Disability Case Selection

X

| Open Case | EDCS Actions | Claims Status | Sources | Release Notes | Help | Exit |

Disability Case Selection   Enable JAWS Mode

Search Criteria

⦿ Client SSN: `999-99-9999`

◯ Client Name. Last: [   ]   First: [   ]   [Search]

Search Results

Client Name	DSI	CEF	DOB	Estab Date	Level	Claim Type	Office Code	Office Type	Claim Status
◯ XXXXXXXXX Oyard, Joshua	N	Y	06/01/1983	07/31/2005	Reconsideration	DI	X33	FO	Closed
◯ Oxardx Joekxax Q. Xxaxx xoexxax x	N	Y	06/01/1983	01/15/2005	Initial	DI	C65	FO	Closed

[View Only] [Reprop] [Delete Case] [Create Case] [Reactivate Case] [Manual Clearance] [Unlock] [Help]

Select Case Level

Select Case Level -- Web Page Dialog

No EDCS case found. Please select the adjudicative level at which you want the case to be established.

Initial Classification:
- ⊙ Initial
- ○ Reconsideration
- ○ Hearing
- ○ Appeals Council
- ○ Federal Court

☐ **MCS Exclusion Claim**

CDR Classification:
- ○ CDR Initial
- ○ CDR Reconsideration
- ○ CDR Hearing

[OK]   [Cancel]

Confirm Case Creation

May 13, 2009

Form Selection

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Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

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3368 About You

Identification

Name: XXXXXXXXXXXX Joshua Ovard

Daytime telephone number: 801-377-XXXXXXXX

Please enter an alternate phone number or a phone number where a message can be left, if available.

Telephone Number is: ● U.S. ○ Foreign ○ None

Alternate telephone number: [_____]

Email Address: [_____]

Your Language Information

Can you speak and understand English? ○ Yes ● No ○ Not Yet Answered

What language do you prefer? Spanish

Can you read and understand English? ○ Yes ○ No ● Not Yet Answered

Can you write more than your name in English? ○ Yes ○ No ● Not Yet Answered

Other Names Used

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Other Names = Yes, but no other names entered

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Your Language Information

Can you speak and understand English? ○ Yes ⦿ No ○ Not Yet Answered

What language do you prefer? Spanish

Can you read and understand English? ○ Yes ○ No ⦿ Not Yet Answered

Can you write more than your name in English? ○ Yes ○ No ⦿ Not Yet Answered

Other Names Used

Have you used any other names on your medical or educational records?
Examples are maiden name, other married name, or nickname.

⦿ Yes   ○ No   ○ Not Yet Answered

To add a name, choose Add. To edit, select the name below.

Other Names

[Add]

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Other Names Used

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Other Names Used

Open in eView   **Hide Instructions**

Add each name that might appear on your medical or educational records.

* First name: [   ]

   Middle name: [   ]

* Last name: [   ]

   Suffix   [▼]

[OK]   [Delete]   [Add Another Name]   [Cancel]   [Help]

Other Names = Yes, with another name entered

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Your Language Information

Can you speak and understand English?	○ Yes	◉ No	○ Not Yet Answered
What language do you prefer?	Spanish		
Can you read and understand English?	○ Yes	○ No	◉ Not Yet Answered
Can you write more than your name in English?	○ Yes	○ No	◉ Not Yet Answered

Other Names Used

Have you used any other names on your medical or educational records?
Examples are maiden name, other married name, or nickname.

○ Yes   ○ No   ◉ Not Yet Answered

To add a name, choose Add. To edit, select the name below.

Other Names

Ovard, Josh

[Add]

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3368 Contacts

Alternate Contact Information

Is there someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your case?

○ Yes ○ No ⊙ Not Yet Answered

Name of Alternate Contact

First name: _____   Middle Name: _____   Last name: _____   Suffix: [▾]

Relationship to Disabled Person: [_____ ▾]

Address for Alternate Contact

Mailing address is: ⊙ U.S.   ○ Foreign   [Copy Address]

Street address line 1: _____

Street address line 2: _____

Street address line 3: _____

Street address line 4: _____

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Person Completing Report = Claimant

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Street address line 4: [ ]

City: [ ]   State: [--]   Zip Code: [ ]

Telephone for Alternate Contact

Please enter an alternate phone number or a phone number where a message can be left, if available.

