

SOAR Checklist for Initial SSI/SSDI Claims

Date: _____

Claimant's Name: _____ SSN: _____

Case Worker's Name: _____ Phone #: _____

Online Disability Benefits Application

- ☐ Application for Social Security Disability Insurance (SSA-16); Adult Disability Report (SSA-3368); and Online Medical Release Form (e827)

Date Submitted: _____

Paper Application Packet

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

If applicable:

- ☐ SSA-3369: Work History Report
- ☐ SSA-3373: Function Report-Adult
- ☐ SSA-821: Work Activity Report

Supporting Documentation

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

- ☐ Functional Assessment Statement (FAST) Medical Summary Report (MSR)
- ☐ Medical Records