

Date: \_\_\_\_\_

I am the primary care physician for the following patient:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This letter is to certify that the above named patient has the following indicated conditions which should qualify him/her for presumptive eligibility for Social Security benefits.

- Amputation of 2 limbs
- Amputation of a leg at the hip
- Total blindness
- Total deafness
- Bed confinement or immobility because of a longstanding condition
- Stroke or cerebral vascular accident that occurred more than 3 months ago, with the child having continued marked difficulty in walking or using a hand or arm
- Cerebral palsy, muscular dystrophy or muscular atrophy, and marked difficulty in walking, speaking, or coordinating the hands or arms
- Diabetes with amputation of a foot
- Down syndrome
- For a child 7 years and older, severe mental deficiency
- Symptomatic human immunodeficiency virus infection
- Birth weight less than 1200 g and younger than 6 months
- Birth weight between 1200g and 2000g combined with specific gestational ages
- Terminal cancer in hospice care
- Inability to ambulate without a walker or equivalent device 2 weeks after a spinal cord injury.

Sincerely,

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