

90-250 APPENDIX B. FORM 11-45G HHSA

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

Clinic use only

District Office: _____ Worker #: _____
 Appointment Date: _____

No Show: _____
 Signature: _____
 Date: _____

GENERAL RELIEF EMPLOYABILITY EVALUATION (GREE)

Please Print
 Name: _____ SSN: _____ DOB: _____ Case #: _____

Patient's statement of medical condition: _____

AUTHORIZATION FOR RELEASE OF INFORMATION AND SWORN STATEMENT

I hereby authorize the release of medical findings to the County of San Diego, Health and Human Services Agency, my medical providers, and the provider where my ability to work will be evaluated. I also understand that I must provide a medical statement if I am unable to work, and if I go to my own doctor to get a medical statement, the County of San Diego will not pay for it.

Under penalty of perjury, I attest that the above statement is true. I understand that I may be sanctioned if I provide false information.

 Applicant's Signature

 Date

Treatment Information (a GREE appointment is not considered treatment)	Yes/No	# of Times Seen in Last 6 Months	Where? (name/address/clinic)
1. Currently getting treatment for the condition stated above?		Date of Last Visit:	
2. Eligible to or getting:			
a. County Medical Services?			
b. Mental Health Services?			
c. Alcohol or Drug Services?			

Employability Status (please check only one) INSTRUCTIONS FOR MEDICAL PROVIDER ON REVERSE SIDE OF THIS FORM

- A. Can do GR Work Project (no restrictions)
 B. Can do Light Duty GR Work Project through the end of ___/___ (Month/Year)
 Please list restrictions for light duty _____
 C. Unable to work through the end of ___/___ (Month/Year)
 Diagnosis: _____

COMMENTS: _____

I certify that I have evaluated the above named patient and that these statements are a true record of my medical findings as related to the patient's statement of medical condition.

NAME/TITLE (PLEASE PRINT) _____ SIGNATURE _____
 PHYSICIAN'S NAME IF DIFFERENT _____
 STREET ADDRESS _____ DATE _____ TELEPHONE NO. _____
 CITY/STATE/ZIP _____ MEDICAL LICENSE NUMBER _____

**INSTRUCTIONS FOR COMPLETION OF
FORM 11-45G HHSA GENERAL RELIEF EMPLOYABILITY EVALUATION (GREE)**

PURPOSE OF THE GREE

The patient named on the front of this form has applied for General Relief (GR), a County-funded program which provides temporary emergency assistance to eligible applicants. GR recipients are required to participate in the GR Employable Program unless they are certified as unable to participate for medical reasons. One component of the GR Employable Program is the Work Project which entails a maximum of 80 hours per month of work.

In order to be excused from participating in the GR Work Project, the patient must provide a medical certification of inability to participate. The determination of medical inability to participate shall be based upon medical evidence of inability to work. The evaluation is neither a diagnostic examination nor a disability determination examination. However, the doctor may give a diagnosis.

Please Note: With rare exceptions (sanction cases), the medical statement does not affect the individual's eligibility for General Relief. It is only used in considering a waiver of GR Work Project requirements.

INSTRUCTIONS

At the top of the form, the clinic will identify the district from which the referral came and the client's appointment date or the GR eligibility worker number. This information is provided on the GREE appointment schedule log. If the patient does not show for an appointment, the clinic is to check next to "No Show", sign and date the form and return it to the Health and Human Services Agency. The clinic is to ensure that the treatment information section has been completed by the client to the best of his/her ability.

The following guidelines are to assist you in determining whether or not the patients can function in the GR Work Project. The GREE shall be completed by a Physician, Physician's Assistant, or Nurse Practitioner.

1. Employability Status

- A. Can do GR Work Project: Patient is able to function in the GR Work Project without restrictions. Examples of possible tasks include picking up trash; lifting boxes, gardening or highway/beach clean-up. Patient may be required to walk, stoop, bend, and lift objects.
- B. Can do Light Duty GR Work Project: Patient is able to function in the GR Work Project with restrictions. Examples of possible tasks include typing, filing, sorting, delivery of in-office mail, or answering telephones. Patients may be required to sit or stand for 2-3 hours at a time, do limited walking, stooping, or bending. Please enter the month/year that the restriction will end or that a medical re-evaluation of the condition is required. Also, please list the restrictions to be considered for light duty work project tasks and assignments.
- C. Unable to Work: The patient has a physical or mental impairment that substantially limits one or more major life activities and would prevent functioning in a job in any capacity. Please enter the month/year that the impairment is expected to end. If the person will be able to work but has restrictions on the type or amount of work, this is to be noted. If a medical re-evaluation is required before the person is cleared for work, please note in the Comments section, along with the date the re-evaluation is required. For any unknown information, please note "unknown", including the diagnosis. If more explanation is needed, please note in Comments section.

NOTE: Patients who meet, or are expected to meet, the conditions in 1.C. above for twelve months or more are required to apply for SSI/SSP and to initiate a Medi-Cal disability evaluation.

DO NOT TELL THE RESULTS OR RETURN THIS FORM TO THE PATIENT. THIS FORM MUST BE IN THE MAIL OR RETURNED TO THE HEALTH AND HUMAN SERVICES AGENCY WITHIN 24 HOURS OF THE SCHEDULED GREE.

