

## **WORK HISTORY FORM**

**PURPOSE:** To provide a standardized means of obtaining current and former employment information on a person requesting or receiving assistance on the basis of physical or mental incapacity. Use the Work History form during application and review processes to capture information that the Medical Review Team will use in determining the scope of relevant work capabilities.

**NUMBER OF COPIES AND DISPOSITION:** Original, to be scanned to the Medical Review Team. Offices outside of St. Louis City will scan to the MRT-Processing Center (MRT – PC), along with the MRT-PC Packet: IM-61 Social Information Summary, IM-61B(Informational) Disability Questionnaire (when returned by the applicant), IM-61D Medical Facility/Doctors List, the MRT Coversheet, the MO-650-2616 Authorization for Disclosure of Consumer Medical Health Information, and other documents as determined by the MRT Coversheet.

## **MANUAL REFERENCE:**

[0105.025.15.25 Medical Assistance Program Explanation](#)

[0105.025.15.40 Supplemental Nursing Care Explanation](#)

[1060.000.00 Disability \(PTD eligibility criteria\)](#)

[0205.050.20 Physical and Mental Incapacity](#)

**INSTRUCTIONS FOR COMPLETION:** The following information should be entered only by the Family Support Division employee: Enter participant's name, DCN, and Date of Birth.

- If the participant is in the office or on the telephone: The Eligibility Specialist is to ask the participant for the employment information and record their answers in the appropriate fields.
- If the participant is not in the office or on the telephone: The Work History form may be mailed to the participant for completion. The Eligibility Specialist is responsible for officially requesting the timely completion and return of the form.