State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Traumatic & Acquired Brain Injury Mini-grant Program

Verification of Diagnosis

For Traumatic and Acquired Brain Injury

Applicant/Recipient Name: _____Date of Birth _____

The information requested by this form, which must be completed by a physician, a physician assistant, an advanced nurse practitioner, or a neuropsychologist, will assist to determine if the applicant/recipient qualifies for the TABI mini-grant program.

"Traumatic or acquired brain injury" means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning, as defined in Alaska Statute 47.80.590. An acquired brain injury is an injury to the brain that has occurred after birth, and is not induced by birth trauma.

I certify that the above named individual has a current diagnosis of Traumatic or Acquired Brain Injury, and is currently experiencing symptoms as a result of the brain injury.

Diagnoses (*Please do not use ICD codes*):

Primary: _____

Secondary: _____

Additional: _____

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

_____ _____ _____

Physician, PA, ANP or Neuropsychologist signature Date ID#

_____ _____

Name (*please print*) Telephone number

Physicians may fax the completed form to SDS at 907-465-1170