State of Michigan Department of Labor and Economic Opportunity – Workforce Development King•Chávez•Parks (KCP) Initiative - Future Faculty Fellowship (FFF) Program

TOTAL AND PERMANENT DISABILITY CANCELLATION REQUEST Adopted October 1, 2001

WARNING: Any person who knowingly makes a false statement or misrepresentation with the intent to defraud on this form or any accompanying documents may be subject to criminal prosecution under MCL 750.218.

Section 1: Fellow Identification
Name:
Address:
City/State/Zip:
Home Telephone:
Other Telephone:

Section 2: Fellow Cancellation Request

Instructions for Fellow: Before signing this form, carefully read the information on this form. A representative may sign this form on your behalf if you are unable to do so because of your disability. Give this form to your doctor of medicine, osteopathy or psychiatry to complete Section 3 and have him/her return the form directly to the address provided in Section 6.

Fellow Request, Authorization, Understanding and Certifications

I **REQUEST** that my KCP Fellowship agreement obligations or KCP Loan be canceled by the State of Michigan, King•Chávez•Parks Initiative. I certify that I am unable to work/pursue degree completion on a part-time or full-time basis because of an illness or injury that is expected to continue indefinitely.

I **AUTHORIZE** any physician, hospital, or other institution having records about the disability for which I am requesting a cancellation of KCP Fellowship agreement obligations or KCP Loan to make information from these records available to the KCP Initiative.

I **UNDERSTAND** that this cancellation request will not be granted unless (I) all applicable sections of this form are completed, and (2) all additional requested documentation is provided.

I **CERTIFY** that I have read, understand, and meet the eligibility criteria in Section 5 for cancellation due to total and permanent disability.

Signature of Fellow or Fellow's Representative	Date	Name of Fellow's Representative (if applicable)
Address of Fellow's Representative (if applicable)		Representative's Relationship to Fellow

Section 3: Physician's Certification			
Instructions for Physician: The Fellow identified above is applying for cancellation of his/her fellowship obligations or loan obligations based on total and permanent disability. You are being asked to complete this section of this form to certify that the Fellow is totally and permanently disabled. Note: The standard for determining disability for cancellation of the Fellow's obligations may be different from standards used under other public and private programs in connection with occupational disability or eligibility for social services. Refer to the definition of Total and Permanent Disability in Section 5 of this form. You may complete and sign this form only if you are a doctor of medicine, osteopathy or psychiatry legally authorized to practice in a state. Provide all requested information: you may attach additional pages if necessary. Please type or print in dark ink. Sign the certification (a signature stamp is not acceptable) only if the Fellow's condition meets the definition of Total and Permanent Disability (see Section 5).			
Return the completed form to the address identified in Section 6.			
When did the Fellow's disabling condition begin (MM-DD-YYYY):			
The Fellow became unable to teach on (MM-DD-YYYY):			
and the disabling condition is expected to continue indefinitely or result in death.			
The disabling condition has been continuous since the condition began? YES NO			
Diagnosis of Fellow's present medical condition – specifically the nature, duration and severity of the Fellow's present and future impairments:			
I certify that, in my best professional judgment, the Fellow identified above is unable to work/pursue degree completion on a part-time or full-time basis because of an injury or illness that is expected to continue indefinitely. I understand that a Fellow able currently or in the future to work/pursue degree completion, even part-time, is not considered to have a Total and Permanent Disability.			
legally authorized to practice in the state of and my professional			
license number issued by that state is			
Physician's Signature Name (print) Date			
AddressCityStateZip			
Telephone			

Section 4: King•Chávez•Parks Initiative Certification

I certify that I have reviewed all application and support documentation provided and find that the application is complete and that it supports the conclusion that the Fellow has a Total and Permanent Disability as defined in Section 5 and that all KCP Fellowship agreement obligations and/or KCP Loan are discharged as of the date the Fellow became Totally and Permanently Disabled.

Section 5: Definitions/Eligibility Criteria for Total and Permanent Disability Cancellation

Definition: The condition of an individual who is unable to teach in a postsecondary faculty position on a parttime or full-time basis because of an injury or illness that is expected to continue indefinitely.

Fellow Eligibility Criteria

- You must be unable to teach in a postsecondary faculty position on a part- or full-time basis because of an injury or illness that is expected to continue indefinitely. If you are able currently or in the future to work/pursue degree completion, even on a limited basis, you are not eligible for cancellation of your KCP FFF Agreement obligations and/or KCP Loan based on Total and Permanent Disability.
- Your cancellation may not be based on a condition that existed at the time you applied for your KCP Fellowship unless the condition has since substantially deteriorated so that you are now totally and permanently disabled.
- If you are granted a cancellation due to Total and Permanent Disability, you are not eligible for future KCP Fellowships unless you (1) obtain a certification from a physician that you are able to work/pursue degree completion, and (2) acknowledge in writing that the new Fellowship cannot be cancelled on the basis of any condition present when the Fellowship is made, unless the condition substantially deteriorates.

Section 6: Submission of Total and Permanent Disability Cancellation Request

This form must be mailed by the physician's office directly to:

KCP Initiative - FFF Workforce Development Michigan Department of Labor and Economic Opportunity 201 N. Washington Sq., 5th Floor Lansing, MI 48913

If you need help completing this form, call the KCP Initiative Office at (517) 241-9898.