Quality Review Checklist for Child SSI Applications Using the SOAR Model

Child: _____ **SOAR Representative: _____**

I. Establishing a Protective Filing Date	
1. How was SSA contacted to establish a protective filing date? ☐ Online (by initiating Online Disability Report-Child) ☐ Called SSA ☐ Walked in to SSA	Date:
2. Does the SOAR representative have proof of protective filing in child's records?	☐ Yes ☐ No
II. Non-Medical Information	
SSI Application (SSA-8000)	
1. Was the SSA-8000 completed: ☐ By SOAR representative? By SSA representative: ☐ in-person or ☐ by phone?	Date:
2. Was documentation for the SSI application provided (resources, income, etc.), if applicable?	☐ Yes ☐ No
Appointment of Representative (SSA-1696)	
1. Was the SSA-1696 signed and submitted? ☐ Yes ☐ No	Date:
III. Medical Information	
Child Disability Report (SSA-3820)	
1. Was the SSA-3820 completed and submitted? ☐ Online ☐ In-person ☐ By phone	Date:
2. On the SSA-3820, was the following information provided:	
(a) Additional contact person besides appointed representative?	☐ Yes ☐ No
(b) ALL physical and mental health conditions?	☐ Yes ☐ No
(c) Comprehensive listing of treatment providers (addresses, phone numbers, and dates, when possible) for ALL past and current physical and mental health treatment, including:	
i. Reasons for treatment and treatment provided?	☐ Yes ☐ No
ii. Medications currently taking or prescribed, what they treat, and ALL side effects?	☐ Yes ☐ No
iii. All recent medical tests with approximate dates and location?	☐ Yes ☐ No
(d) Contact with Child Welfare, Early Intervention, or other social service agencies including Vocational Rehabilitation or other employment services?	☐ Yes ☐ No
(e) Information about current and past education; name of schools attended and special education services received?	☐ Yes ☐ No
(f) Dates and information about any current or past work, including difficulties the child had?	☐ Yes ☐ No
3. Are ALL questions answered completely, with any clarifications included in remarks?	☐ Yes ☐ No
IV. Medical Records	
Authorization to Disclose Information (SSA-827)	
1. Was a signed and dated SSA-827 submitted to SSA?	☐ Yes ☐ No
2. Were medical records provided to SSA or DDS?	☐ Yes ☐ No
V. Other SSI Application Forms	
1. Did you or the child's parent/caretaker complete and submit an age-appropriate SSA Child Function Report (SSA forms 3375-3379)	☐ Yes ☐ No
2. If the child is in school, did his or her teacher complete and submit an SSA-5665 Teacher Questionnaire?	☐ Yes ☐ No

VI. Functional Assessment Statement (FAST) Medical Summary Report (MSR)		
Introduction:		
1. The child's physical description, including their behavior, mannerisms, and dress?	☐ Yes	☐ No
2. All of the child's mental and physical health diagnoses?	☐ Yes	☐ No
3. Information/observations that illustrate the child's symptoms and functioning?	☐ Yes	☐ No
Personal History and Family Background:		
1. Overview of current and past living situations including history of homelessness?	☐ Yes	☐ No
2. Family background and relationships as they relate to the child's symptoms and functioning?	☐ Yes	☐ No
3. Trauma/Victimization such as abuse/neglect or other Adverse Childhood Experiences (ACEs)?	☐ Yes	☐ No
4. Connections the child has had with other systems (child welfare, juvenile justice, etc.)?	☐ Yes	☐ No
Educational and Vocational History:		
1. Past and current school placement and functioning, including Special Education services received and any disciplinary issues or struggles with homework?	☐ Yes	☐ No
2. If applicable, a description of any past or current employment	☐ Yes	☐ No
Substance Use:		
If applicable, history of use and treatment, including reasons for use, impact of use, treatment history, and any periods of sobriety with a focus on the child's symptoms while sober?	☐ Yes ☐ N/A	☐ No
Physical Health History:		
Brief history of symptoms and treatment, with a focus on the previous 2-3 years? If no treatment now, why? How do the conditions impact the child's ability to sit/stand/walk/carry objects?	☐ Yes	☐ No
Mental Health History:		
Brief history of symptoms and treatment at all providers, with a focus on mental health in the previous 2-3 years? Is there a current mental status exam? If no current treatment, why? Is context for treatment included, rather than a list of dates?	☐ Yes	☐ No
Functional Information:		
1. Functional Domain I: Acquiring and Using Information and/or SSA listing paragraph B category: Understand, Remember, or Apply Information.	☐ Yes	☐ No
2. Functional Domain II: Attending to and Completing Tasks and/or SSA listing paragraph B category: Concentrate, Persist, or Maintain Pace	☐ Yes	☐ No
3. Functional Domain III: Interacting and Relating with Others and/or SSA listing paragraph B category: Interact with Others	☐ Yes	☐ No
4. Functional Domain IV: Moving About and Manipulating Objects	☐ Yes	☐ No
5. Functional Domain V: Caring for Yourself and/or SSA listing paragraph B category: Adapt or Manage Oneself	☐ Yes	☐ No
6. Functional Domain VI: Health and Physical Well-Being	☐ Yes	☐ No
Summary:		
1. Does the report contain a brief summary of the evidence presented in the FAST MSR?	☐ Yes	☐ No
2. Is report co-signed by a physician/psychiatrist or psychologist?	☐ Yes	☐ No
3. Are names and phone numbers included for the SOAR representative and the co-signing doctor?	☐ Yes	☐ No

Date complete application packet with medical records and FAST MSR delivered to SSA/DDS:		
Date SSI decision received:	**Outcome of application:** ☐ Approval	☐ Denial
Date information added to local SOAR data tracking system:		