

952-5195
EXHIBITS
A & B

Exhibit A Health Care Provider Verification

Exhibit B Proposal Rating Sheet



Department of Social Services

Case No.: _____
Case Name: _____
SSN: _____
Date: _____
Worker No.: _____

The following information is needed to determine your eligibility for General Relief.

Please return this form by: _____

Medical release authorization: I authorize my medical provider to release the following information.

Patient or Representative Signature

Date

Health Care Provider: Please answer the questions below.

1. Does the patient have a physical or mental health condition that prevents or substantially reduces their ability to engage in work or training?

☐ No (please answer question 9 and sign the form) ☐ Yes, **please answer the following questions:**

2. Onset date: _____

3. Expected duration: ☐ Temporary, expect to release patient for work on: _____
☐ Permanent

4. Are they able to work? ☐ No, please go to #5 ☐ Yes, please answer the following questions:
Can perform: ☐ limited full-time work, ☐ limited part-time work

5. Describe how the physical or mental condition reduces their ability to engage in work:

6. Is the physical or mental health condition primarily due to drug and/or alcohol abuse? ☐ No ☐ Yes ☐ Unknown

7. Has the patient submitted a disability insurance application for completion? ☐ No ☐ Yes ☐ Unknown

If yes, date submitted: _____

8. Is the patient receiving or seeking treatment? ☐ No ☐ Yes ☐ Unknown

9. I recommend a referral for:

Mental Condition
Physical Condition
None

☐
☐
☐

Comments:

Signature of Health Care Provider

Date

Print Name

Title

Agency

Address

Phone No.

DEA No.

PROPOSAL RATING SHEET

ORGANIZATION: _____

PROJECT TITLE: MEDICAL EVALUATIONS FOR GENERAL RELIEF

Rater # _____

I. Scope of Work	
Bidders should demonstrate:	Score
1. Does the bidder demonstrate the necessary ability to conduct physical examinations for the evaluation of an individual's ability or incapacity to be gainfully employed?	
2. Is the bidder a California licensed physician, medical group, hospital association, or other recognized medical services provider?	
3. Will the incapacity evaluations be performed by a designated physician, alternate physician, Family Nurse Practitioner or Physician Assistant?	
4. Does the bidder specify that they will perform the required medical evaluations within ten (10) days of the referral?	
Please rate as follows: excellent = 5, good = 4, fair = 3, poor = 2, insufficient = 1	
Overall Rating Section I:	
Comments:	

II. Program Description	
Bidders should demonstrate:	Score
1. Does the bidder demonstrate the ability to work with the target population of single adults from culturally diverse backgrounds?	
2. Does the bidder have access to reliable interpreter services?	
3. Did the bidder include the proposed staff's current job descriptions and resumes?	
Please rate as follows: excellent = 5, good = 4, fair = 3, Poor = 2 and insufficient = 1	
Overall Rating Section II:	
Comments:	

III. Cost Proposal	
Bidders should include:	Score
1. Does the cost proposal identify separate costs associated with Incapacity Evaluations, Diagnostic Tests, and Interpreter Services?	
2. Does the bidder identify that the fees they are providing are all inclusive?	
3. Does the bidder demonstrate the understanding they will provide reports and claims to receive payment?	
Please rate as follows: : excellent = 5, good = 4, fair = 3 Poor = 2 and insufficient = 1	
Overall Rating for Section VI:	
Comments:	

IV. Other Requirements & Exhibits	
Bidders should provide the following:	Score
1. Are other required documents included in these sections?	
2. Did the bidder address how they will ensure collaborative relationships with the County and other supportive service providers?	
Please rate as follows: : excellent = 5, good = 4, fair = 3 Poor = 2 and insufficient = 1	
Overall Rating for Section VII:	
Comments:	

V. Agency's Strengths & Weaknesses

1. In your opinion, what are the strong and weak points of this proposal? Please summarize below:

2. What is your overall assessment of the bidder's proposal? Please summarize below:

3. Do you recommend funding for this proposal? Yes ☐ No ☐

Additional Comments:
