

## 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:**

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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 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-11/22)