

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)**

SSA-827: Authorization to Disclose Information to SSA

SSA-1696: Appointment of Representative

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

3378: Ages 6 to 12th Birthday

3379: Ages 12 to 18th Birthday

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:**

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**

**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)

**Medical Summary Report**

**Medical Records**

**Educational Records**