

## A Guide to Applying for Social Security Benefits (including Appeal information)

### Contents

Disclaimer.....	3
Application Checklist (optional tool to use while applying for Social Security benefits).....	3
When to Apply for Benefits.....	4
STEP 1 -Before You Apply: Prepare for your application by reviewing the many resources available.....	4
Resources about SSI, SSDI, and the application process .....	4
Disability Information from The Social Security Administration .....	5
Disability Determination Services (DDS).....	6
Document Collection .....	6
Tips and Tricks .....	6
STEP 2: Apply for Benefits.....	7
Ways to apply .....	7
Applying Online .....	8
STEP 3: Follow-up – What Happens Next?.....	9
STEP 4: Account Set-up and Representative Payee Information (if approved) .....	10
STEP 5: Appealing a Denial (if denied) .....	11
General Appeal Information .....	11
Appeal Deadline- 60 days .....	11
STEP 1: Review the denial paperwork .....	11
STEP 2: File the Request for Reconsideration/Appeal .....	12
STEP 3: Gather new evidence/supporting documentation .....	13
Hearing Information .....	13
Social Security Administration Contacts .....	14
Other Resources.....	14
Attorney Representation .....	15
Attorney Fees & Expenses .....	15
Important Terms .....	16
Important Forms .....	16
See next section for more helpful forms... ..	17

## **A Guide to Applying for Social Security Benefits** (including Appeal information)

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### Disclaimer

The following guide and checklist are meant to be used as references only. Contact the Social Security Administration (SSA) if more information and/or assistance is needed. Screenshots included in this guide may appear a bit differently from what you see online, due to SSA website changes. Some of the language used in this guide comes straight from the Social Security Administration website.

**HELPFUL RESOURCES:** At the end of the guide you will find two resources which may be helpful depending on the age of the person applying for Social Security.

### Application Checklist (optional tool to use while applying for Social Security benefits)

<input type="checkbox"/>	<b>Applying on-line</b>	<b>Application Start Date:</b>	<b>Application Completion Date:</b>
<input type="checkbox"/>	<b>Re-Entry Number (If application is completed online. This number will allow you to get back into an application that you haven't completed it in one sitting):</b> <input style="width: 150px; border: 1px solid black;" type="text"/>		
<input type="checkbox"/>	<b>Name and dates of conversations with people at Social Security:</b>		
<input type="checkbox"/>	<b>Scheduled appointment date/time to complete applications with an SSA rep. (If by phone or in person—you must have a scheduled interview.)</b>	<b>Local SSA Office Address:</b>	<b>Local SSA Office Phone Number:</b>
<input type="checkbox"/>	<b>Over the phone or in-person Interview (if applicable)</b>	<b>Date of Interview:</b>	
<input type="checkbox"/>	<b>Date Letter is received from Disability Determination Services (DDS):</b>	<b>Name of contact at DDS:</b>	<b>Phone number for contact at DDS:</b>  <b>Main # is: 303-368-4100</b>
<input type="checkbox"/>	<b>Additional supporting documents submitted to DDS (if needed):</b>		
<input type="checkbox"/>	<b>Application Decision:</b>	<b>Date Received:</b>	<b>Monthly Amount Awarded: \$</b>

## A Guide to Applying for Social Security Benefits (including Appeal information)

### When to Apply for Benefits

<b>Prior to age 18:</b>	Families can apply at any time, if they feel that the family will qualify financially.
<b>18 and already getting SSI (through the family):</b>	<ul style="list-style-type: none"> <li>➤ Families should receive a letter for an appointment for the Redetermination and a packet for the Medical Review. The packet includes a form to list medical sources, medications, and other information. It also will include a medical release form that must be signed by the beneficiary and not the parent, even if the applicant is still 17.</li> <li>➤ This should come by the individual's 19<sup>th</sup> birthday.</li> </ul>
<b>An individual turning 18:</b>	<p>Apply* the <b>first FULL month following their 18<sup>th</sup> birthday</b>. Social Security does not consider someone 18 until they have been 18 for a full month.</p> <ul style="list-style-type: none"> <li>➤ Example: DOB is April 20<sup>th</sup>– apply mid May</li> <li>➤ Example: DOB is April 3<sup>rd</sup>– apply at the beginning of May</li> </ul> <p>*Individuals who at some point received SSI while they were under the age of 18, will not be able to apply online. The application will need to be completed in person or over the phone with a representative from Social Security.</p>
<b>18 years old and receiving survivor's benefits (a type of SSDI):</b>	<p>Provide proof that the person is still in school to continue to receive the benefit until the age of 19. Have the school complete SSA form 1372 and submit this to your local SSA office: <a href="https://www.ssa.gov/forms/ssa-1372.pdf">https://www.ssa.gov/forms/ssa-1372.pdf</a></p> <ul style="list-style-type: none"> <li>➤ Apply for SSI at age 18.</li> <li>➤ At age 19– apply for Adult Disability Benefits.</li> </ul>
<b>An individual turning 18 who is adopted and receiving an adoption subsidy:</b>	<ul style="list-style-type: none"> <li>➤ The adoption subsidy is considered non-work income for the individual who was adopted.</li> <li>➤ Depending on the amount of the subsidy, the individual may need to wait until their adoption subsidy ends (usually at age 21) and then apply for Social Security benefits.</li> </ul>



### STEP 1 -Before You Apply: Prepare for your application by reviewing the many resources available.

#### Resources about SSI, SSDI, and the application process

- The Social Security Administration: <https://www.ssa.gov/benefits/ssi/> and <https://www.ssa.gov/benefits/disability/>
  - **START HERE! VIDEO- Welcome to our Online Disability Application--**  
[http://www.socialsecurity.gov/hlp/video/iclaim\\_d01.htm](http://www.socialsecurity.gov/hlp/video/iclaim_d01.htm)
- Social Security's YouTube channel (additional video links online):  
<https://www.youtube.com/SocialSecurity>

