

Exhibit – STATUTORY BLINDNESS Coversheet Flag

NAME: _____

SSN: _____

STATUTORY BLINDNESS DETERMINATION NEEDED

Post Entitlement Processing for a Beneficiary Who Alleges or Has Evidence of a Visual Impairment BEFORE THE CONTINUING DISABILITY REVIEW (CDR) PERIOD.

This is a Statutory Blindness determination ONLY, not a Medical Continuing Disability Review (CDR).

From FO _____ to DDS _____
(enter FO name and code) (enter DDS site code)

Case referred to DDS for Statutory Blindness.

See POMS DI 26001.010 and DI 26005.005 for DDS instructions

See:

SSA-795 for medical source(s)

SSA-827s

If applicable, previous determination involving Statutory Blindness was _____

See POMS DI 13010.135G for FO instructions

Route from DDS to FO (check applicable determination type)

___ Fully favorable Statutory Blindness post entitlement determination (for alleged onset date (AOD))

___ Partially favorable Statutory Blindness post entitlement determination (for later onset date)

___ Unfavorable Statutory Blindness post entitlement determination (the requirements for Statutory blindness is not met).

DO NOT REMOVE COVERSHEET FLAG FROM FOLDER JACKET