



Eligibility Determination Documentation
Received/Disposition

Name Micah Fialka-Feldman	MRN [REDACTED]	Date of Birth [REDACTED]	Age 20	Gender Male
Address [REDACTED]		Home Phone [REDACTED]		

Determination Date
11/1/2004

Documentation Received To Help Verify Disability:

- School Report
- Medical Report
- Psychological Report
- Other Report Specify: _____

Other Documents Received:

- Medicare Card
- Medicaid Card
- Private Insurance Specify: _____
- Michigan Tax Return
- Social Security Card
- Guardianship Papers
- Other Specify: _____

Does disability result in substantial functional limitation in three or more of the following areas of major life activities?

Self Care:

- Yes No

Explain:

Able to initiate care of own daily living needs.

Language Skills:

- Yes No

Explain:

Good receptive, some difficulty noted with expressive.

Learning:

- Yes No

Explain:

Unable to read or do simple math. Has a number of adaptive tools that are utilized in order to be as independent as possible.

Mobility:

- Yes No

Explain:

Ambulatory.

Self Direction:

- Yes No

Explain:

Able to make decisions that will keep him safe and healthy. Requires some natural supports, however, demonstrates good independent thinking.

Capacity for Independent Living:

- Yes No

Explain:

Has not yet learned the skills necessary to live independent of family. Is working on these skills.



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Economic Self-Sufficiency:

Yes No

Explain:

Requires assistance with math and budgeting.

Meets Eligibility:

Yes No Pending Additional Proof (Give a List of Reasons)

Is Person Requesting ONLY Respite Services?

Yes No

Explain: