RAMSEY COUNTY
Workforce Solutions

Date:_________________________

Regarding: Request for Medical Information

Medical information is being requested in order to determine eligibility for public assistance benefits and services.

Please complete the enclosed forms:

- ☐ Request for Medical Opinion: MFIP or DWP Participant
- ☐ Request for Medical Opinion: Family Member Needing Care (MFIP or DWP Participant's dependent)
- ☐ Request for Medical Opinion: Severe Emotional Disturbance (MFIP or DWP Participant's child)
- ☐ Request for Medical Opinion: Serious and Persistent Mental Illness

Sometimes individuals are referred to the Social Security Administration for determination of SSI benefits. If you think this individual has a long-term disability that may make him or her eligible for SSI, please include that information on the attached form(s).

A self-addressed envelope is enclosed for your convenience. Your immediate attention to this matter is appreciated.

Respectfully,

Name ____

Title ____

Phone/Email ____