

---

Social Security Administration (SSA) determinations and benefits may be verified with the State Verification and Exchange System (SVES) interface between MAXIS and SSA. See TEMP Manual TE02.12.13 (SVES TPQY Interface) for more information on this interface.

**MFIP/DWP:**

Do not ask for proof of illness or disability you expect to last less than 30 days unless the claim is questionable.

Accept a qualified professional's report based on the results of a current medical examination or a current psychiatric evaluation (no older than 12 months). See [0011.39 \(Qualified Professionals\)](#).

Information required whether qualified professionals use a DHS/DCYF form or their own form:

- The professional's name and title.
- Date of the most recent exam.
- Diagnosis.
- Length of time the condition is anticipated to last
  - Assume the condition continues until the end date the qualified professional has indicated on the form.
  - If the form indicates that there is not an end date for a condition, the form is valid for one year from the date the professional signed it.
- Identification of any permanent physical or mental limitations.
- Indication of whether there is a treatment plan and whether the patient is following the plan.
- Information about any limitations on the type of work or amount of work the client can do.

For permanent conditions, request a new medical form each year to assess the client's ability to work and eligibility for the following:

- Family Stabilization Services (FSS). See [0011.34 \(Family Stabilization Services\)](#).
- Exemptions to counting the housing subsidy. See [0017.15.99 \(Housing Subsidy\)](#).
- Extension reasons, see [0011.33.03.03 \(Limited Work Due to Illness/Disability\)](#), [0011.33.06 \(MFIP Hard to Employ Extension Category\)](#), [0011.33.09 \(MFIP III/Incapacitated Extension Category\)](#), [0011.34 \(Family Stabilization Services\)](#).

New diagnosis of the condition itself is not necessary if the condition is permanent.

Social Security Administration (SSA) disability status and State Medical Review Team (SMRT) disability determination are not sufficient to determine Family Stabilization Services or hardship extensions. A medical statement or a completed [Request for Medical Opinion form \(DHS-2114\)](#) is needed. Do not refer MFIP cases to SMRT. See [0011.34 \(Family Stabilization Services\)](#), [0011.33 \(Hardship Extensions\)](#).

**SNAP:**

See [0010.18.06 \(Verifying Disability/Incapacity - SNAP\)](#).

**MSA:**

Verify blindness or disability by either:

- Receipt of RSDI or SSI based on the person's blindness or disability.  
OR
- The most recent determination of blindness or disability for SSI in cases where the person does not currently receive SSI. The person must still be "otherwise eligible" for SSI EXCEPT for excess income. See [0013.09 \(MSA Bases of Eligibility\)](#).  
OR
- Certification of blindness or disability by the State Medical Review Team (SMRT). See [0012.15 \(Incapacity and Disability Determinations\)](#), [0012.15.06 \(State Medical Review Team \(SMRT\)\)](#). Do not refer MSA cases to SMRT, but accept a disability determination that SMRT makes for another program.

**GA:**

Use any 1 of the following as proof of illness or disability/incapacity:

- The [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#) signed by a qualified professional. See [0011.39 \(Qualified Professionals\)](#).

The DHS-2114 certification is valid for 6 months from the date of last examination unless a shorter or longer time frame for the condition is specified. If the person's condition is permanent and they are unable to perform any employment in the foreseeable future, the certification is valid for one year. If the date of last examination is not indicated or is more than 6 months old, the certification is valid from the date the qualified professional signed the form.

- For someone who resides in a Housing Support setting, the [Professional Statement of Need \(DHS-7122\) \(PDF\)](#) signed by a qualified professional or agency designee can be accepted to verify that they meet the placement in a facility basis of eligibility. See [0013.15.12 \(GA Basis – Placement in a Facility\)](#).
- SMRT Determination of Disability. Do not refer GA cases to SMRT but accept a disability determination that SMRT makes for another program.
- Other medical certification. See MEDICAL CERTIFICATION in [0002.39 \(Glossary: Lump Sum...\)](#).

#### GRH:

Follow MSA, for blind, aged, and disabled clients.

For all other adults, verify that a person has a disabling condition that limits the ability to work and provide self-support according to a person's basis of eligibility as follows:

- Permanent illness. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - OR
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).
- Temporary illness. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - OR
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).
- Requires services in residence. See [0011.39 \(Qualified Professionals\)](#).
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).
- Unemployable.
  - Assessment by vocational specialist. See [0013.18.21 \(GRH Basis – Unemployable\)](#).
- Medically certified as having developmental disability or mental illness. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - OR
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).
- Application or appeal pending for Social Security Disability or SSI. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - AND
  - Proof of application or appeal to the Social Security Administration.

- Advanced age.
  - Assessment by vocational specialist. See [0013.18.21 \(GRH Basis – Unemployable\)](#).
  - OR
  - Proof of work history showing decreased occupational status. See [0013.18.30 \(GRH Basis – Advanced Age\)](#).
- Learning disability. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - OR
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).
- Drug/alcohol addiction. See [0011.39 \(Qualified Professionals\)](#).
  - [Request for Medical Opinion \(DHS-2114\) \(PDF\)](#).
  - OR
  - [Group Residential Housing - Professional Statement of Need \(DHS-7122\) \(PDF\)](#).