## **A Guide to Applying for Social Security Benefits** (including Appeal information)

- **VIDEO- Supplemental Security Income (SSI): Eligibility Requirements & Application Process--**  
[https://www.youtube.com/watch?v=jDAdVOLOmUo&list=PLGSYaZN04xzEkJ\\_NJR2uwJ1EecA69NLPM&index=5](https://www.youtube.com/watch?v=jDAdVOLOmUo&list=PLGSYaZN04xzEkJ_NJR2uwJ1EecA69NLPM&index=5)
- **VIDEO- SSI: Requesting an Appointment Online--**  
[https://www.youtube.com/watch?v=RZPAH4ovzIA&list=PLGSYaZN04xzEkJ\\_NJR2uwJ1EecA69NLPM&index=4](https://www.youtube.com/watch?v=RZPAH4ovzIA&list=PLGSYaZN04xzEkJ_NJR2uwJ1EecA69NLPM&index=4)
- **Learn more about Social Security benefits on the Colorado Disability Benefits 101 site:**  
<https://co.db101.org/>
  - **SSI--** [https://co.db101.org/co/programs/income\\_support/ssi2/program.htm](https://co.db101.org/co/programs/income_support/ssi2/program.htm)
  - **SSDI--** [https://co.db101.org/co/programs/income\\_support/ssdi2/program.htm](https://co.db101.org/co/programs/income_support/ssdi2/program.htm)

[Click here](#) for other contacts.

### **Disability Information from The Social Security Administration**

**How Do We Define Disability--** <https://www.ssa.gov/redbook/eng/definedisability.htm>

**How We Decide if You Have a Qualifying Disability--** <https://www.ssa.gov/benefits/disability/qualify.html#anchor3>

**Benefits For Children with Disabilities--** <https://www.ssa.gov/benefits/disability/qualify.html#anchor7>

**Understanding Supplemental Security Income SSI Application Process and Applicants' Rights --**

<https://www.ssa.gov/ssi/text-apply-ussi.htm>

### **Social Security does NOT offer short-term disability.**

To meet Social Security's definition of disability, you must not be able to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s) that is either:

- Expected to result in death.
- Has lasted or is expected to last for a continuous period of at least 12 months.

### **Disability in Children**

<https://secure.ssa.gov/apps6z/i3820/msg001.jsp>

### **From Social Security--**

We consider a child disabled if:

- The child has a physical or mental impairment (or combination of impairments)
  - That causes marked and severe functional limitations;
  - And has lasted or is expected to last for at least 12 consecutive months, or to result in death.
- The child is not working at a job and doing substantial work.

The above explanation is written in easy to understand language. For more details, [read the official definition](#) as written in the Social Security Act.

## A Guide to Applying for Social Security Benefits (including Appeal information)

### Disability Determination Services (DDS)

The Social Security Administration (SSA) contracts with Disability Determination Services (DDS) to review the disability portion of an application. Once SSA reviews your financial information, they will forward your application to DDS. A Disability Examiner (DE) at DDS will review your application and supporting documentation and if needed, send out requests to doctors, therapists, other medical professionals, etc. who are listed in the application, to request additional supporting documents.

We encourage you to submit strong supporting documents to Social Security with your application OR directly to DDS, once they have your file. We also suggest you contact the providers you listed on the application and ask them to be on the lookout for the request from DDS, so they can respond quickly with supporting documents. They will be given a short deadline.

### Document Collection

**Review Social Security's detailed checklist** of what you might need for the adult disability application process and gather information. <https://www.ssa.gov/hlp/radr/10/ovw001-checklist.pdf>

- ☐ General Information about the applicant
- ☐ Medical Conditions/ Intellectual and Developmental Disability information
- ☐ Paid Work/Job History
- ☐ Start collecting supporting documentation

Below is a list of some common supporting documents that can be included with a Social Security application. This is not an exhaustive list. **You DO NOT have to have all these documents collected prior to starting the application process.**

- ☐ IQ testing report (if over the age of 16, include testing done after the age of 16)
- ☐ Adaptive Skills and/or functional testing reports
- ☐ Most current Triennial Individualized Education Plan (IEP) report with testing (if applicant is still in school or recently graduated)
- ☐ Doctor/Therapist/Psychologist/Psychiatrist letters and/or written opinions describing how the applicant's disability **affects their ability to work** (if over the age of 18)
- ☐ Laboratory testing and results (if related to your disability that affects the applicant's ability to work)
- ☐ Medical Reports
- ☐ Statements/letters from teachers about functional limitations (if applicant is still in school, or recently in school)
- ☐ A copy of a Professional Medical Information Page (PMIP) and 100.2 assessment (if in waiver services- ask your case manager for them)
- ☐ Functional Report (this will be sent to the applicant by DDS to complete, if it is needed)

### Tips and Tricks

- **Keep all of your information organized in a folder or notebook.** Utilize the application checklist at the beginning of the guide and keep a copy of everything.
- **If applicable, NOTE ON THE APPLICATION THAT THE PERSON IS PART OF A VULNERABLE POPULATION. If applying with someone from Social Security, be sure to tell them this.**

## A Guide to Applying for Social Security Benefits (including Appeal information)

- **If the applicant is over 18 and unable to apply without support**, Social Security suggests:
  - The individual be physically in the room when the parent/mentor/provider applies on their behalf.
  - Click the following choice online: "I am applying for myself".
- **CHECK YES for this question-- Do you intend to file for or want to file for SSI?**
- Establish a protective filing date **prior to the end of the month**. This can be done by initiating an online application and getting far enough in the application to obtain the **re-entry** number or by calling the SSA to set up an appointment to apply for Social Security benefits. Note the day the call is made. This will be the applicant's **Protective Filing Date**.
- If you apply online, be sure to either **print or write down the applicant's re-entry #**. This will allow you to start an application, save it, and log back in to finish it at a later time. If for some reason the number is lost, you'll need to create a **my Social Security account**. You can set it up by going to: <https://www.ssa.gov/myaccount/>
- **Print the "Confirmation" page**, the "Receipt," and a copy of the medical release for your records once you have completed the applicant's online application.
- **For security reasons, there is a time limit for viewing each page**. If you spend 25 minutes on a page without making any changes, you will receive a warning, but you can extend your time on that page if needed.
- **Keep track of the dates** you send information to Social Security or talk to them, as well as the name of Social Security employees with whom you speak.
- If you take any paperwork into the SSA, **get date stamped copies**.
- Information should be **consistent** throughout the application and supporting documentation.
- **Complete ALL questions** on the application/forms. Do not leave anything blank and be as detailed as possible.
- If asked to complete extra forms, complete and **return them before the due date** and follow the instructions provided as to how to return the paperwork.
- If asked to meet with one of Social Security's doctors for a **consultative exam**, make every effort to be available on the date that you are assigned.
- Appointment times are limited to 90 minutes, so **be prepared for your appointment!**

### STEP 2: Apply for Benefits

RESOURCE: [https://co.db101.org/co/programs/income\\_support/ssi2/program2.htm](https://co.db101.org/co/programs/income_support/ssi2/program2.htm)

#### Ways to apply

- **In person** at your local Social Security office with a **scheduled in-person interview**. (Check your local office for hours of operation)
- **By phone**—call your local Social Security office to **schedule the phone interview** or call the main 800 number for Social Security. They can assist with applications as well.
- **Online**—recommended for a faster application process.  
(**NOTE:** You can't apply online if you previously received SSI and lost the benefit. You will need to schedule an appointment with someone at Social Security to complete the application. An appointment can be done by phone or in person.)
  - You can now request an appointment online! VIDEO--  
[https://www.youtube.com/watch?v=RZPAH4ovzIA&list=PLGSYaZN04xzEkJ\\_NJR2uwJ1EecA69NLPM&index=4](https://www.youtube.com/watch?v=RZPAH4ovzIA&list=PLGSYaZN04xzEkJ_NJR2uwJ1EecA69NLPM&index=4)

#### There are two parts of the application:

- ✓ The Disability Report

## A Guide to Applying for Social Security Benefits (including Appeal information)

- ✓ The SSI application

**Adults: Both can be completed online.**

**\*\*Be sure to select that you wish to apply for SSI when prompted.**

**Children: You can only complete one part of the application online.**

### **The Adult Disability Report**

Section 1: Information about the applicant  
Section 2: Contacts  
Section 3: Medical conditions  
Section 4: Work activity  
Section 5: Education and training  
Section 6: Job history (where, when, pay)  
Section 7: Medicines  
Section 8: Medical treatment (providers; hospitalizations)  
Section 9: Other medical information  
Section 10: Vocational rehab, employment, or other support services  
Section 11: Remarks

### **The SSI Application**

Part 1: Basic Eligibility  
Part 2: Living Arrangements  
Part 3: Resources  
Part 4: Income  
Part 5: Potential Eligibility for food stamps, medical assistance/other benefits  
Part 6: Miscellaneous  
Part 7: Remarks  
Part 8: Important Information and signatures

### **Applying Online**

- ✓ Go to <http://www.ssa.gov/> and click *Apply for benefits* or *Apply for SSI*.



[Apply for benefits](#)

[Sign up for Medicare](#)

[Apply for SSI](#)

- ✓ Click the age group for the person you are applying for.

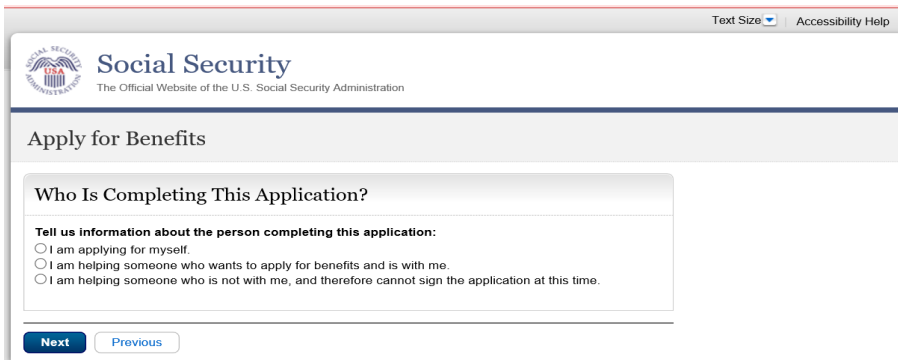
## **Apply for Social Security benefits**

### **Who do you want to apply for?**

- ☒ An adult (age 18 and over)  
☐ A child (under age 18)

- ✓ Complete the rest of the screening page.
- ✓ When prompted to answer: **WHO IS COMPLETING THE APPLICATION?**

## A Guide to Applying for Social Security Benefits (including Appeal information)



**Adults** should choose the option -- I am applying for myself, even if someone is helping them to complete the application. If support is needed, the applicant should be in the room while their parent/mentor/provider is helping them to apply.

- ✓ Complete the **Disability Report**:

**Applicants over the age of 18** will be directed to complete the **Adult Disability Report**.

<https://www.socialsecurity.gov/forms/ssa-3368.pdf>

- ✓ **Medical Release form:**

a. If you are completing the application for yourself: Sign and submit the **medical release form**. At the end of the report, SSA will ask you to sign a medical release form (SSA-827), which allows SSA to get information from the applicant's doctors. This can be done electronically as part of the online Disability application, or you can print, sign, and send the form to your Social Security office. You will be able to print a cover sheet that you can use to send SSA the signed medical release and any medical records you already have in your possession.

b. If you checked that someone is helping you to complete the application, a medical release form will be mailed to you to sign and return to The Social Security Administration (SSA).

- ✓ **Submit requested documents**—At the end of the online application, the applicant may be given a list of documents that the SSA would like to review. **Either mail or hand deliver** (if SSA is open) the documents to your local Social Security office. Ask for **date stamped copies**.

### STEP 3: Follow-up – What Happens Next?

- ✓ You will be contacted by SSA if they need more information about your claim. **Keep an eye out for mail from SSA and Disability Determination Services (DDS).**
- ✓ **DENIAL FOR SSDI:** If the individual has not worked and does not have a parent who is deceased, collecting disability, or collecting retirement, then the applicant **will likely receive a denial letter for SSDI**. This is **NOT** a denial letter for SSI. If you have questions about denial paperwork (or any paperwork) from Social Security, please call them directly to discuss.
- ✓ **Watch for a letter from DDS.** You should receive this approximately 4 to 8 weeks after you completed both the SSI and Disability applications.

