

STATE OF COLORADO



This form can also be completed and submitted by medical providers online.

Medical providers can click the "Med-9 Form" link on the top of this page:

<https://peak.my.site.com/PeakPro/s/provider-med-9-portal>

County Department Fax Information: <https://www.colorado.gov/pacific/cdhs/contact-your-county>

Med-9 Instructions for the Client	
Important Information	What We Are Asking You To Do?
<p>You need a medical examination to determine your ongoing eligibility for Aid to the Needy Disabled (AND).</p> <p>You need to get the attached Med-9 form completed by a medical provider* and then return it to your county office no later than the redetermination due date.</p>	<ol style="list-style-type: none">1. Make an appointment with a medical provider*2. Ask the medical provider* to:<ol style="list-style-type: none">a. Read the instructions below; andb. Complete all of the gray sections on the Med-9 Form3. Return the completed Med-9 form to your county office by the due date. You can do this in person, through email, by fax, by mail or online through your PEAK account.
Med-9 Instructions for the Medical Provider* (Please Read)	
Important Information	What We Are Asking the Medical Provider To Do?
<p>This client has applied for Aid to the Needy Disabled. AND provides a monthly payment to individuals that cannot maintain gainful employment due to a disability.</p> <p>In order to qualify, a medical provider* must certify the applicant's disability by filling out the attached Med-9 form based on an assessment of the applicant's medical condition.</p> <p>The words "total disability" on the Med-9 form are derived from regulations. They are not intended to reflect medical prognosis terminology.</p> <p>The county Human Services office and CDHS will consider your medical opinion expressed on the form.</p>	<ol style="list-style-type: none">1. Evaluate the client's disability2. Complete all of the gray sections on the Med-9 form<ol style="list-style-type: none">a. Check only one disability level boxb. Your signature, provider type, name, address, phone number, license number, the state issuing your license, and date of exam3. Return the completed form to the client and you may send a copy to the county department to assist the process. You can obtain the county's fax number by visiting: https://www.colorado.gov/pacific/cdhs/contact-your-county<ol style="list-style-type: none">a. The client's county of residence is located on the Med-9 formb. On the website above, select the corresponding county to locate the county fax number.

**Acceptable Medical Providers are: Colorado licensed physician (general practitioner or specialist), psychologist, physician assistant, an advanced practice nurse, or a registered nurse. Medical certification for blindness shall be completed by an ophthalmologist duly licensed in this state and actively engaged in the treatment of disease of human eye, or by an optometrist duly licensed to practice in the state.*

Colorado Department of Human Services**Med-9**

The Aid to the Needy Disabled (AND) Program provides financial benefits to Colorado residents who are disabled. This form is used by County Departments of Human Services to determine medical eligibility for the AND Program.

Name	SSN	DOB
Address	Phone	Zip Code
City	County	Effective Date

The rest of this form must be completed by one of the following medical professionals licensed in Colorado.

Please select the option that corresponds to your license/certification:

Physician*

Physician Assistant*

Licensed Psychologist*

Advanced Practice Nurse*

Registered Nurse*

Licensed Clinical Social Worker*

Licensed Professional Counselor*

Optometrist*

*If Specialized, list your specialty:

Medical Professional Signature

Printed Name

License Number

State

Date of Exam

Provider Address

Provider Phone

Please select the individual's diagnosis(es):

If a client has more than one diagnosis, mark the primary diagnosis with a star (*) on the box to right of each option.

Respiratory disorders	Alcohol/Controlled	Use this space to write any specific diagnoses or relevant factors to the disorder type/diagnoses selected on the left:
Cardiovascular disorders	Substance Addiction	
Digestive disorders	Immune System disorders	
Genitourinary disorders	Blindness (corrected visual	
Hematological disorders	acuity <=20/200 OR widest	
Congenital disorders	diameter of field of vision <= 20 degrees)	
Neurological disorders	Vision, Hearing, or Speech disorders	
Cancer	Musculoskeletal disorder	
	Other (please define):	

Select only one of the two disability levels below:

<p>This individual has a physical or mental disability/diagnosis(es) listed above which in combination with other factors, such as age, training, experience, and social setting substantially precludes the individual from having any employment that exists in the community for which they have competence. This disability is expected to last 6 months or longer.</p> <p>How many months is this condition expected to last?</p> <p>Check one: 6-11 months 12+ months</p>
<p>This individual does not have a physical or mental disability/diagnosis(es) that will last 6 months or longer and/ or does not have accompanied social factors that preclude the individual from having employment in the community for which they have competence.</p>

Please identify the social factors preventing the individual from employment:

Age	Training	Other/Additional:
Experience	Social Setting	