

SOAR Checklist for Initial Claims

**Date:** 01/17/17

**Claimant’s Name:** Annette M. Farnsworth **SSN:** 222-22-2222

**Caseworker’s Name:** Harriet Jones **Phone #:** (444) 444-4445

**Paper Forms**

[x]  SSA-8000: Application for Supplemental Security Income (SSI)

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

[x]  SSA-1696: Appointment of Representative

*If applicable:*

[ ]  SSA-3373 Function Report (Only needed ifa medical summary report according to the SOAR training is **NOT** submitted).

[ ]  SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection

**On-line Forms**

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

Submitted on: 01/17/17

**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**