Telephone Number is: ⦿U.S.   ○Foreign   ○None

Daytime telephone number: (999-999-9999) [ ]   **Ext:** [ ]

Preferred Language of Alternate Contact

Can this person speak and understand English?   ○Yes   ○No   ⦿Not Yet Answered

Person Completing the Report

Who is providing information?

⦿Joshua Ovard

○Alternate Contact listed above

○Someone else

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Person Completing Report = Someone Else

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⦿ Someone else

*First name: Middle Name: *Last name: Suffix:

Relationship to Disabled Person:

Address for Person Completing This Report

Mailing address is: ⦿ U.S.   ○ Foreign   [Copy Address]

Street address line 1:

Street address line 2:

Street address line 3:

Street address line 4:

City: State: --   Zip Code:

Telephone for Person Completing This Report

Telephone Number is: ⦿ U.S.   ○ Foreign   ○ None

Daytime telephone number: (999-999-9999)   Ext:

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Medical Conditions
Medical Conditions Propagated from mainframe, no new conditions entered

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3368 Medical Conditions

Alleged onset date from the mainframe is: 09/15/2008

Physical and Mental Conditions

* **List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.**

Enter one condition **on each line**. You will be given additional lines as needed.

1. Fatigue, fibromyalgia

2.

[Check Spelling]

Do your conditions cause you pain or other symptoms?

○ Yes   ○ No   ◉ Not Yet Answered

Height and Weight

What is your height without shoes? feet: [   ] inches: [   ]

What is your weight without shoes? pounds: [   ]

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Medical Conditions
Medical Conditions Propagated from mainframe, plus one new condition entered

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3368 Medical Conditions

Alleged onset date from the mainframe is: 09/15/2008

Physical and Mental Conditions

* **List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.**

Enter one condition **on each line**. You will be given additional lines as needed.

1. Fatigue, fibromyalgia

2. Migraines

3.

[Check Spelling]

Do your conditions cause you pain or other symptoms?

○ Yes ○ No ◉ Not Yet Answered

Height and Weight

What is your height without shoes? feet: ____ inches: ____

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Work and Onset
Are you currently working? = Not Yet Answered

Work and Onset
Are you currently working? = Not Yet Answered

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Check Edi_ts | _Transfer | _Print Forms | Create _Barcode | Clai_ms Actions | eF_orms | H_elp | C_lose Case | E_xit

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3368 Work and Onset

Alleged onset date from the mainframe is: 09/15/2008

Are you currently working?

○ No, I have never worked

○ No, I have stopped working

○ Yes, I am currently working

◉ Not Yet Answered

_Next Page | _Previous Page | _Cancel | _Help

Work and Onset
Claimant never worked

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3368 Work and Onset

Alleged onset date from the mainframe is: 09/15/2008

Are you currently working?

◉ No, I have never worked

○ No, I have stopped working

○ Yes, I am currently working

○ Not Yet Answered

When do you believe your condition became severe enough to keep you from working (even though you have never worked) (MM/DD/YYYY)? 09/15/2008
Where did this date come from?

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Claimant stopped working because of condition(s), did not make changes in work activity before stopping work

Claimant stopped working because of condition(s), did make changes in work activity before stopping work

Claimant stopped working because of other reasons, did make changes in work activity before stopping work

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3368 Work and Onset

Alleged onset date from the mainframe is: 09/15/2008

Are you currently working?

○ No, I have never worked

◉ No, I have stopped working

○ Yes, I am currently working

○ Not Yet Answered

When did you stop working? (MM/DD/YYYY) [   ]

Why did you stop working?

○ Because of my condition(s).

◉ Because of other reasons.

○ Because of my condition(s) and other reasons.

○ Not Yet Answered

Please explain why you stopped working.

