SOAR Checklist for Initial Child SSI Claims

Date: _____

Claimant's Name: _____ SSN: _____

Parent/Guardian's Name: _____ SSN: _____

Parent/Guardian's Phone: _____

Case Worker's Name: _____ Phone: _____

Online Disability Report

☐ Disability Report-Child (SSA-3820): Date Submitted: _____

Paper Application Packet

All forms signed by parent/guardian when appropriate.

☐ SSA-8000: Application for Supplemental Security Income (SSI)

☐ SSA-827: Authorization to Disclose Information to SSA

☐ SSA-1696: Appointment of Representative

If applicable:

SSA-3375-3379: Child Function Report (select 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

Supporting Documentation

(To be submitted to DDS upon receipt of bar-coded cover sheet or via Electronic Records Express (ERE))

☐ **Functional Assessment Statement Medical Summary Report**

☐ **Medical Records**

☐ **Educational Records**