

**90-250 APPENDIX E. FORM 11-65 HHSA**

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**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY  
APPLICANT'S STATEMENT OF EMPLOYABILITY**

District Office \_\_\_\_\_  
Worker No. \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Return Appointment Date \_\_\_\_\_

Patient's Name \_\_\_\_\_  
Patient's SSN \_\_\_\_\_  
Case No. \_\_\_\_\_  
CMS certified? Yes \_\_\_\_\_ No \_\_\_\_\_

The information you provide on this form will be used in determining your ability to complete the work requirements of the General Relief Employable Program.

**PATIENT'S STATEMENT OF MEDICAL EMPLOYABILITY**

Write a brief statement describing your disabilities or limitations. This includes physical, emotional, behavioral and mental health problems.

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If you feel that you are unable to complete GR Employable Program requirements due to a medical condition, the County can schedule an appointment at a GR Employability Evaluation Clinic at no cost to you. If you want the County to schedule the appointment at no cost to you, please sign and date the following:

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of the above information to the County Health and Human Services Agency and the provider where my General Relief Employability Evaluation is scheduled.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
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If you DO NOT want the County to schedule the GR Employability Evaluation (GREE) for you, sign and date the following.

I DO NOT want the County to schedule the GREE for me. I understand that if the County does NOT schedule the GREE for me, the County WILL NOT pay for the GREE. I also understand that I am responsible for getting and bringing a Medical Statement to my return GR appointment.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