## A Guide to Applying for Social Security Benefits (including Appeal information)

- SSA will review financial qualifications and then forward the file to Disability Determination Services (DDS) to review the disability portion of the application.
- Once DDS receives the file, they send a letter to the applicant, stating that they are working on reviewing the disability portion of the application.
- The letter from DDS should provide the name and contact information for the **Disability Examiner (DE)** who has been assigned to review your disability application. You can contact this person directly. See below.
- It may also contain **additional paperwork** that must be completed and returned by a specific due date. Complete and submit the paperwork timely.
- You can always call DDS to check in if you haven't received the letter!
- ✓ **Contact the Disability Examiner (DE) and ask the following questions:**
  - Did they get all of the supporting documentation that you submitted to the Social Security office? (as applicable)
  - Do they need additional supporting documentation? If so, what is the best way to get it to them?
  - Do they need help collecting paperwork from any of the medical professionals, therapists, teachers, etc. that were listed on the application?
  - Ask that they call you if they need ANYTHING.
- ✓ **Check the status of your application online.** <https://www.ssa.gov/apply/check-application-or-appeal-status>
- ✓ **Understanding Social Security's decision-- either an Award letter or a Denial letter.**  
[https://co.db101.org/co/programs/income\\_support/ssi2/program2a.htm](https://co.db101.org/co/programs/income_support/ssi2/program2a.htm)  
\*\*Call Social Security if you need help understanding the decision letter.

### STEP 4: Account Set-up and Representative Payee Information (if approved)

- ✓ Decide what account into which the SSA money will be directly deposited. Effective March 1, 2013, all SSA payments must be delivered electronically.
- ✓ Will the SSA recipient need a representative payee?
  - a. A rep payee helps beneficiaries who need assistance managing their Social Security benefits/money.
  - b. In order to be a rep payee a person or organization must apply for and be appointed by SSA. Complete the **Appointment of Representative form**, listed in the next section of the guide.
  - c. Generally, a family member, provider, or friend serves as a representative payee.
- ✓ **For more information about Representative Payees, please go to:**
  - <https://www.ssa.gov/payee/>
  - <https://www.ssa.gov/pubs/EN-05-10076.pdf>
  - <https://www.ssa.gov/payee/fagrep.htm>
  - [https://blog.ssa.gov/making-wise-choices-when-a-representative-payee-manages-your-money/?utm\\_medium=email&utm\\_source=govdelivery](https://blog.ssa.gov/making-wise-choices-when-a-representative-payee-manages-your-money/?utm_medium=email&utm_source=govdelivery)
- ✓ There are specific limitations on what kind of an account you can have Social Security money directly deposited into. Please consult with Social Security or a financial advisor who specializes in special needs before setting up an account.

## A Guide to Applying for Social Security Benefits (including Appeal information)

### STEP 5: Appealing a Denial (if denied)

**DENIAL FOR SSDI:** If the individual has not worked and does not have a parent who is deceased, collecting disability, or collecting retirement, then the applicant **will likely receive a denial letter for SSDI**. This is **NOT** a denial letter for SSI. If you have questions about denial paperwork (or any paperwork) from Social Security, please call them directly to discuss.

**Appealing vs. re-applying:** When you appeal, if you win the appeal, Social Security will back-date your payments to the original application date. If you re-apply, you forfeit the back payment.

### ✿ RESOURCE: Understanding Social Security's decision--

[https://co.db101.org/co/programs/income\\_support/ssi2/program2a.htm](https://co.db101.org/co/programs/income_support/ssi2/program2a.htm)

### General Appeal Information

There are two types of denials—Financial and Medical.

- **Financial denials** are based on your assets and resources. If you feel that the Social Security administration has incorrectly calculated your assets and resources, then you should file an appeal immediately, and provide them with accounting paperwork to show proof that you are within the income and asset limit to receive Social Security benefits.
- **Medical Denials** are based on medical evidence that was presented to Social Security. A member of the Disability Determination Services' (DDS) team, known as the Disability Examiner (DE), will carefully review all of the paperwork they received and determine whether or not the person meets Social Security's definition of a disability.

*There can be several things that can impact the decision, leading to a medical denial. Here are a few common ones:*

- [DDS](#) did not receive supporting documentation from some providers, as requested.
- DDS did not feel that the supporting documentation provided fully supports a disability determination.
- DDS did not receive back a report that they had sent to the applicant to complete. This could include the Function Report and/or the Work History report.
- DDS ordered a Consultative Examination and the applicant did not show up to the scheduled appointment.

### Appeal Deadline- 60 days

Appeals generally must be filed **within 60 days of the date the denial letter is received. Appeal as quickly as possible.**

- A request for an appeal may be accepted beyond the limit for "good cause." For example, an individual who is homeless, in a hospital, or incarcerated may not have received a denial letter. If that is the circumstance, the service provider, applicant, or representative can write a letter to The Social Security Administration requesting that the appeal be accepted for "good cause," explaining the reason why it is required.

### STEP 1: Review the denial paperwork

- Carefully review the denial paperwork to determine the reason for the denial.
- The applicant or their representative can request to see the complete **Disability Determination Explanation (DDE)** and the individual's entire case record, which will provide a full explanation as to why the individual was denied, including a copy of the applicant's applications, case documentation, and medical information and reports. **Inform them this is needed for a Medicaid waiver program, so you aren't charged for the report.**

## A Guide to Applying for Social Security Benefits (including Appeal information)

- Obtaining the DDE can take a few weeks if requested by phone. It is recommended that you **request the report in person at your local Social Security office**, with the hope that you will be given a copy of the report before you leave. You can always ask to speak with a manager if the person who is helping you does not know how to print the report.

**Tip:** Establish a relationship with the person that is assisting you at the Social Security Administration office. Have a written request for the DDE pre-filled out to take with you to the office. This is form SSA-3288. **Link to form:** <https://www.ssa.gov/forms/ssa-3288.pdf>

**\*\*It is highly recommended that you contact an attorney representative to review the DDE and help you with the steps of the appeal.**

### STEP 2: File the Request for Reconsideration/Appeal

You can [file an appeal online](#), in person at your local office, or by calling Social Security at 1-800-772-1213 or 1-800-325-0778 (TTY) and ask them to send you an SSI appeal form. If you file online, you need to mail or deliver any new information about your situation to Social Security.

