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**MEDICAID ELIGIBILITY**  
**FORMS AND INSTRUCTIONS**

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**DOM-324 - VOCATIONAL REPORT**

**PURPOSE & USE**

This form is a supplement to the DOM-323, Disability and Blindness Report, and is to be completed by the Specialist only when the applicant has a communication problem due to language, speech or hearing difficulties which would make it difficult for the DDS reviewer to contact the applicant in order for DDS to obtain the information. The Specialist will complete the form with the applicant or representative, or the applicant may wish to complete the form on his/her own.

**INSTRUCTIONS**

Prepare an original and attach the form to DOM-323 to be forwarded to DDS. Refer to policy in Section D for disability and blindness policy.

When the Medicaid Specialist completes the form, the CONFIDENTIALITY NOTICE will be explained to the applicant.

# VOCATIONAL REPORT

This report supplements the Disability or Blindness Report (Form DOM-323) by requesting additional information about your past work experience. PLEASE PRINT, TYPE OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

**CONFIDENTIALITY NOTICE:** The information requested on this form is authorized by Title XIX of the Social Security Act. The information will be used to further document your request for Medicaid. Information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your eligibility. Information you furnish on this form may be disclosed by the Social Security Administration or Medicaid Agency to another person or governmental agency only with respect to Social Security and Medicaid programs and only to comply with Federal laws requiring the exchange of information between Medicaid and other agencies.

Name of Client \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number (Where you can be reached) \_\_\_\_\_

**Part I - INFORMATION ABOUT YOUR WORK HISTORY** -List the job or jobs you have had in the last 15 years before you stopped working. (If you have a 6th grade education or less, AND performed only heavy unskilled labor for 35 years or more, list the job or jobs you have had since you began to work. If you need more space, use Part III)

JOB TITLE (Begin with your usual job)	TYPE OF BUSINESS	DATES WORKED (Month, Year)		DAYS PER WEEK	RATE OF PAY (Per hr., day, wk., mo., yr.)
		FROM	TO		
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

**Part II - INFORMATION ABOUT YOUR JOB DUTIES** - Provide the following information for each of the jobs listed in Part I, starting with your usual job:

Job Title (from Part I) \_\_\_\_\_

- A. In your job did you:
- Use machines, tools or equipment of any kind? .....  Yes  No
  - Use technical knowledge or skills? .....  Yes  No
  - Do any writing, complete reports, or perform similar duties? .....  Yes  No
  - Have supervisory responsibilities? .....  Yes  No

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision:

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

Walking (circle the number or hours a day spent walking) . . . . . 0 1 2 3 4 5 6 7  
 Standing (circle the number of hours a day spent standing) . . . . . 0 1 2 3 4 5 6 7  
 Sitting (circle the number of hours a day spent sitting) . . . . . 0 1 2 3 4 5 6 7 8  
 Bending (circle how often a day you had to bend) . . . . . Never Occasionally Frequently Constantly  
 Reaching (circle how often a day you had to reach) . . . . . Never Occasionally Frequently Constantly  
 Lifting and Carrying: Describe below what kind of objects or material was lifted; how much it weighed, how many times a day you lifted this material, and how far you carried it.

**IF YOU NEED ADDITIONAL SPACE TO PROVIDE INFORMATION ABOUT OTHER JOBS LISTED IN PART I OF THIS FORM, USE PART III OR ATTACHED ADDITIONAL COPIES OF THIS FORM.**

Part III - **REMARKS** - Use this section for any other information you may want to give about your work history, or to provide any other remarks you may want to make to support your disability claim:

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

NAME (Name of Client)

 \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client or Person Filing on the Client's Behalf

**DO NOT WRITE BELOW THIS LINE**

Form DOM-324 taken by:  Personal Interview  Telephone  Mail  
 Form Supplemented:  Yes  No If "Yes", by  Personal Interview  Telephone  Mail  
 Signature of Interviewer or Reviewer \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_ Office \_\_\_\_\_