Examples of stopping work

[   ]

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Claimant stopped working because of other reasons, did make changes in work activity before stopping work

---

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○ Because of my condition(s) and other reasons.
○ Not Yet Answered

Please explain why you stopped working.
Examples of stopping work

When do you believe that your condition became severe enough to keep you from returning to work (MM/DD/YYYY)?

Did your condition(s) cause you to make changes in your work activity before you stopped working?

⊙ Yes   ○ No   ○ Not Yet Answered

When did you make changes? (MM/DD/YYYY)

Since the date you made changes, have you had gross earnings greater than $9̶8̶0̶ in any month? Do not count sick leave, vacation, or disability pay.

○ Yes   ⊙ No   ○ Not Yet Answered   change to $10,90

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Work and Onset
Claimant is currently working, condition has caused changes in work activity

May 13, 2009

Work and Onset
Claimant is currently working, condition has not caused changes in work activity

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3368 Work and Onset

Alleged onset date from the mainframe is: 09/15/2008

Are you currently working?

- ○ No, I have never worked
- ○ No, I have stopped working
- ⦿ Yes, I am currently working
- ○ Not Yet Answered

Has your condition caused you to make any changes in your work activity?

○ Yes   ⦿ No   ○ Not Yet Answered

When did your condition first start bothering you? (MM/DD/YYYY)   9/15/2008
Where did this date come from?

Since your condition(s) first bothered you, have you had gross earnings greater than $980 in any month? Do not count sick leave, vacation, or disability pay.

○ Yes   ⦿ No   ○ Not Yet Answered

> Change to $1,090

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Job History
Initial View

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

○ 0
○ 1
○ 2-5
○ 6 or more
◉ Not Yet Answered

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Job History
No Jobs

Job History
One Job

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

○ 0
◉ 1
○ 2-5
○ 6 or more
○ Not Yet Answered

List the job. If you need to add more jobs, you must change your answer above.

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

[Add Job]

Next Page | Previous Page | Cancel | Help

Job History
Two to Five Jobs

Disability Case Process 123-45-6789 Joshua Ovard - **Microsoft Internet Explorer provided by IE6.0 SP1...**

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

○ 0
○ 1
◉ 2-5
○ 6 or more
○ Not Yet Answered

List the jobs. Start with your most recent job.

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

Add Job

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Job History
Six or More Jobs

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

○ 0
○ 1
○ 2-5
◉ 6 or more
○ Not Yet Answered

List the jobs. Start with your most recent job.

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To

Add Job

Next Page | **Previous Page** | **Cancel** | **Help**

Job Information
Claimant had more than one job in last 15 years before becoming unable to work

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Job Information   Open in eView   Hide Instructions

Occupation or job title:

Examples:
- Short order cook, not just cook
- Elementary school teacher, not just teacher
- Long-haul truck driver, not just driver

Type of Business:

Dates Worked

If you can't remember the exact dates, be as specific as possible (month or season and year). If you are currently working in this job, enter "Present" in the To: input field.

From: _____   **To:** _____

Is this your most recent job?   ○ Yes   ○ No   ⊙ Not Yet Answered

Most Recent Hours and Pay

Average hours per day: _____

Average days per week: _____

Rate of Pay:
If you did "piece work", give the average amount you earned per day. If you were on commission, give the average amount per month.

$ _____   Per _____

[OK]   [Delete]   [Add Another Job]   [Cancel]   [Help]

Job History
User has entered five jobs

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

○ 0
○ 1
○ 2-5
◉ 6 or more
○ Not Yet Answered

List the jobs. Start with your most recent job.

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To
Cook	01/1985	01/1995
Waiter	01/1995	01/2000
Manager	01/2000	01/2003
Manager	01/2003	01/2005
Manager	01/2005	03/2005

Add Job

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Job Information   Open in eView   Hide Instructions

Occupation or job title:

Examples:
- Short order cook, not just cook
- Elementary school teacher, not just teacher
- Long-haul truck driver, not just driver

Type of Business:

Dates Worked

If you can't remember the exact dates, be as specific as possible (month or season and year). If you are currently working in this job, enter "Present" in the To: input field.

