MAT Application, Part 5

DISABILITY CERTIFICATION FORM

Applicant: Please complete this part and give the form to your doctor, audiologist, rehabilitation counselor, or speech pathologist.

Applicant's Name | Date of Birth: mm/dd/yyyy

Address | Apt.

City | State | Zip Code

__ __ __ __
Social Security Number (last 4 digits)

I authorize MAT to have access to and use information contained in this Disability Certification Form.

Applicant's Signature | Date

PROFESSIONAL CERTIFICATION SECTION

Note to Health Care Provider: This form must be filled out by a practicing licensed professional as listed below, acting within the scope of his or her license, or by an authorized representative of a state agency or educational institution approved by Telecommunications Access of Maryland.

I certify that the above named person has impairment(s) marked below and is limited in his/her ability to use a standard phone.

Signature:_____ Date:_____

Printed name:_____

Check one:

☐ Physician ☐ Audiologist ☐ Rehabilitation Counselor ☐ Speech Language Pathologist
☐ Social Worker ☐ Psychologist ☐ Mental Health Counselor ☐ Registered Nurse (RN)
☐ Licensed Practical Nurse (LPN) ☐ Physical Therapist
☐ Other health care professional *(specify)*_____

Office Address:_____

City, State, Zip Code:_____

Phone Number: _____ State Lic/Cert #_____

DISABILITY (check all that apply)

☐ **Deaf/Deafened** – severe to profound hearing loss; cannot benefit from telephone amplification

☐ **Hard of Hearing** – needs amplification to effectively use a telephone
Hearing loss is: ☐ **mild** ☐ **moderate** ☐ **severe**

☐ **Low Vision/Blind** – vision with correction is 20/200 or less in the better eye, or the visual field is 10 degrees or less

☐ **DeafBlind** – severe to profound hearing loss and vision with correction of 20/200 or less in the better eye, or the visual field is 10 degrees or less

☐ **Speech Difficulty** – unable to speak intelligibly, or requires amplification to be heard on the phone

☐ **Limited Mobility** – ☐ upper body ☐ lower body ☐ both – impaired ability to grip, lift, hold, or dial the telephone, or impaired ability to get the phone when it rings

☐ **Cognitive Difficulty** – impaired ability to dial a series of numbers, to access (or memorize) a list of phone numbers, or to use the phone to get emergency services

Note to Licensed Health Care Provider

This form can be faxed directly to 410-767-4276. Or scanned and e-mailed to MAT.Program1@Maryland.gov.

Questions? Call Customer Service at **800-552-7724** or **410-767-7253** (Voice/TTY) **410-801-9618** (Video Phone).