



AVAILABILITY - MEDICAL ISSUE

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____ Last 4 Digits of your Social Security #: _____

Date completing questionnaire: _____

Claimant statement

1. Why are you limited or unable to perform your normal work? Please be specific.

2. When did you become limited or unable to perform your normal work duties? _____

3. Please describe your limitations/restrictions. Describe what usual job duties you are unable to perform.

4. Do these limitations prevent you from working in your current occupation? YES NO

5. Can you provide a letter from your doctor outlining your restrictions? YES NO

(If yes, please fax the letter to the department at 401-462-8318. The letter should state your specific work related limitations and include the number of hours that you can work each week. Please include your name and Social Security number on the letter.)

6. Are you in receipt of SSDI? YES NO

If yes: a. When did you file for Social Security Disability (SSDI)? _____

b. When did you begin to collect SSDI? _____

7. What work are you able to perform with your limitations? Full time work Part-time work Cannot Work at All

IF YOU ARE AVAILABLE FOR PART TIME WORK ONLY:

1. How many hours per week can you work? _____

2. What type of work are you seeking? _____

a. If none, why not?

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____