social Setting	Other/Additional: