

CRP DISABILITY DETERMINATION DOCUMENTATION 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 an independent, non-CRP individual and must complete accompanying Disability Determination Worksheet - DIS-WS-11/22*)
- 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-11/22)