



Lane County Human Services Division – Utility Assistance Programs

151 West 7th Avenue, Room 560
Eugene, OR 97401

541.682.3378 Utility Assistance phone
541.682.3760 fax
energy@lanecountyor.gov

PERMANENT DISABILITY VERIFICATION

Applicant Name: _____ Applicant Phone: _____

Applicant Address: _____

Patient Name: _____ Date of Birth: _____

The person listed above would like to be recognized as permanently disabled for Utility Assistance Programs. An applicant’s determination of permanent disability does not guarantee eligibility or receipt of utility assistance benefits.

DEFINITION OF PERMANENTLY DISABLED FOR UTILITY ASSISTANCE PURPOSES

Individuals who:

- Have a verifiable physical or mental condition and
- Will have condition for a minimum of 12 months and
- Cannot work or participate in significant paid activities or
- Are under the age of 18 with a condition of similar seriousness

- The person named above **meets** the definition of Permanently Disabled as written above.
- The person named above **does not meet** the definition of Permanently Disabled as written above.

PHYSICIAN / MEDICAL PROFESSIONAL AUTHORIZATION

Name of medical office: _____ Office Phone Number: _____

Name of physician/psychologist Signature of physician/psychologist

Please stamp this form with your medical office address or other stamp to ensure authenticity.

RELEASE OF CONFIDENTIAL INFORMATION

I (we) authorize the above individuals or agencies to exchange information about my disability status with the Utility Assistance intake screening office _____.

PATIENT: Print Name PATIENT: Sign Name Date