The applicant or representative must ask in writing for a hearing **within 60 days** of the date you receive the written notice of the initial determination. The SSA considers that you will receive the denial notice 5 days after the date on the notice.

- Get started here: <https://secure.ssa.gov/iApplsRe/start>
- **Tip:** If not filing online, **make copies of all forms before you submit them.**
- If you are unsure of what forms to complete, call your local SSA office for assistance.
- If you don't have a printer, you can call your local SSA office and ask them to mail the forms to you.
- **Tip:** When filing an appeal, be sure to submit all documents in a complete packet. (Hearing/appeal notice; disability report; medical release; attorney forms). **Once the packet is forwarded to the hearing office, you can provide more documents directly to the hearing office.**
- **FORMS:**
  - **SSA-3441, Disability Report - Appeal:** <https://www.ssa.gov/forms/ssa-3441.pdf>
  - **SSA-827, Authorization to Disclose Information to SSA:** <https://www.ssa.gov/forms/ssa-827.pdf>

### Types of Appeals/Requests for Reconsiderations

If you were recently denied Social Security benefits or Supplemental Security Income (SSI), you may request an appeal. Generally, you have 60 days after you receive the notice of SSA's decision to ask for any type of appeal. There are four levels of appeal:

1. **Reconsideration:** A person at Social Security who wasn't involved in the first decision looks at your application. This is a written appeal, so you don't have to go in front of a judge. Give Social Security any new information you have about your case.
2. **Hearing:** If the reconsideration is denied, you can ask for a hearing before an Administrative Law Judge. You can bring witnesses to help make your case. Consider having an attorney or representative help you.
3. **Appeals Council:** Social Security's Appeals Council reviews your case if you appeal the Administrative Law Judge's decision. The Appeals Council can accept the judge's decision, decide the case for itself, or send it back to a different Administrative Law Judge for another hearing.

## A Guide to Applying for Social Security Benefits (including Appeal information)

4. **Federal Court:** If the Appeals Council decides against you, you can file a lawsuit in federal court.

You can request an appeal online for a reconsideration, a hearing by an administrative law judge, and a review by the Appeals Council, even if you live outside of the United States. When SSA made the initial determination on your claim, they sent you a letter explaining their determination. That letter contains guidance on what level of appeal you should select.

To learn more about each appeal level, visit [Information About Social Security's Hearings and Appeals Process](#).

For more information about the Appeals process, visit: <https://www.ssa.gov/pubs/EN-05-10041.pdf>

For any level beyond the reconsideration, you may want to get help from a lawyer. To find a lawyer or other representative who can help with your appeal, contact [Disability Law Colorado](#) (DLC) or the [National Organization of Social Security Claimants Representatives \(NOSSCR\)](#).

### STEP 3: Gather new evidence/supporting documentation

We suggest you make sure that all evidence is received by the ALJ or is available at the time and place set for the hearing. Failure to comply with this requirement may result in the ALJ declining to consider the evidence.

[Click here](#) for documentation information and here: <https://www.ssa.gov/hlp/iappeals/info-u-need.htm#document>

- Collect treatment records from any medical professionals you have seen, including ongoing treatment records.
  - Independent medical examination reports.
  - Functional capacity assessment (Function Report)
  - Other testing reports
- Although there is no limit to the number of times you can appeal, there is a limit to how high up in the appeal process you can go (i.e., The U.S. Supreme Court). It may be in the applicant's best interest to stop appealing at a certain point and start over because their chances of a successful appeal generally diminish the further up you appeal. However, this may affect how far back Social Security payments will go, if eventually approved.
- For more information about appeals, go to: <http://www.socialsecurity.gov/ssi/text-appeals-ussi.htm>

### Hearing Information

**If you do *not* want to appear in person at a hearing before an ALJ**, you or your representative may ask the ALJ to make a decision based on the evidence in your file.

**If you do want to have a hearing before an ALJ**, it is very important that you or your representative appear either in person, by video teleconferencing, or by telephone (in extraordinary circumstances) at the scheduled hearing. If for any reason you cannot make it, contact the ALJ in writing, as soon as possible before the hearing, but not later than 5 days before the date set for the hearing or 30 days after receiving the notice of hearing, whichever is earlier, and explain why. If you do not attend the scheduled hearing, you may lose your appeal rights and benefits.

## A Guide to Applying for Social Security Benefits (including Appeal information)

Most people receive their hearing date about 20 days prior to the hearing.

Once you file the appeal, you should receive paperwork with the contact information of who to call to check to see when your hearing will be. Keep this paperwork in a safe place.

You can also call your local SSA office to check to see if they have a hearing date set up yet.

### Social Security Administration Contacts

- **DDS (Disability Determination Services):** 303-368-4100
- **Social Security:** 1-800-772-1213; 1-800-325-0778 TTY; <http://www.ssa.gov/>
- You can either call your local office or the main number for Social Security.

To utilize the Social Security office locator, go to: <https://secure.ssa.gov/ICON/main.jsp>

OR— Go to the Social Security website at [www.ssa.gov](http://www.ssa.gov)

- ✓ Find the **Support** section near the bottom of the first page

**Support**

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- ✓ Click on **Find an office** and then click **Locate An Office By Zip**  
Still need to find an office near you?

[Locate An Office By Zip](#)

- ✓ Enter your zip code and press **Locate**.

Find the Office for this ZIP Code.

