

CRP DISABILITY DETERMINATION COVER SHEET

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:

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 independent, non-CRP individual. CRP must have resume, licenses, certifications, and/or other documentation of Vocational Rehabilitation Professional available. Accompanying Disability Determination Worksheet (DIS-WS-11/22) should be included.

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 (EMP-CONS-7/24)