

SOAR Checklist for Initial Child SSI Claims

Date: 10/31/18

Child's Name: Annie M. Farnsworth

Child's SSN: XXX-XX-XXXX

Parent/Guardian's Name: Annette M. Farnsworth

Parent/Guardian's SSN: XXX-XX-XXXX

Parent/Guardian's Phone #: (333) 333-3333

Caseworker's Name: Harriett Jones

Phone #: (444) 444-4444

Paper Forms (all forms signed by parent/guardian when appropriate)

- ☒ SSA-827: Authorization to Disclose Information to SSA
- ☒ SSA-1696: Appointment of Representative
- ☒ SSA-8000: Application for Supplemental Security Income (SSI)

If applicable:

SSA-3375-3379: Child Function Report (choose appropriate age group)

- ☐ 3375: Birth to 1st Birthday
- ☐ 3376: Age 1 to 3rd Birthday
- ☐ 3377: Ages 3 to 6th Birthday
- ☒ 3378: Ages 6 to 12th Birthday
- ☐ 3379: Ages 12 to 18th Birthday
- ☒ SSA-5665: Teacher Questionnaire
- ☐ SSA-8010: Statement of Income and Resources
- ☐ SSA-4815: Medical Report on Child with Allegation of Human Immunodeficiency Virus (HIV) Infection

Photocopies of income/resources for deeming purposes:

- ☒ Proof of current income for the child and family members living in the household (e.g., pay stubs, self-employment tax returns, unemployment tax returns, unemployment or other program benefits, child support)
- ☐ Proof of resources for the child and parents living in the household (e.g., bank account statements, life insurance policies, certificates of deposits, stocks or bonds)

Online Forms

- ☒ **Disability Report - Child (SSA-3820)**

Submitted on: _____10/30/18_____

Supporting Documentation

(Will be submitted to DDS upon receipt of bar-coded cover sheet or using Electronic Records Express)

- ☒ **Medical Summary Report**
- ☒ **Medical Records**
- ☒ **Educational Records**