

## Nutrition Assistance Verification of Unfitness for Work

### Participant's Authorization

Name (*Last, First, M.I.*): \_\_\_\_\_

AZTECS Case Number: \_\_\_\_\_ HEAplus App ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Participant's Authorization

I authorize the program, hospital, medical group, or qualified professional to release to DES information about my condition, temporary or permanent, that impedes my participation in employment or a work program.

Qualified professionals include and are not limited to any of the following:

Physicians, physician's assistants, nurses, nurse practitioners, designated representatives of a physician's office, licensed or certified psychologists, and social workers.

I understand that I may revoke this authorization at any time. However, any information gathered prior to the revocation will remain in my permanent file.

Por la presente, autorizo al programa, hospital, grupo médico o profesionista cualificado/a a divulgar al DES la información sobre mi condición provisional o permanente que impide que participe en empleo o programa de trabajo.

Entre los profesionistas cualificados se incluyen los siguientes:

médicos, asistentes de médicos, enfermeros, enfermeros prácticos, representantes designados de consultorios médicos, sicólogos con cédula (licencia) o certificados, y trabajadores sociales.

Entiendo que puedo revocar esta autorización en cualquier momento. Sin embargo, toda información conseguida antes de la revocación permanecerá en mi archivo permanente.

Print Name (*Su nombre en letra de imprenta*): \_\_\_\_\_

Date/Fecha: \_\_\_\_\_ Signature/Firma del paciente: \_\_\_\_\_

I wish to revoke the authorization granted above. *Deseo revocar esta autorización.*

### Medical Information Completed by Qualified Professional

Instructions: To determine eligibility for services for the person named above, the Department of Economic Security (DES) is requesting the following information. Any information provided will be kept confidential except from this person and/or person's representative, unless you indicate that such information would be detrimental to their well-being, or mental or physical health. In that case the information will be kept totally confidential.

1. Does the person named above have a temporary or permanent physical or mental condition or an illness which prevents the person from performing any gainful employment or participating in work preparation activities?

Yes      No

2. Can the length of the physical or mental condition or illness be projected?      Yes      No

3. When the length of the physical or mental condition or illness cannot be determined now, please indicate by month and year when the person needs to be re-examined and re-evaluated. \_\_\_\_\_

### Qualified Professional's Information and Signature

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**1. mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), credo religioso, discapacidad, edad, creencias políticas, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Personas con discapacidad que requieran medios alternos de comunicación para obtener información sobre el programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano), debe ponerse en contacto con la agencia (estatal o local) donde solicitaron los beneficios. Las personas sordas, con dificultades auditivas o con discapacidades del habla pueden comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA que puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, en cualquier oficina del USDA, llamando al (833) 620-1071, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse por:

**1. correo:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; o

**2. fax:**

(833) 256-1665, o (202)-690-7442; o bien por

**3. correo electrónico:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

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Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con la oficina local; Servicios de TTY/TDD: 7-1-1. • Available in English on-line or at the local office.