

## PRESUMPTIVE DISABILITY CHECKLIST

ESS completes form, and attaches to front cover of ODD case folder. This information is sent to ODD to help them identify individuals who may be eligible to receive a presumptive disability determination.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Check any of the following that apply to this individual:**

- Amputation of two limbs.
- Amputation of a leg at the hip.
- Allegation of total deafness.
- Allegation of total blindness.
- Allegation of bed confinement or immobility without a wheelchair, walker or crutches, due to a longstanding condition. Excluding a recent accident and recent surgery.
- Allegation of stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.
- Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of hands or arms.
- Allegation of diabetes with amputation of a foot.
- Allegation of Down's Syndrome.
- Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age.
- A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 lbs. 10 oz.) at birth.
- A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth with a low birth weight.
- Human immunodeficiency virus (HIV) infection.
- Physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer.
- Allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices, more than two weeks following a spinal cord injury with confirmation of such status from an appropriate professional.
- Posthumous requests (date of death \_\_\_\_\_)