SOAR Checklist for Initial Claims

Date: 01/17/17

Claimant's Name: Annette M. Farnsworth **SSN:** XXX-XX-XXXX

Caseworker's Name: Harriet Jones **Phone #:** (444) 444-4445

Paper Forms

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

If applicable:

- ☐ SSA-3373 Function Report (Only needed if a medical summary report according to the SOAR training is **NOT** submitted).
- ☐ SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection

On-line Forms

- ☒ Application for Social Security Disability Insurance (SSA-16); Adult Disability Report (SSA-3368); and Online Medical Release Form (e827)
  Submitted on: 01/17/17

Supporting Documentation

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

- ☒ **Medical Summary Report**

- ☒ **Medical Records**