From: **To:**

Is this your most recent job?   ○ Yes ○ No   ● Not Yet Answered

Most Recent Hours and Pay

Average hours per day:

Average days per week:

Rate of Pay:
If you did "piece work", give the average amount you earned per day. If you were on commission, give the average amount per month.

$ Per

Claimant had only one job in last 15 years before becoming unable to work

What did you do all day in this job?

Describe this job. What did you do all day?

[   ]

In this job, did you:

Use machines, tools, or equipment?
Examples:
• Carpenters may use tools like power saws and nail guns
• Administrative assistants may use a computer

○ Yes   ○ No   ⦿ Not Yet Answered

Use technical knowledge or skills?
Examples:
• Electricians may use a computer
• Teachers know the subjects they teach

○ Yes   ○ No   ⦿ Not Yet Answered

Do any writing, complete forms, or perform duties like this?
Examples:
• Waitresses write customers' orders
• Bookkeepers complete reports
• Truck drivers complete trip logs

○ Yes   ○ No   ⦿ Not Yet Answered

Claimant had only one job in last 15 years before becoming unable to work

In this job, how many hours a day did you do each of the tasks listed?

The following numbers do not have to add up to the total "Average hours per day" listed above because you may be performing more than one activity at a time. For example, you may be standing and lifting or sitting and typing simultaneously.

Walk? _____

Stand? _____

Sit? _____

Climb? _____
(stairs, ladders, etc.)

Stoop? _____
(bend down and forward at the waist)

Kneel? _____
(bend legs to rest on knees)

Crouch? _____
(bend legs and back down and forward)

Crawl? _____
(move on hands and knees)

Handle large objects? _____
Examples:
• Lift a box
• Move a lever such as a gear shift

Claimant had only one job in last 15 years before becoming unable to work

Write, type, or handle small objects?

Example:
- Write on a pad
- Use a calculator
- Sort objects by hand

Reach?

Physical Activities: Lifting and Carrying

Describe what you lifted, how far you carried it, and how often you did this in your job.

Examples of lifting and carrying

Select the heaviest weight lifted:

Select the weight frequently lifted:
(By frequently, we mean from 1/3 to
2/3 of the workday.)

Did you supervise people in this job?

○ Yes ○ No ⦿ Not Yet Answered

How many people did you supervise?

What part of your time did you spend supervising people?

Did you hire and fire employees? ○ Yes ○ No ⦿ Not Yet Answered

Were you a lead worker?

○ Yes ○ No ⦿ Not Yet Answered

[<u>O</u>K] [<u>D</u>elete] [<u>A</u>dd Another Job] [<u>C</u>ancel] [<u>H</u>elp]

Job History
User has entered one job

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3368 Job History

Alleged onset date: 09/15/2008

How many jobs did you have in the 15 years before you became unable to work because of your physical or mental conditions?

- ○ 0
- ⦿ 1
- ○ 2-5
- ○ 6 or more
- ○ Not Yet Answered

List the job. If you need to add more jobs, you must change your answer above.

To add a job, choose Add Job. To edit, select a job title below.

Job Title	From	To
Cook	01/1985	Present

[Add Job]

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Medical Sources
Initial view

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3368 Medical Sources

Alleged Onset Date: 09/15/2008

Doctors, Therapists, Hospital, Clinics

Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

* For any **physical** condition(s)

○ Yes ○ No ⊙ Not Yet Answered

* For any **mental** condition(s) **(including emotional or learning problems)**

○ Yes ○ No ⊙ Not Yet Answered

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Medical Sources
User has indicated claimant has medical sources, but has not entered any

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Doctor/Therapist Information

Source to Merge

Alleged onset date: 09/15/2008

Name: XXXXXXXXXX John Mcneil XXXXXXXXXX

Attention:

Address: 147 West 400 North

Patient ID# (if known):

Dates

First visit:

Last visit:

Next appointment:

Conditions and Treatments

What medical conditions were treated or evaluated?

