

PRESUMPTIVE DISABILITY (PD)

Presumptive disability payments are payments for disability or blindness that are available for up to six months while a person is awaiting a decision from the DDS.

Presumptive disability can be allowed at the local SSA office for the following categories of medical conditions without medical evidence at the time of application and do not require medical evidence to be obtained to support the disability. These categories include:

- Amputation of a leg at the hip;
- Allegation of total deafness;
- Allegation of total blindness;
- Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, allegedly due to a longstanding condition, excluding recent accident and recent surgery;
- Allegation of a stroke (cerebral vascular accident) more than 3 months in the past with continued marked difficulty in walking or using a hand or arm;
- Allegation of cerebral palsy, muscular dystrophy or muscular atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of the hands or arms;
- Allegation of Down Syndrome;
- Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age. For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities; and
- Allegation of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease)

The following impairment categories require some medical evidence or confirming contact before PD payments can be initiated:

- Low Birth Weight (1200 grams or less/2 pounds and 10 ounces) – applies to children under age 1;
- Low Birth Weight (at least 1200 grams, or about 2 lb. 10 oz., but less than 2000 grams, or about 4 lb. 6 oz. at birth, and small for gestational age);
- Human immunodeficiency virus (HIV) infection;
- A physician or knowledgeable hospice official confirms that an individual is receiving hospice services because of a terminal illness;
- Allegation of a spinal cord injury producing an inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional; and
- End Stage Renal Disease (ESRD) with report of ongoing dialysis in file.

DDS uses the same criteria that the SSA field office uses but is not limited to the above list of impairments.