

SOAR Checklist for Initial Child SSI Claims

**Date: 10/31/18**

**Child’s Name: Annie M. Farnsworth**

**Child’s** **SSN:** 111-11-1111

**Parent/Guardian’s Name**: **Annette M. Farnsworth**

**Parent/Guardian’s SSN: 222-22-2222**

**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)**

[x]  SSA-827: Authorization to Disclose Information to SSA

[x]  SSA-1696: Appointment of Representative

[x]  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

[x]  3378: Ages 6 to 12th Birthday

[ ]  3379: Ages 12 to 18th Birthday

[x]  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:**

[x]  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**

[x]  **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)

[x]  **Medical Summary Report**

[x]  **Medical Records**

[x]  **Educational Records**