ZIP:

### Other Resources

Contact	Application Assistance	Supporting document support
<b>Easter Seals Disability Benefits Services (DBS):</b> (303) 233-1666 x 230; <a href="mailto:dintake@eastersealscolorado.org">dintake@eastersealscolorado.org</a> <a href="https://www.easterseals.com/co/our-programs/work/disability-benefits-services/">https://www.easterseals.com/co/our-programs/work/disability-benefits-services/</a> *Contact DBS for a list of local attorneys who can assist with appeals.	Yes AND they offer webinars about the application process.	Limited

## A Guide to Applying for Social Security Benefits (including Appeal information)

<b>Colorado Legal Services</b> (assistance with the appeal process, if denied): 303-837-1321; <a href="http://www.coloradolegalservices.org/">http://www.coloradolegalservices.org/</a>	Appeals/ request for reconsideration	Appeals/ request for reconsideration
<b>Disability Law Colorado</b> (assistance with the appeal process, if denied): <a href="https://disabilitylawco.org/contact">https://disabilitylawco.org/contact</a>	Appeals/ request for reconsideration	Appeals/ request for reconsideration
<b>Community Economic Defense Project:</b> <a href="https://cedproject.org/">https://cedproject.org/</a> <a href="https://cedproject.org/get-help/">https://cedproject.org/get-help/</a> <b>FORM:</b> <a href="https://share.hsforms.com/1nGVUQ-aJS2SFqgnwtgrR_A8nqki">https://share.hsforms.com/1nGVUQ-aJS2SFqgnwtgrR_A8nqki</a>	Yes and support with Appeals/ request for reconsideration	Yes
<b>National Organization of Social Security Claimants' Representatives</b> (assistance with the appeal process, if denied): <a href="https://nosscr.org/referral-service/">https://nosscr.org/referral-service/</a>	Appeals/ request for reconsideration	Appeals/ request for reconsideration
<b>All Health Network</b> (must be an All Health Network member): <a href="http://www.allhealthnetwork.org/">http://www.allhealthnetwork.org/</a> ; 303-730-8858	Call for availability	Unknown
<b>Mental Health Center of Denver</b> (must be receiving services/supports from MHCD): 303-504-7900	Call for availability	Unknown
<b>Mile High United Way:</b> <a href="http://www.unitedwaydenver.org/">http://www.unitedwaydenver.org/</a> ; 303-433-8383; or dial 211	Call for availability	Unknown
<b>Atlantis Community, Inc.:</b> <a href="http://atlantiscommunity.org/">http://atlantiscommunity.org/</a> ; 303-733-9324	Call for availability	Unknown

### Attorney Representation

\*If you need representation, it is recommended that you hire someone who is local. You can find resources [here](#).

**Publication from Social Security about your Right to Representation:** <https://www.ssa.gov/pubs/EN-05-10075.pdf>

Audio: (ENGLISH) [ssa.gov/pubs/audio/EN-05-10075.mp3](https://www.ssa.gov/pubs/audio/EN-05-10075.mp3)

(SPANISH) [ssa.gov/pubs/audio/ES-05-10975.mp3](https://www.ssa.gov/pubs/audio/ES-05-10975.mp3)

**VIDEO:** [Understanding Your Right to Representation](#) or <https://www.youtube.com/watch?v=PPc0zv7iiR4>

**National Organization of Social Security Representatives:** 845-682-1881

**National Association of Disability Representatives:** 800-747-6131

### Attorney Fees & Expenses

All fees must be approved by the Social Security Administration. As of November 2022, **Fees are capped at either 25% of backpay or \$7,200, whichever is less.** *The fee cap is set to increase to \$9,600 beginning 2025.* Backpay is the amount the SSA owes the claimant from when they were first eligible for disability benefits up to the month prior to the beginning of their monthly benefits.

Apart from backpay fees, attorneys may recover out-of-pocket expenses incurred during representation, including but not limited to the cost of obtaining medical records and printing expenses. Out-of-pocket expenses are not regulated by the Social Security Administration and are not contingent on the outcome of the case. Some attorneys do not charge out-of-pocket expenses regardless of whether the case is won or lost. Contact the attorney for additional details on out-of-pocket expenses, as these may vary.

## A Guide to Applying for Social Security Benefits (including Appeal information)

### Important Terms

**The Social Security Administration (SSA):** An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: SSI and SSDI.

**Supplemental Security Income (SSI):** A government assistance program that provides supplemental income to specific populations to address basic needs (i.e., food, clothing, and shelter). If you have a disability, are blind, or are over age 65 and you also have low income and limited resources, you may qualify for Supplemental Security Income (SSI). [Click here](#) for more information about SSI.

**Social Security Disability Insurance (SSDI):** Federal disability program, administered by the SSA that provides benefits to individuals who are blind or disabled who are “insured” based on contributions (through work) paid into the Social Security trust fund, as authorized by FICA. Medicare eligibility usually comes two years after the first SSDI payment. [Click here](#) for more information about SSDI.

**Substantial Gainful Activity (SGA):** To be eligible for disability benefits, a person must be unable to engage in [substantial gainful activity \(SGA\)](#). A person who is earning more than a certain monthly amount (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. For more information, please click on the following link: <https://www.ssa.gov/OACT/COLA/sga.html>

**Disability Determination Services (DDS):** State agency that contracts with the SSA to review the medical portion of the application and make a disability determination.

**Consultative Examination (CE):** A consultative examination is sometimes ordered by the Disability Examiner. It is an evaluation performed by a physician or psychologist who contracts with DDS. The evaluation is scheduled when existing medical evidence for an applicant collected by the DDS is insufficient to make a disability determination. SSA will pay for this exam if they have ordered it.

**Claims Representative:** SSA staff person who meets with the applicant and processes the application information.

**Disability Examiner (DE):** The staff person from Disability Determination Services who is assigned to work on and process the disability determination, reaching a medical determination on whether or not the applicant meets Social Security’s disability criteria. This person examines the medical record and the applicant’s forms, can order a Consultative Examination, and can request medical opinions.

**Protective Filing Date:** Date the applicant tells the SSA they intend to file for disability. This date is used to determine the eligibility date provided the applicant files an SSI application within 60 days and an SSDI application within 180 days.

**Representative Payee:** A person or an organization, appointed by the Social Security Administration, to receive the Social Security benefits for anyone who needs assistance managing their benefits.

