

IRP Template – Obtaining Medical Evidence (OR)

I believe I have physical, mental or emotional issues that may be interfering with my ability to participate in some WorkFirst activities or work. I agree to obtain the following medical evidence from a medical professional to help my WorkFirst Program Specialist or Social Worker review my health issues and create an Individual Responsibility Plan that best fits my specific needs and limitations.

1. A completed DSHS 10-353, Documentation Request for Disability/Hardship Condition form or an alternative type of documentation from a medical professional describing:
 - a. My diagnosis;
 - b. How long my health issues are expected to last;
 - c. Specific limitations stemming from my health issues;
 - d. Any specific treatment plans made to address my health issues; and,
 - e. The number of hours I can work, look for work or prepare for work each week.
2. Chart notes for my current medical condition unless the condition is expected to last for 3 months or less.

I understand that DSHS will pay for medical records as needed. I agree to return this medical evidence to the WorkFirst Program Specialist or Social Worker listed below by the date listed below.