

CESSATION OR CONTINUANCE OF DISABILITY OR BLINDNESS DETERMINATION AND TRANSMITTAL

DESTINATION
DO PSC CRS BDI-CO DIO

1. SOCIAL SECURITY NUMBER

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing public law 93-233

2 A NAME OF PAYEE (IF ANY)		3 WE'S NAME (IF CDB OR DWB CLAIM)	
B NAME OF DISABLED OR BLIND INDIVIDUAL George P. OJA LA		4 DATE OF BIRTH 01/29/47	5 DATE DISAB BEGAN 01/30/76
C ADDRESS 16840 125th. SE Renton, WA 98055		6 DO ADDRESS P.O. Box 1037 Renton, WA 98055	
8 TITLE II - DIB <input checked="" type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB <input type="checkbox"/> CRD <input type="checkbox"/>		7 DO AND DDS CODES 191 500	
		TITLE XVI - DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>	

9 UPON CONSIDERATION OF ALL FACTS, IT IS DETERMINED THAT THE APPLICANT'S DISABILITY:

A CEASED _____ PD. OF DISAB. TERM AT THE CLOSE OF THE LAST DAY OF _____

B IS CONTINUING

C IS BLINDNESS AS DEFINED IN SEC.216(I) AND:
(1) WE NOT DISABLED FOR CASH BENE. PURPOSES SINCE _____
(2) BENE. TERM _____
(3) WE UNDER DISAB. FOR CASH BENE. PURPOSES SINCE _____

10 UPON CONSIDERATION OF ALL FACTS, IT IS DETERMINED THAT:

A DISAB CEASED _____ STATE PLAN LAST MET _____

B ELIG. TERM. AT CLOSE OF LAST DAY OF _____

C DISAB. CONTINUES
(1) MEETS FEDERAL CRITERIA
(2) MEETS STATE CRITERIA
DA or A (DOES) (DOES NOT) CONTRIBUTE TO FINDING.

D BLINDNESS CEASED
(1) INDV. NOT DISABLED/ELIG. TERM. AT THE CLOSE OF THE LAST DAY OF _____
(2) INDV. DISABLED/ELIG. CONTINUES

E BLINDNESS CONTINUES

SC:vc

BASIS FOR DETERMINATION

11. DISABILITY/BLINDNESS CEASED ON SHOWN DATE BECAUSE:

A IMPAIRMENT NO LONGER OF SUFFICIENT SEVERITY TO PREVENT SGA

B NO IMPAIRMENT FOUND BECAUSE OF FULL-TIME UNRESTRICTED WORK

C ABILITY TO ENGAGE IN SGA DESPITE IMPAIRMENT - TWP COMP

D ABILITY TO ENGAGE IN SGA DESPITE IMPAIRMENT - NO TWP

E NO IMPAIRMENT - TWP COMP.

F WHEREABOUTS UNKNOWN

G FAILURE TO COOPERATE

H OTHER (EXPLAIN IN REMARKS)

12. REASON FOR CONTINUANCE:

A IMPAIRMENT DISABLING - NEW MED. EVID - NO WK. ACTIVITY

B IMPAIRMENT DISABLING - NEW MED. EVID - WK NOT EVAL

C WK NOT SGA - IMPAIRMENT DISABLING - NEW MED. EVID.

D WK NOT SGA - NO MED. ISSUE - NO NEW MED. EVID.

E STAT. BLINDNESS/TITLE II BENEFITS CEASE

F TITLE XVI BLINDNESS TERM/DISAB. BEGINS

G OTHER (EXPLAIN IN REMARKS)

13. CHECK IF SSA-834 IS USED. (USE SSA-834 FOR EVIDENCE AND REASONING)

14. WHY INVESTIGATION WAS MADE:

A MED. RE-EXAM DIARY

B TWP DIARY MATURED

C EARNINGS POSTED - MED. RE-EXAM SET

D EARNINGS POSTED - NO MED. RE-EXAM

E VOL. REPT. OF RETURN TO WK. MED. RE-EXAM SET

F VOL. REPT. OF RETURN TO WK. NO MED. RE-EXAM

G VOL. REPT. OF MED. IMPROVEMENT

H STATE VR REPORT

I FFL REVIEW

J OTHER (Specify in Remarks)

18. OTHER ENT <input type="checkbox"/> TITLE II <input type="checkbox"/> TITLE XVI	16. VR ACTION SC. IN SC. OUT A <input type="checkbox"/> B <input checked="" type="checkbox"/> PREV. REF. RE-REF C <input type="checkbox"/> D <input type="checkbox"/>	17. DIAGNOSIS Severe anxiety neurosis	18. DIARY DATE <input type="checkbox"/> TWP <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MED
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19. RECON HEARING REOPENING

20. REMARKS

5-10-79

21. DISABILITY EXAMINER (DO NOT WRITE) <i>Susan Carson</i>	22. DATE 5-3-79	23. SECOND DISABILITY EXAMINER	24. DATE 5/23/79 DDS-PAZ
25. REVIEWING PHYSICIAN <i>M.D. Dexter, MD / p.g</i>	26. DATE 5-7-79	27. SECOND REVIEWING PHYSICIAN	28. DATE
29. LTR. PAR. NO	30. LTR. NO	31. SSA REPRESENTATIVE	32. SSA COMPONENT
34. FOR PSC-OBS USE	33. DATE		

SSA-L1013 check block 0

[Handwritten signatures and initials]