RI 30-10, Disabled Dependent Questionnaire

This questionnaire has two parts. The dependent or the person applying on behalf of the dependent must answer the questions in Part A and sign in the space provided. The dependent's physician must answer the questions in Part B.

The Office of Personnel Management will not pay for any expenses incurred in connection with obtaining the requested medical information.

Please submit the requested information. After we review your response, we will give you our decision.