

# Instructions

Give this form to DTA

- By mail: DTA Document Processing Center,  
P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

## To the Client:

Use this form to tell us if you are caring for a disabled person who lives with you. If you cannot look for or keep a full-time job because you are caring for this person, you will be exempt from the TAFDC time limit and work rules.

A doctor, nurse practitioner, osteopath or psychologist may complete this form. Give the completed form back to DTA.



Verification of Caring for the Disabled

Give this form to DTA
• By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
• By fax: (617) 887-8765
• In person at your local DTA office.

Caregiver's Name

Head of Household Name (if different)

Head of Household Agency ID or last 4 of SSN

To Medical Provider: This caregiver states that s/he is required to provide care for

Name of Patient

D.O.B. of Patient

Does this patient's condition require the caregiver to provide essential care? [ ] Yes [ ] No

Describe the condition, its severity, and the extent of care the patient requires:

Three horizontal lines for describing the condition, severity, and extent of care.

If the patient is a child: Does the child attend school full time? [ ] Yes [ ] No

Is the child otherwise out of the home? [ ] Yes. Where? [ ] No

If the child attends school full time or is out of the home, does the child have disability-related needs during the day and/or night which prevent the caregiver from seeking, getting or maintaining full-time work? [ ] Yes [ ] No Explain:

Horizontal line for explaining child's needs.

If the patient is an adult: Does the patient have disability-related needs which prevent the caregiver from seeking, getting or maintaining full-time work? [ ] Yes [ ] No Explain:

Two horizontal lines for explaining adult's needs.

Medical Provider Signature\*

Print Medical Provider Name

Date

Address

( ) Telephone Number

\*A doctor, nurse practitioner, osteopath, or psychologist may sign.

Please send the completed form to DTA or return it to the caregiver.