What treatment did you receive for the above conditions?

Tests

List any tests **this provider** performed, sent you to, or scheduled you to take in the future.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

Add Test

Medicines

List all medicines prescribed or suggested **by this provider**.

To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.

Medicine	Prescribed By	Reason

Add Medicine

Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

delete wording "limit your ability to work"

To add a condition, choose Add Condition. To edit, select the name of the condition below.

Name
Fatigue, Fibromyalgia
Migraines

Add or Edit Conditions

OK   Delete   Add Another Source   Cancel   Help

Medical Sources
User has indicated claimant has medical sources and entered a doctor

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3368 Medical Sources

Alleged Onset Date: 09/15/2008

Doctors, Therapists, Hospital, Clinics

Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

* For any **physical** condition(s)
   ⦿ Yes   ◯ No   ◯ Not Yet Answered

* For any **mental** condition(s) **(including emotional or learning problems)**
   ◯ Yes   ⦿ No   ◯ Not Yet Answered

delete wording

Tell us who may have medical records about any of your **physical or mental** condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (**including emergency room visits**), clinics, and other health care facilities.

Tell us about your **next appointment**, if you have one scheduled.

To add a health care provider, choose Add Doctor/Hospital/Etc. To edit, select the name below.

Name	Address
Dr. John McKell	147 West 400 North

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Hospital/Clinic Information

Alleged onset date: 09/15/2008

Name of facility or office: Utah General Hospital
Attention:
Address: 6701 Main Street

Health care professional who treated you at Utah General Hospital:
[   ]

Patient ID# (if known):   [   ]

Dates at this Facility

Did you have any inpatient stays?   ⦿ Yes ◯ No   ◯ Not Yet Answered

Date In: [   ]   **Date Out:** [   ]

Date In: [   ]   **Date Out:** [   ]

Date In: [   ]   **Date Out:** [   ]

Did you have any outpatient visits?   ⦿ Yes ◯ No   ◯ Not Yet Answered

First visit: [   ]

Last visit: [   ]

Next appointment: [   ]

Did you have any emergency room visits?   ⦿ Yes   ○ No   ○ Not Yet Answered

Date of visit:

Date of visit:

Date of visit:

Conditions and Treatments

What medical conditions were treated or evaluated?

What treatment did you receive for the above conditions?

Tests

List any tests **this provider** performed, sent you to, or scheduled you to take in the future.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

[Add Test]

Medicines

List all medicines prescribed or suggested by **this provider**.

To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.

Medicine	Prescribed By	Reason

[Add Medicine]

Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

delete wording

To add a condition, choose Add Condition. To edit, select the name of the condition below.

Name
Fatigue, Fibromyalgia
Migraines

[Add or Edit Conditions]

[OK] [Delete] [Add Another Source] [Cancel] [Help]

Tests Summary

Test Information
No body part involved

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Test Information   Open in eView   Hide Instructions

*Name of Test: [Please select   ▼]

Date of Test: [   ]

Provider who performed, sent you to, or scheduled you to take this test.
If you need to add a medical source, you must return to MED SOURCES.

[▼]

Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines

[Add or Edit Conditions]

[OK] [Delete] [Add Another Test] [Cancel] [Help]

delete wording "that limit your ability to work"

Test Information
Body part involved

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...

Test Information　　　　　　　　　　　　　　　　　　　**Open in eView**　　**Hide Instructions**

*Name of Test:　　[X-Ray (body part) ▾]

What part of your body was covered or will be covered by this test?

[   ]

Date of Test:　　[   ]

Provider who performed, sent you to, or scheduled you to take this test.
If you need to add a medical source, you must return to MED SOURCES.

[▾]

Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems)
that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines

[Add or Edit Conditions]

[OK]　[Delete]　[Add Another Test]　[Cancel]　[Help]

Physical and Mental Condition Information – Plan A
Claimant adds physical or mental condition while adding test

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Physical and Mental Condition Information   Open in eView   Hide Instructions

Enter one condition on each line. You will be given additional lines as needed.

