

Ohio Department of Job and Family Services  
**MENTAL FUNCTIONAL CAPACITY ASSESSMENT**

<b>SECTION I: IDENTIFYING INFORMATION TO BE COMPLETED BY WORKER</b>							
Assistance Group Number	Recipient ID	DOB	Sex	County Name			
Client Last Name		Client First Name		MI	County Address		
Client Address		Client Phone		City			
City		Zip Code		SSN			
				Caseworker/CaseMgr	Caseload ID		
				County Phone			
<b>SECTION II:</b>							
				<b>Not Significantly Limited</b>	<b>Moderately Limited</b>	<b>Markedly Limited</b>	<b>Not Rated</b>
<b>Understanding and Memory</b>							
1. The ability to remember locations and work-like procedures.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sustained Concentration and Persistence</b>							
1. The ability to carry out very short and simple instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to carry out detailed instructions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to maintain attention and concentration for extended periods.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to sustain an ordinary routine without special supervision.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to work in coordination with or proximity to others without being distracted by them.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The ability to make simple work-related decisions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Interaction</b>							
1. The ability to interact appropriately with general public.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to ask simple questions or request assistance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to accept instructions and respond appropriately to criticism from supervisors.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptation</b>							
1. The ability to respond appropriately to changes in the work setting.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to be aware of normal hazards and take appropriate precautions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to travel in unfamiliar places or use public transportation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to set realistic goals or make plans independently of others.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you the client's primary care physician, psychiatrist or licensed psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No							
After taking the appropriate history and performing the relevant examination, do you believe the individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than nine months? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Will disclosure of this information to the client have an adverse effect? <input type="checkbox"/> Yes <input type="checkbox"/> No							

I hereby certify under penalty of law that the above information is a true and accurate description of my patient's medical condition at this time to the best of my knowledge. I understand that I may be reported to the State Medical Board and/or be subject to *criminal or civil prosecution* should I knowingly make false or misleading statements or provide altered or false documentation that results in my patient being inappropriately determined to be eligible for the Disability Financial Assistance program.

Signature of Physician, Psychiatrist or Licensed Psychologist		Signature Date	Date of Last Exam
Name of Physician, Psychiatrist or Licensed Psychologist <i>(Please print)</i>			Specialty
Address			
City	State	Zip Code	Phone
Client Last Name	Client First Name	MI	Recipient ID