

OPHTHALMOLOGIST/OPTOMETRIST FORM

PURPOSE: To provide a standardized means of obtaining current and former medical information on a person requesting or receiving assistance on the basis of visual disability. Use this form during application and review processes to capture information that the Medical Review Team-Processing Center will use to request relevant medical information.

NUMBER OF COPIES AND DISPOSITION: Original, to be scanned to the Medical Review Team-Processing Unit, along with the MRT-Processing Center Packet: IM-61 Social Information Summary, IM-61B(Informational) Disability Questionnaire (if returned by applicant), IM-61C Work History 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. This form can be mailed to the applicant for completion.

MANUAL REFERENCE:

[0505.000.00 ELIGIBILITY REQUIREMENTS FOR BLIND PENSION](#)

[0400.000.00 SUPPLEMENTAL AID TO THE BLIND](#)

INSTRUCTIONS FOR COMPLETION: The information may be entered by the Family Support Division employee or by the applicant/recipient: 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 doctor information and record their answers in the appropriate fields.

- If the participant is not in the office or on the telephone: The Ophthalmologist/Optomtrist Information Request 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.