# CRP DISABILITY DETERMINATION DOCUMENTATION

**1. CRP Name:**

**2. Employee/Client Number:**
(assign a case number to each employee/client if none exists)

**3.** ☐ Full Time ☐ Part Time (less than 20 hours per week)

**4. Entry/Hire Date:** **5. Termination Date:**

**6. Position Held and Brief Summary of Work Performed:**

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**Section 806.41(e)(5)** of the Texas Administrative Code (TAC) states that disability determinations are or were conducted by a medical professional, vocational rehabilitation professional, local education agency, Social Security Administration, or other individual who:

(A) has demonstrated the qualifications necessary to make such determinations; and
(B) is an independent, non-CRP individual.

**TAC §806.2(8) Definition of a Disability**

*Disability – A disability recognized under the Americans with Disabilities Act that impedes a person who is seeking, entering, or maintaining gainful employment.*

**Select which of the following CRP Supporting Documentation of Disability or Impairment is on file:**

- ☐ Medical Doctor Evaluation Form
- ☐ Psychiatrist Evaluation Form
- ☐ Psychologist Evaluation Form
- ☐ Ophthalmologist Examination Form
- ☐ Optometrist Examination Form
- ☐ Proof of Social Security Disability Insurance (SSDI) Benefit
- ☐ AbilityOne/JWOD Evaluation Form
- ☐ State, Governmental, or Local Social Service Agency
- ☐ Vocational Rehabilitation Professional *(must be an independent, non-CRP individual and must complete accompanying Disability Determination Worksheet - DDW)*
- ☐ Other Professional Evaluation Form

Disability determination from a recognized licensed professional or other source above should include the professional's determination that the disability impedes the individual from maintaining gainful employment and **must be signed by appropriate professional.**

**Other documentation must be on file:**

- ☐ TWC Employee Disability Consent Form