1. Fatigue, Fibromyalgia
2. Migraines
3.

[Check Spelling]

[OK]   [Cancel]   [Help]

Physical and Mental Condition Information – Plan B
Claimant adds physical or mental condition while adding test

Medicines Summary

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3368 Medicines Summary

Are you taking any prescription or non-prescription medicines?

⦿ Yes ○ No ○ Not Yet Answered

List all prescription and non-prescription medicines that you take for your condition.

To add a medicine, choose Add. To edit, select the medicine listed below.

Medicine	Prescribed By	Reason
Ambien	Dr. John McKell	Insomnia

[Add Medicine]

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Medicine Information

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Medicine Information   Open in eView   Hide Instructions

*Name of Medicine:

Who prescribed this medicine (if prescription):
If you need to add a medical source, you must return to MED SOURCES.

Reason for medicine:
Examples:
- Slows down my heart rate
- Regulates my blood sugar
- Stops the pain

Physical and Mental Conditions

List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

To add or edit a condition, choose Add or Edit Conditions.

Name
Fatigue, Fibromyalgia
Migraines
Muscle pain

[Add or Edit Conditions]

[OK]   [Delete]   [Add Another Medicine]   [Cancel]   [Help]

Other Medical Information
Initial View

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3368 Other Medical Information

Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?

Examples:
• Workers' Compensation
• Vocational rehabilitation
• Insurance companies who have paid you disability benefits
• Prisons
• Attorneys
• Welfare or social service agency

○ Yes   ○ No   ⊙ Not Yet Answered

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Other Medical Information
User has indicated claimant has other medical source, but has not entered any

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3368 Other Medical Information

Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?

Examples:
- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

⊙ Yes   ○ No   ○ Not Yet Answered

To add a medical source, choose Add Another. To edit, select the name below.

Name	Address

Add Source

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Other Medical Information

Other Medical Information
User has entered an other medical source

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3368 Other Medical Information

Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else?

Examples:
- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

⊙ Yes   ○ No   ○ Not Yet Answered

To add a medical source, choose Add Another. To edit, select the name below.

Name	Address
CoreSource	PO Box 2920, Clinton, IA

[Add Source]

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Education and Training
Initial View

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3368 Education and Training

Alleged onset date: 09/15/2008

What is the highest grade of school that you completed?

Approximate date completed:

Special Education

Did you attend special education classes?

Examples

○ Yes   ○ No   ⊙ Not Yet Answered

Job Training or Vocational School

Have you completed any type of specialized job training, trade, or vocational school?

Examples

○ Yes   ○ No   ⊙ Not Yet Answered

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User has indicated claimant received special education and job training/vocational school, but has not entered any

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3368 Education and Training

Alleged onset date: 09/15/2008

What is the highest grade of school that you completed?

Approximate date completed:

Special Education

Did you attend special education classes?

Examples

⊙ Yes   ○ No   ○ Not Yet Answered

List all schools where you attended special education classes.

To add a school, choose Add. To edit, select the school below.

Name	Address

Add

Job Training or Vocational School

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User has indicated claimant received special education and job training/vocational school, but has not entered any

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Flags/Messages

List all schools where you attended special education classes.

To add a school, choose Add. To edit, select the school below.

Name	Address

[Add]

Job Training or Vocational School

Have you completed any type of specialized job training, trade, or vocational school?

Examples

⦿ Yes   ○ No   ○ Not Yet Answered

Describe the types of vocational programs attended.

[   ]

Approximate date completed: [   ]

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Special Education Information
Initial View

May 13, 2009

Special Education Information
User has entered a school

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3368 Education and Training

Alleged onset date: 09/15/2008

What is the highest grade of school that you completed?

Approximate date completed:

Special Education

Did you attend special education classes?

Examples

⦿ Yes   ○ No   ○ Not Yet Answered

List all schools where you attended special education classes.

To add a school, choose Add. To edit, select the school below.

Name	Address
Provo Academy	100 West 50th Street South

[Add]

Job Training or Vocational School

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Remarks