### Important Forms

**Although you can’t print and submit a completed application to Social Security, it might be helpful to see what some of the forms look like, so you can gather the appropriate information.**

Form #	Form Name	Link
3368	Adult Disability Report	<a href="https://www.ssa.gov/forms/ssa-3368-bk.pdf">https://www.ssa.gov/forms/ssa-3368-bk.pdf</a>
1372	Advance Notice of Termination of Child’s Benefits (complete if receiving survivor’s benefits, is 18, and still in school)	<a href="https://www.ssa.gov/forms/ssa-1372.pdf">https://www.ssa.gov/forms/ssa-1372.pdf</a>
1696	Appointment of Representative <a href="#">About Representative Registration</a> <a href="#">Sample Completed SSA-1696</a>	<a href="#">SSA-1699</a> and <a href="#">SSA-1696</a> <a href="#">Establishing Representative Role: Completing Form SSA-1696.</a>

## A Guide to Applying for Social Security Benefits (including Appeal information)

827	Authorization to Disclose Information to SSA • Instructions for completing form 827	<a href="http://ssa.gov/forms/ssa-827.pdf">http://ssa.gov/forms/ssa-827.pdf</a> • <a href="http://ssa.gov/forms/ssa-827-inst.pdf">http://ssa.gov/forms/ssa-827-inst.pdf</a>
3820	<b>Child</b> Disability Report	<a href="https://secure.ssa.gov/apps6z/i3820/main.html">https://secure.ssa.gov/apps6z/i3820/main.html</a>
3288	Consent for Release of Information	<a href="https://www.ssa.gov/forms/ssa-3288.pdf">https://www.ssa.gov/forms/ssa-3288.pdf</a>
3373	Function Report (adults)	<a href="http://www.socialsecurity.gov/forms/ssa-3373-bk.pdf">http://www.socialsecurity.gov/forms/ssa-3373-bk.pdf</a>
3369	Work History Report (adults)	<a href="http://www.socialsecurity.gov/forms/ssa-3369.pdf">http://www.socialsecurity.gov/forms/ssa-3369.pdf</a>

See next section for more helpful forms...

## Disability Opinion Letter Guide

Below are several tips on how to write a more effective disability opinion letter.

### Recipient Field

- Date your letter
- Address the letter “to whom it may concern” or “Disability Examiner:”.
- Your audience is the disability examiner. The individual filing for disability does not need to see this letter, so don’t hold back in your assessment. Candid responses are best.

### Introduction Paragraph

- Discuss your relationship to the impaired individual (professional, such as a doctor, vs personal, such as a friend/family member)
- Discuss how you know the individual and what you do together (this provides context for how you know the claimant’s functioning)
- Mention how long you’ve known the individual and how frequently you see him/her

### Main Paragraphs

- Discuss the individual’s conditions and how they impair functioning.
- For mental health conditions, it’s helpful to organize by the four areas of functioning:
  1. Understanding, remembering, and applying information
  2. Concentration, persistence, and pace
  3. Interacting with others
  4. Adapting and managing oneself
- Support your conclusions by citing examples and observations.
- Try not to conclude that a person is “disabled” or “can’t work,” because these conclusions must be determined by the SSA. Your focus should be on limitations to functioning.
- You can discuss how long you think the person could work before having to stop, or before their symptoms would interrupt their work, etc. (e.g., JD can only work for two hours before losing focus; working longer then this causes him to become irritable and a distraction to others). If you’re a supervisor, then your opinion on how long the person can work may be especially helpful. Remember to use examples.
- Try to avoid conclusory statements without any support; the examiner wants to know *why* you believe the person is limited (i.e., your observations and examples).
- Try to avoid merely reciting past testing. If you note past testing, then your interpretation of that testing or associating it with examples/observations is helpful. A statement that JD has difficulty understanding due to his IQ of 68 isn’t helpful as two people can have an IQ of 68 and be affected very differently. Stating this is consistent with your observation of JD struggling to understand simple questions is helpful.

### Signature Field

- Type your name, title, and contact information.
- A signature at the end is not required, but still a nice touch.

## **Four Areas of Functioning from SSA Medical Listing 12.00**

### **1. *Understand, remember, or apply information***

This area of mental functioning refers to the abilities to learn, recall, and use information to perform work activities. Examples include: understanding and learning terms, instructions, procedures; following one- or two-step oral instructions to carry out a task; describing work activity to someone else; asking and answering questions and providing explanations; recognizing a mistake and correcting it; identifying and solving problems; sequencing multi-step activities; and using reason and judgment to make work-related decisions.

### **2. *Interact with others***

This area of mental functioning refers to the abilities to relate to and work with supervisors, co-workers, and the public. Examples include: cooperating with others; asking for help when needed; handling conflicts with others; stating own point of view; initiating or sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness.

### **3. *Concentrate, persist, or maintain pace***

This area of mental functioning refers to the abilities to focus attention on work activities and stay on task at a sustained rate. Examples include: initiating and performing a task that you understand and know how to do; working at an appropriate and consistent pace; completing tasks in a timely manner; ignoring or avoiding distractions while working; changing activities or work settings without being disruptive; working close to or with others without interrupting or distracting them; sustaining an ordinary routine and regular attendance at work; and working a full day without needing more than the allotted number or length of rest periods during the day.

### **4. *Adapt or manage oneself***

This area of mental functioning refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting. Examples include: responding to demands; adapting to changes; managing your psychologically based symptoms; distinguishing between acceptable and unacceptable work performance; setting realistic goals; making plans for yourself independently of others; maintaining personal hygiene and attire appropriate to a work setting; and being aware of normal hazards and taking appropriate precautions.

Child's Name:

Date of Birth:

## **CHILDHOOD FUNCTIONAL EQUIVALENCE QUESTIONNAIRE**

**1. How long have you known this child? In what context? Please explain:**

**2. Please assess the child's functional capabilities in the following 6 areas.** *In order to be found disabled per the Social Security regulations, the child must have marked impairments in 2 or more of the 6 functional domains, OR extreme impairment in 1 or more of the 6 functional domains.*

### **I. ACQUIRING AND USING INFORMATION**

**Please rate the child's difficulties in the following areas, as compared to an average child of this age, using the below rating key:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Unk</b>
<b>Average or better for Age</b>	<b>Slightly Below Average</b>	<b>Moderately Below Average</b>	<b>Markedly Below Average</b>	<b>Severely Below Average</b>	<b>Unknown</b>

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Comprehending oral instructions:                      | 1 | 2 | 3 | 4 | 5 | Unk |
| 2. Understanding subject content and vocabulary:         | 1 | 2 | 3 | 4 | 5 | Unk |
| 3. Reading and comprehending written material:           | 1 | 2 | 3 | 4 | 5 | Unk |
| 4. Comprehending and doing math problems:                | 1 | 2 | 3 | 4 | 5 | Unk |
| 5. Understanding and participating in class discussions: | 1 | 2 | 3 | 4 | 5 | Unk |

