

Entitlement Assessment

State File #: _____

Claimant Name: _____

Screened ☐ Yes ☐ No Name of Screener: _____

Entitled ☐ Yes ☐ No Date of Entitlement: _____

OVERVIEW:

MEDICAL STATUS:

EMPLOYER CONTACT:

EDUCATION & WORK HISTORY:

SKILLS ANALYSIS:

CONCLUSION: