



LEAP Certification Instructions

You will want to become LEAP certified if you are interested in employment in State Civil Service and are an "individual with a disability" who either has a physical or mental impairment that substantially limits one or more major life activities of such an individual; has a record of such impairment; or is regarded as having such impairment.

In order to certify for LEAP, we will need medical documentation from a medical doctor that you have one of the three conditions meeting LEAP certification standards (noted above). Medical documentation should not be over two (2) years old. It is your responsibility to obtain this documentation and/or medical records.

Please refer to the LEAP brochure for further information (SPB-84, 11/05), which is enclosed.

IMPORTANT – PLEASE READ CAREFULLY

Please review the application carefully because it is very important that it is completely filled out and all the necessary documentation is attached otherwise it will be returned to you.

Your physician should not be mailing the information directly to us unless the checklist and a stamped self-addressed envelope are included.

Please mail or bring into our office your completed application. The address is:
Department of Rehabilitation, Northern Sierra District Office, 2000 Evergreen Street, Sacramento, CA 95815, Attention: LEAP

If you qualify, we will mail you your certification and LEAP information. Please keep a copy of all your medical records submitted to the Department of Rehabilitation for LEAP certification.

If you are approved for LEAP, **keep the original certification for LEAP** in your files and send a copy along with your State Employment Application (STD 678).

If you have any questions regarding your LEAP certification, please call **916-274-5801** and ask to speak to the orientation counselor of the week.



LEAP MEDICAL REPORT

Patient's
Name: _____ DOB: _____ SS# _____

Diagnosis and Cause: _____

Recommendations for further medical evaluation or treatment (e.g., therapy, braces
and exercise): _____

Date of onset of disability: _____ Date of last examination: _____

Approximately how many times have you seen the patient for this condition? _____

Patient's primary physician for this condition: _____

Functional Limitations Due to Disability (Based on Objective Findings)

Are hands restricted from grasping, pulling, pushing and fine manipulations? _____

Please describe limitations (e.g., cannot button a button) and amount of time patient
can spend at various manual duties:

Is patient able to climb one flight of stairs without difficulty? _____

Can patient use feet for repeated movements (e.g., using foot control)? _____

If no, how long/far is patient able to walk? _____

Is speed markedly affected? _____

Is patient's standing limited? _____

If so, please describe: _____

(Please See Reverse)

LEAP MEDICAL REPORT – CONTINUED

Does patient's disability restrict any of the following?

Activity	<u>Frequently</u>	<u>Occasionally</u>	<u>Never</u>
Pushing *			
Lifting *			
Carrying *			
Bending			
Squatting			
Climbing			
Reaching			

* Describe maximum weight allowance

What are the chances that the limitations/conditions may improve? (Given time, braces, therapy, weight loss, operations, etc.)? _____

If so, when is maximum improvement expected to occur? _____

How limited will patient be if he/she makes maximum improvement? _____

IMPORTANT! In order to be LEAP certifiable, there must be a substantial limitation to a major life activity. The State Medical Officer has interpreted "Substantially Limited" as permanent limitations affecting the ability to secure, retain or advance in employment. Do you feel the patient meets the criteria? _____

Please Explain – Include general comments on limitations and work restrictions:

Physician's Signature: _____ Date: _____

Physician Name Printed: _____ Medical License #: _____

Business Address & Phone Number: _____



Checklist for LEAP Certification

Name: _____ Social Security#: _____

Address: _____

City, State & Zip: _____

Check here: (X) IT IS IMPORTANT THAT YOU COMPLETE ALL INFORMATION NECESSARY

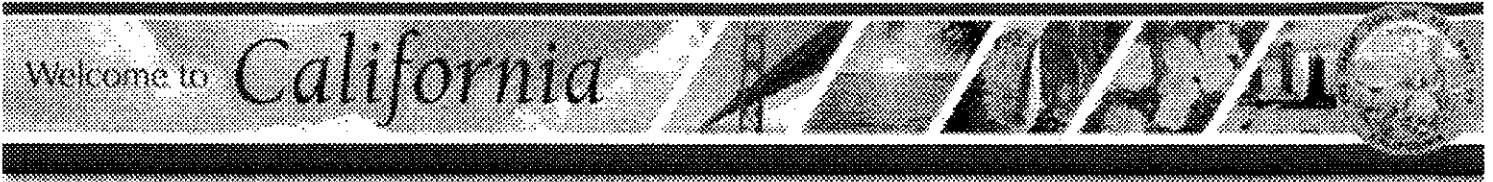
- ___ 1) What is your disability? _____
- ___ 2) **Recent narrative report** written by your treating physician that includes test results, history and objective findings or completion of the **LEAP Medical Report** (attached) **by your treating physician**. For Worker's Compensation cases, submit a copy of the agreed vocational or work capacity evaluations, if performed. For cognitive and/or learning disabilities, submit a copy of a **Wechsler Adult Intelligence Scale (WAIS) report** from a Licensed Psychologist which documents your disability.
- ___ 3) Date or age of onset of your disabling condition: _____
- ___ 4) Self addressed envelope **with postage**, so that we can mail the certification form back to you.
- ___ 5) If you have a hearing loss or an orthopedic disability, please describe how it limits you in everyday life. (If you need more space use the back of this form)

- ___ 6) Objective test results: (a) Audiogram if you have a hearing loss; (b) Best corrected vision if you have a visual impairment; (c) Recent objective findings and very specific information regarding your functional limitations, indicating the severity and permanence, if you have an orthopedic or other type of disability, for all but a severance of the spinal cord or an amputation.
- ___ 7) Medical Treatment, Medication or Adaptive Devices you have used for this disability with approximate dates: _____
- ___ 8) Your Daytime Phone Number: (_____) _____ - _____
- ___ 9) Alternate Phone Number: (_____) _____ - _____

Signature of LEAP Applicant: _____ Date: _____

**MAIL THIS CHECKLIST, MEDICAL DOCUMENTATION
AND STAMPED SELF ADDRESSED ENVELOPE TO:**

**LEAP – DEPARTMENT OF REHABILITATION
Northern Sierra District – Midtown Branch
2000 Evergreen Street, Sacramento, CA 95815**



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Sacramento County Offices

(Keywords)

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Northern Sierra District
 (916) 274-5801 (VOICE & TTY)
 2000 Evergreen Street
 Sacramento, CA 95815-3832
 (D/H) (B)
 (Yahoo map)

Elk Grove Branch
 (Northern Sierra District affiliate)
 (916) 691-1555 (VOICE)
 (916) 691-1764 (TTY)
 (916) 691-1786 (TTY)
 9370 Studio Court, Suite 140
 Elk Grove, CA 95758-8048
 (Yahoo map)

Midtown Branch
 (Northern Sierra District affiliate)
 (916) 274-5829 (VOICE)
 (916) 274-6217 (TTY)
 2000 Evergreen Street
 Sacramento, CA 95815-3832
 (Yahoo map)

Northeast Branch
 (Northern Sierra District affiliate)
 (916) 537-2640 (VOICE)
 (916) 537-2659 (TTY)
 (916) 537-2660 (TTY)
 7840 Madison Avenue, Suite 160
 Citrus Heights, CA 95628-3589
 (B)
 (Yahoo map)

South Sacramento Branch
 (Northern Sierra District affiliate)
 (916) 262-1575 (VOICE)
 (916) 262-2863 (TTY)
 7000 Franklin Blvd., Suite 625
 Sacramento, CA 95823-1840
 (Yahoo map)

Walk-in

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