



Connection to Programs for Health, Nutrition and Child Care



Print



Help

More About Test Patient's Disability or Blindness

You've told us that Test Patient is disabled, blind, or unable to work due to illness or injury. Please tell us a little bit more about this.

Test Patient's Disability or Blindness

Is Test Patient unable to work due to illness or injury?

☒ Yes ☐ No

* Has the Social Security Administration (SSA) made an official decision that Test Patient is blind?

No ▼

* Has the Social Security Administration (SSA) made an official decision that Test Patient is disabled?

No ▼

* Will Test Patient submit a Medicaid Disability Application (MADA) to his or her local agency in the next 30 days? [Click here](#) for more information on the MADA.

☐ Yes ☐ No

Does Test Patient have impairment-related work expenses? By this, we mean the cost of something that a blind or disabled person needs to do his or her job.

☐ Yes ☐ No



Back

Save & Exit

Next

