



Christopher D. Rich  
Clerk of the District Court

Phil McGrane  
Chief Deputy

252 E Front St, Ste 199, Boise, Idaho 83702 Phone (208) 287-7960 Fax (208) 287-7969

**PHYSICIAN'S MEDICAL STATEMENT**

DATE: \_\_\_\_\_ DEPUTY CLERK: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**THE INFORMATION REQUESTED BELOW IS REQUIRED TO ESTABLISH ELIGIBILITY FOR NON MEDICAL INDIGENCY ASSISTANCE AND MUST BE SUBMITTED BY:** \_\_\_\_\_

WHAT IS THE PATIENT'S DISABILITY? \_\_\_\_\_

DATE OF ONSET OF DISABILITY: \_\_\_\_\_

HOW LONG DO YOU EXPECT THIS DISABILITY TO LAST? \_\_\_\_\_

IS PATIENT CONSIDERED TO BE DISABLED PURSUANT TO THE SOCIAL SECURITY REQUIREMENT OF 'A PERSON MUST BE UNABLE TO DO ANY SUBSTANTIAL GAINFUL WORK DUE TO A MEDICAL CONDITION WHICH HAS LASTED OR EXPECTED TO LAST FOR AT LEAST TWELVE (12) MONTHS IN A ROW'? YES  NO

WHEN CAN PATIENT RETURN TO USUAL ACTIVITY AND/ OR EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_  
**Name and title of person completing form**

\_\_\_\_\_  
**Physician's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

**MEDICAL RELEASE OF INFORMATION**

I hereby authorize Ada County and any medical provider to release and share any information, including medical records relating to my care or coverage. I acknowledge that some information pertaining to treatment I have received may include material that is protected under Federal Law. Specific authorization is given to release Drug/Alcohol abuse, Mental Health, and HIV information which are under Federally Protected Status. I authorize any health provider to release information to Ada County and understand I am waiving the confidentiality of such records for the limited purpose of this application only.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Court  
Ph (208) 287-6900  
Fax (208) 287-6919

Auditor  
Ph (208) 287-6879  
Fax (208) 287-6909

Recorder  
Ph (208) 287-6840  
Fax (208) 287-6849

Elections  
Ph (208) 287-6860  
Fax (208) 287-6939

Indigent Services  
Ph (208) 287-7960  
Fax (208) 287-7969