Child's Name:

Date of Birth:

6. Providing organized oral explanations and descriptions:	1	2	3	4	5	Unk
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7. Expressing ideas in written form:	1	2	3	4	5	Unk
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8. Learning new material:	1	2	3	4	5	Unk
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9. Recalling and applying previously learned material:	1	2	3	4	5	Unk
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10. Applying problem solving skills:	1	2	3	4	5	Unk
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**Do you have any additional comments about the above activities? For example, how independent is the child? Does the child get extra help or an unusual degree of support? If so, what kind and how often?**

Child's Name:

Date of Birth:

## II. ATTENDING AND COMPLETEING TASKS

Please rate the child's difficulties in the following areas, using the below rating key, then also rate the frequency of the problem:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Unk</b>
<b>No</b>	<b>Slight</b>	<b>Moderate</b>	<b>Marked</b>	<b>Severe</b>	<b>Unknown</b>
<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	

1. Paying attention when spoken to directly:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

2. Sustaining attention during play/sports activities:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

3. Focusing long enough to complete activity or task:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

4. Refocusing to task when necessary:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

5. Carrying out single step instructions:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

6. Carrying out multi-step instructions:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

7. Waiting to take turns:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

8. Changing activities without being disruptive:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

Child's Name:

Date of Birth:

9. Organizing personal items or school materials: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

10. Completing class/homework assignments: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

11. Completing work accurately without careless mistakes: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

12. Working without distracting self or others: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

13. Working at reasonable pace/finishing on time: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

**Do you have any additional comments about the above activities? For example, how independent is the child? Does the child get extra help or an unusual degree of support? If so, what kind and how often?**

Child's Name:

Date of Birth:

### III. INTERACTING AND RELATING WITH OTHERS

Please rate the child's difficulties in the following areas, using the below rating key, then also rate the frequency of the problem:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Unk</b>
<b>No</b>	<b>Slight</b>	<b>Moderate</b>	<b>Marked</b>	<b>Severe</b>	<b>Unknown</b>
<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	

1. Playing cooperatively with other children:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

2. Making and keeping friends:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

3. Seeking attention appropriately:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

4. Expressing anger appropriately:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

5. Asking permission appropriately:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

6. Following rules in classroom/games/sports:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

7. Respecting/obeying adults in authority:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

8. Relating experiences and telling stories:	1	2	3	4	5	Unk
Frequency of Problem:	MONTHLY	WEEKLY	DAILY	HOURLY		

Child's Name:

Date of Birth:

9. Using language appropriate to the situation and listener: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

10. Introducing and maintaining approp. topics of conversation: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

11. Taking turns in a conversation: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

12. Interpreting facial expression/body language/hints/sarcasm: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

13. Using adequate vocabulary and grammar in conversation: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

**Has it been necessary to implement behavior modifications for the child? If so please describe these in detail:**

**Do you have any additional comments about the above activities? For example, how independent is the child? Does the child get extra help or an unusual degree of support? If so, what kind and how often?**

Child's Name:

Date of Birth:

#### IV. MOVING ABOUT AND MANIPULATING OBJECTS

Please rate the child's difficulties in the following areas, using the below rating key:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Unk</b>
	<b>No</b>	<b>Slight</b>	<b>Moderate</b>	<b>Marked</b>	<b>Severe</b>	<b>Unknown</b>
	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	
1. Moving body from one place to another:					1 2 3 4 5	Unk
2. Moving and manipulating objects:					1 2 3 4 5	Unk
3. Strength, Coordination and Dexterity:					1 2 3 4 5	Unk
4. Managing pace of physical activities/tasks:					1 2 3 4 5	Unk
5. Showing a sense of body's location and movement in space:					1 2 3 4 5	Unk
6. Integrating sensory input with motor output:					1 2 3 4 5	Unk
7. Planning, remembering, executing controlled movements:					1 2 3 4 5	Unk

**Do you have any additional comments about the above activities? For example, how independent is the child? Does the child get extra help or an unusual degree of support? If so, what kind and how often?**

Child's Name:

Date of Birth:

## V. CARING FOR HIMSELF/HERSELF

Please rate the child's difficulties in the following areas, using the below rating key, then also rate the frequency of the problem:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Unk</b>
	<b>No</b>	<b>Slight</b>	<b>Moderate</b>	<b>Marked</b>	<b>Severe</b>	<b>Unknown</b>
	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	<b>Problem</b>	
1. Handling frustration appropriately:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
2. Being patient when necessary:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
3. Taking care of personal hygiene:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
4. Caring for physical needs like dressing and eating:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
5. Taking needed medications:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
6. Using good judgment about personal safety or danger:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
7. Identifying and appropriately asserting emotional needs:					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY
8. Responding appropriately to one's own mood (calming self):					1 2 3 4 5	Unk
Frequency of Problem:			MONTHLY	WEEKLY	DAILY	HOURLY

Child's Name:

Date of Birth:

9. Using appropriate coping skills in school environment: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

10. Knowing when to ask for help: 1 2 3 4 5 Unk

Frequency of Problem: MONTHLY WEEKLY DAILY HOURLY

**Do you have any additional comments about the above activities? For example, how independent is the child? Does the child get extra help or an unusual degree of support? If so, what kind and how often?**

Child's Name:

Date of Birth:

**VI. MEDICAL CONDITIONS AND MEDICATIONS:**

**1. Please describe any chronic or episodic mental or physical impairment(s) which interfere with the child's functioning:**

**2. Does the child use any assistive devices (e.g., a cane, hearing aid, nebulizer, etc.)? Please explain.**

**3. Does the child take medication? If so, does the child's functioning change after taking medication? Does the child experience any side effects from the medication? Please explain:**

**4. Does this child frequently miss school due to his/her impairments? Please explain.**

Child's Name:

Date of Birth:

**5. Do you have any additional comments about the child's physical or mental condition(s)?**

**VII. ADDITIONAL COMMENTS:**

**Please use this section to add any additional comments.**

---

Signature

---

Date

---

Please Print Name and Qualifications: