SSI APPLICATION GUIDE FOR REFUGEE CASEWORKERS

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1. SSI Eligibility and Starting an Application

What is SSI?

SSI, or Supplemental Security Income, is a government benefit administered by the Social Security Administration (SSA). SSI provides monthly payments to those with disabilities and adults who are 65 years or older who have little or no income or resources. The maximum monthly SSI payment for 2024 is $943.00 for an individual and $1415 for a couple.

SSI Eligibility

To be eligible for SSI, you must be either a) disabled or b) age 65 and older. You also must have limited resources. If you are applying for a client aged 65 or older, they will automatically qualify if they meet income restrictions. If you are applying for a client who has a disability, they will have to meet both the income restrictions and Social Security's definition of disability for their condition. Here are two links to help you determine client eligibility:

- SSI Eligibility Calculator
- SSI Blue Book of Medical Conditions

The first link is an eligibility calculator. If you know your client's household income, you can plug in calculations on that website to make sure they will qualify. Note that there are also resource restrictions including money in bank accounts limited to $2000 for an individual and $3000 for a couple. If your client has more than this amount in resources, they will be denied SSI benefits.

The second link is to the Social Security Blue Book of medical conditions. This can help give a general sense of whether your client might qualify for SSI based on their medical condition. If you are unsure whether a client qualifies for SSI after looking at this link, you can also use these definitions to ask their medical provider whether they believe the client may qualify. The criteria that Social Security follows to determine medical disability differs from other agencies or services, like DSHS caregiving services.

SSI vs. SSDI

You may have heard the terms SSI and SSDI, and you might be confused about the difference between these two acronyms. SSI stands for Supplemental Security Income and is based on income and age or disability. SSDI is Social Security Disability Insurance and is based on disability and work history. Because you are likely working with people who are newly arrived to the United States, your clients will usually not qualify for SSDI as they have never worked in this country. Once your client applies for SSI, Social Security may apply for both programs to verify eligibility. They will quickly determine that your client is not eligible for SSDI because they have not worked in the United States. However, denial for SSDI benefits does not impact the SSI claim. This can be confusing as your client may receive a denial letter for SSDI and think it means their SSI case has been denied.

Eligibility and Immigration Status

SSI is a program used by many American citizens, and there are relatively few immigration statuses eligible for these benefits. The Social Security Administration has a page on non-citizen eligibility here:

- Spotlight on SSI Benefits for Noncitizens

Those who come into the United States as refugees through the refugee resettlement program, who have been granted asylum, who have certain parolee statuses, and those with Special Immigrant Visas (SIV) are among those eligible for SSI. This page is useful to keep accessible for a few reasons. One is that the rules around parole eligibility for Afghan and Ukrainian clients may change, which will be updated on this page. A second reason to have this page accessible is because SSI representatives may not be familiar with the fact that certain non-citizens do qualify for the program. Representatives may usually file claims for American citizens and might not be familiar with these rules. You may need to provide this page to a Social Security representative to show that your client's immigration status qualifies for SSI benefits.

Limit for Noncitizens

SSA limits SSI benefits for noncitizens to seven years after date of arrival or date granted eligible immigration status. After that point, your client will need to have US citizenship to continue receiving SSI benefits. If they do not have US citizenship by this point, their SSI benefits will be stopped until they become a citizen. If your client has applied for citizenship but is reaching the seven-year limit, SSA gives some tips on expediting citizenship applications with USCIS here:

- Supplemental Security Income for Noncitizens

Starting an SSI Application

The first step to applying for SSI for a client is to schedule an SSI interview. This can be done by calling the local or national office or requesting an appointment via the SSA website. When requesting an appointment, you will be asked a few questions about your client including their name, date of birth, address, and phone number. SSA will also ask whether the client's disability is physical or mental. If you do not know the answers to a question asked while setting up the interview, you can tell the SSA representative that the information will be provided at the time of the interview. This is also a good opportunity to let the representative know that your client will need an interpreter for the interview. However, the client should also be able to ask for an interpreter at the interview even if SSA is not aware of this need beforehand.

SSA may ask verification questions about your client to schedule the appointment when you call, including their mother and father's full names and place of birth including city and country. These questions are commonly used for verification throughout the SSI process, and it is helpful to have them easily accessible for your reference.

Tip: If you are having difficulty scheduling an appointment via phone, try the online option. Once you submit the appointment request, SSA will send a letter to your client with the date and time of the appointment once it has been scheduled.

2. Completing the Online Disability Application

Importance of Completing the Online Disability Application

Once you have scheduled an interview with the Social Security Administration for your client to apply for SSI benefits, the next step is to submit an online disability application. While this can be time-consuming, this step is important in making sure SSA gets the correct information about your client. It also helps the interview go much faster. If you are unable to fill out the online application before the interview, all questions will be asked during that process.

Tips Before Starting

a) It can be helpful to know what information to gather before starting the online disability report. This report will ask about your client's basic information, like address, phone number, and date of birth. It will also ask about previous jobs and education. Finally, it will ask about the health conditions your client has been diagnosed with, and for information about the health clinics they have attended. Gathering this information in advance can help you fill the application out more thoroughly.

b) Gather as much medical information from your client as possible before starting the application. Ask your client to bring in any medical paperwork they have in their records. If your client agrees, you can also have them sign a release of information for a medical clinic so that you receive all medical records yourself. This will ensure you fill the application out as fully as possible.

c) When submitting the online disability report, you will do so by filling out a form on the SSA website. However, it can be useful to download the PDF version of the application and go through it with your client in advance of submitting it online. Then, you can transfer your answers to the online submission form. You can access the PDF here: SSA-3368 Adult Disability Report.

Tips When Filling Out the Application

When you submit the online disability application for your client, you can do so even if the client is not with you. SSA gives an option in the online application to note that you are not the client, and they are unable to sign the application at the time of submission. In that case, SSA will verify the submitted information with the client during their interview.

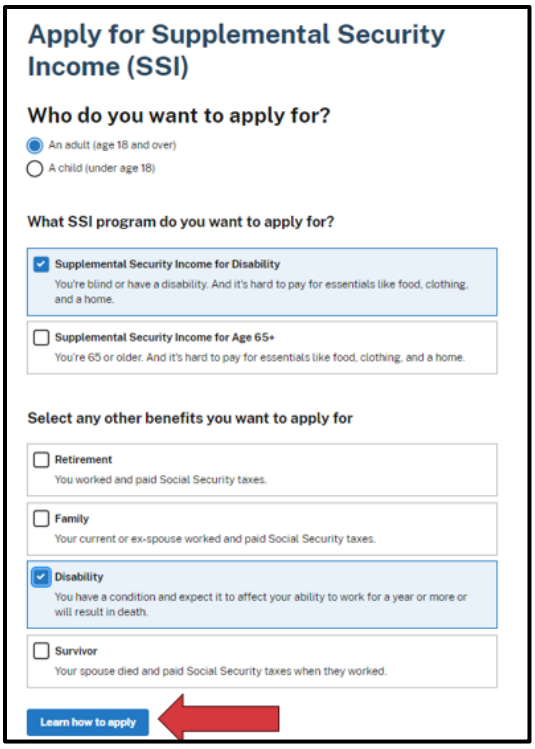
One of the most important pieces of information to provide in the disability report is your client's medical information, specifically information about medical clinics attended, including addresses and phone numbers of these clinics. This is important because SSA uses this list of medical clinics to directly request your client's medical records. These records are then used to determine whether your client's condition meets the SSA definition of disability, and therefore whether they qualify for SSI benefits. If you do not list a medical clinic here, SSA will not request records from that clinic or know that your client has ever attended that clinic.

Finally, using the "Remarks" section at the very end of the application can be beneficial. This is where you can explain that your client is a new arrival in the United States and list their immigration status. It is also where you can note that your client may not have full medical records or a full medical history available prior to their date of arrival. You can note whether they speak English and whether they are literate in any language. If any information in the application was estimated, it is also important to list that here. For example, a client may not know if they have had a specific procedure done at a clinic, or they may not know the exact dates of when they were seen at a clinic. This gives SSA context so that if the medical record does not match up exactly with what was reported, they know your client could not remember this information and it was estimated.

Steps to Accessing the Online Disability Application

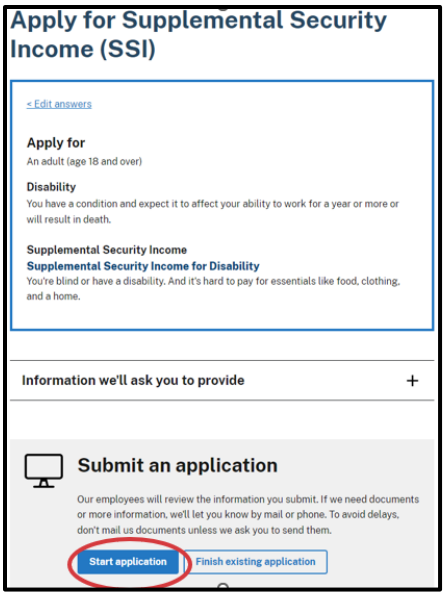
The website to access the actual online disability application can be found here (as of July 2024). Below are steps you can follow to access the online application.

1. Click on "Learn How to Apply"

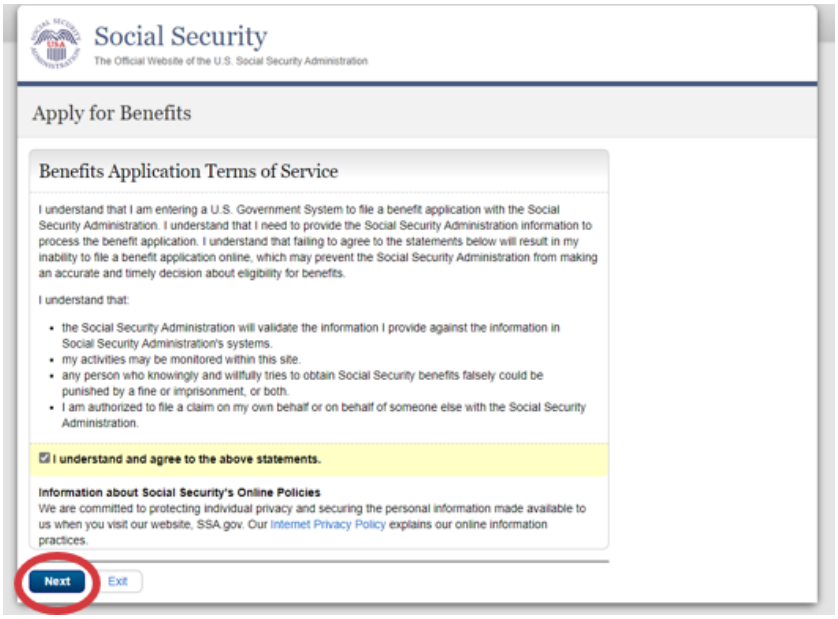


2. Select whether you are applying for an adult or child.
    - For children, select "Supplemental Security Income for Disability"
    - For adults applying for SSI based on disability, select "Supplemental Security Income for Disability," AND select "Disability" in the second section under "Select any other benefits you want to apply for"
    - For adults applying for SSI based on age, select "Supplemental Security Income for Age 65+" (Note: you do not need to fill out a disability report for these cases)

Once you have made the correct selections, click on "Learn how to apply" on the bottom of the page.

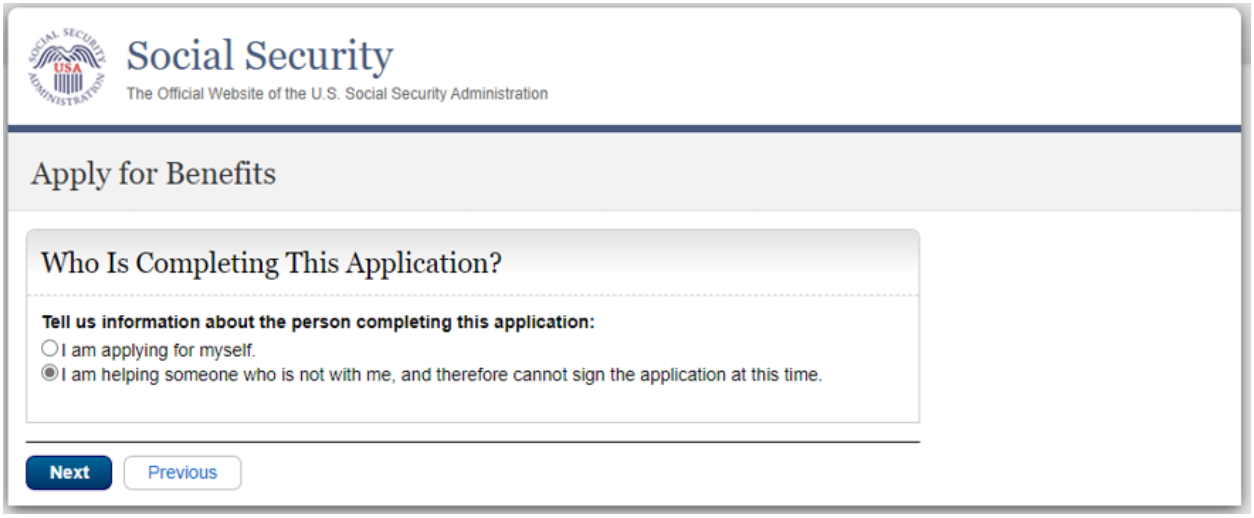


3. The next page will summarize the answers you selected on the previous page. From here, you can click “Start Application” on the bottom of the page.



4. You will then be asked to read and agree to SSA’s Terms of Service. Click “Next” at the bottom of the page once you have done so.

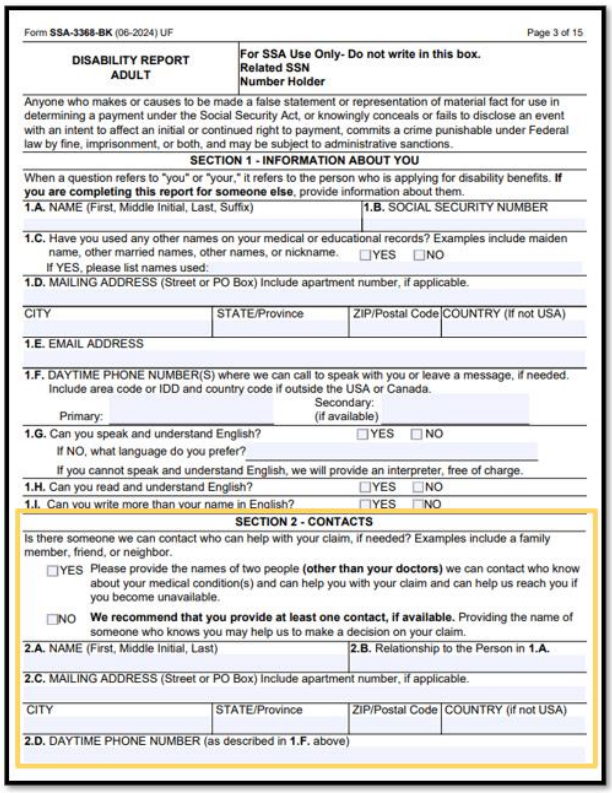
5. Click on “Start a New Application.”



6. Finally, prior to starting the actual application, SSA will ask who is completing it. This is where you can select the option that you are completing the application without the claimant present. From here, the application will start asking questions about your client. The application allows you to save and return to it, so you do not need to complete it in one sitting.

Disability Report Questions

The next few pages of this guide will go through the disability report. You can access the report here: [SSA-3368 Adult Disability Report](). This is a PDF of the online form you will fill out and submit to SSA.



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DISABILITY REPORT ADULT

For SSA Use Only- Do not write in this box.
Related SSN Number Holder

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION 1 - INFORMATION ABOUT YOU

When a question refers to "you" or "your," it refers to the person who is applying for disability benefits. **If you are completing this report for someone else**, provide information about them.

1.A. NAME (First, Middle Initial, Last, Suffix) | **1.B.** SOCIAL SECURITY NUMBER

1.C. Have you used any other names on your medical or educational records? Examples include maiden name, other married names, other names, or nickname. ☐YES ☐NO
If YES, please list names used:

1.D. MAILING ADDRESS (Street or PO Box) Include apartment number, if applicable.

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

1.E. EMAIL ADDRESS

1.F. DAYTIME PHONE NUMBER(S) where we can call to speak with you or leave a message, if needed. Include area code or IDD and country code if outside the USA or Canada.
Primary: Secondary: (if available)

1.G. Can you speak and understand English? ☐YES ☐NO
If NO, what language do you prefer?
If you cannot speak and understand English, we will provide an interpreter, free of charge.

1.H. Can you read and understand English? ☐YES ☐NO

1.I. Can you write more than your name in English? ☐YES ☐NO

SECTION 2 - CONTACTS

Is there someone we can contact who can help with your claim, if needed? Examples include a family member, friend, or neighbor.

☐YES Please provide the names of two people **(other than your doctors)** we can contact who know about your medical condition(s) and can help you with your claim and can help us reach you if you become unavailable.

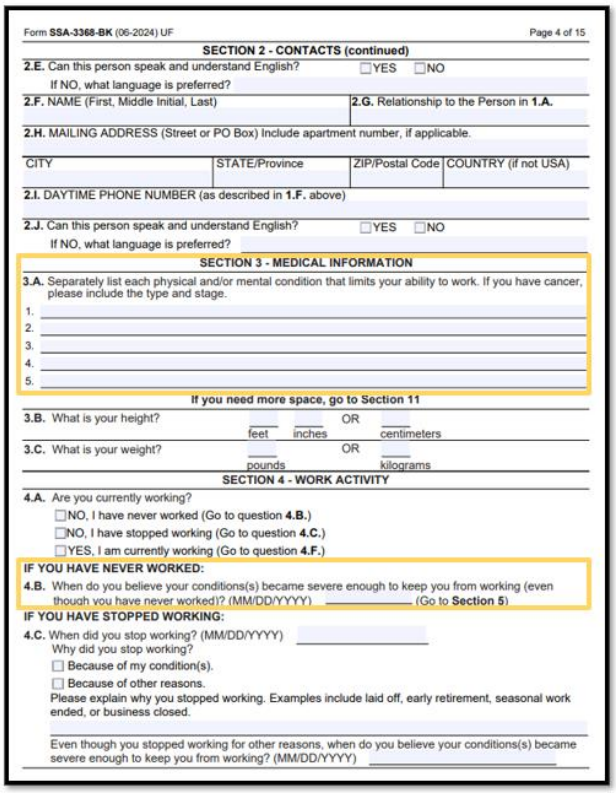
☐NO **We recommend that you provide at least one contact, if available.** Providing the name of someone who knows you may help us to make a decision on your claim.

2.A. NAME (First, Middle Initial, Last) | **2.B.** Relationship to the Person in **1.A.**

2.C. MAILING ADDRESS (Street or PO Box) Include apartment number, if applicable.

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

2.D. DAYTIME PHONE NUMBER (as described in **1.F.** above)



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SECTION 2 - CONTACTS (continued)

2.E. Can this person speak and understand English? ☐YES ☐NO
If NO, what language is preferred?

2.F. NAME (First, Middle Initial, Last) | **2.G.** Relationship to the Person in **1.A.**

2.H. MAILING ADDRESS (Street or PO Box) Include apartment number, if applicable.

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

2.I. DAYTIME PHONE NUMBER (as described in **1.F.** above)

2.J. Can this person speak and understand English? ☐YES ☐NO
If NO, what language is preferred?

SECTION 3 - MEDICAL INFORMATION

3.A. Separately list each physical and/or mental condition that limits your ability to work. If you have cancer, please include the type and stage.

1.
2.
3.
4.
5.

If you need more space, go to Section 11

3.B. What is your height? ___ feet ___ inches OR ___ centimeters

3.C. What is your weight? ___ pounds OR ___ kilograms

SECTION 4 - WORK ACTIVITY

4.A. Are you currently working?
☐NO, I have never worked (Go to question **4.B.**)
☐NO, I have stopped working (Go to question **4.C.**)
☐YES, I am currently working (Go to question **4.F.**)

IF YOU HAVE NEVER WORKED:

4.B. When do you believe your conditions(s) became severe enough to keep you from working (even though you have never worked)? (MM/DD/YYYY) _____ (Go to **Section 5**)

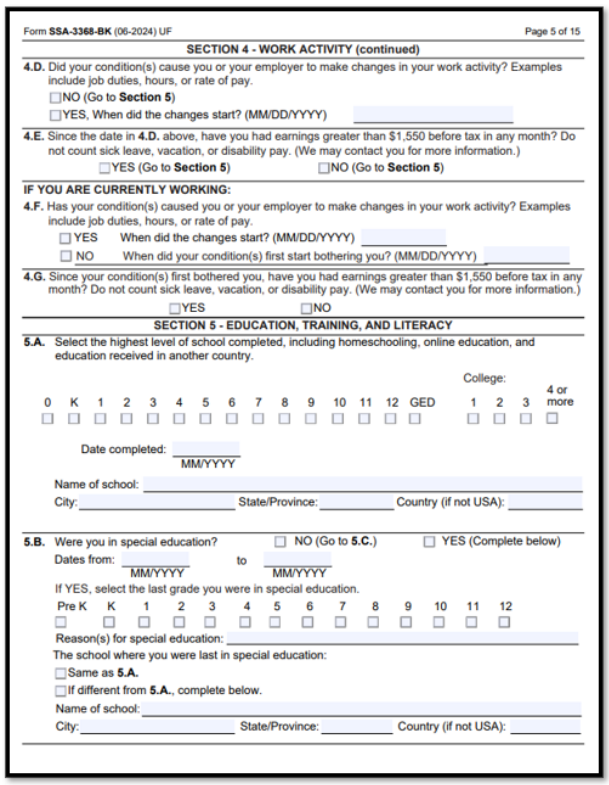
IF YOU HAVE STOPPED WORKING:

4.C. When did you stop working? (MM/DD/YYYY) _____
Why did you stop working?
☐ Because of my condition(s).
☐ Because of other reasons.
Please explain why you stopped working. Examples include laid off, early retirement, seasonal work ended, or business closed.

Even though you stopped working for other reasons, when do you believe your conditions(s) became severe enough to keep you from working? (MM/DD/YYYY) _____

The first page of the report asks for your client's basic information and a contact who can assist with the claim. If your client has a close friend or family member who is assisting them, you can list them here. You can also list yourself as their caseworker. Anyone you list here will be contacted later in the SSI process to fill out information about your client's ability to complete daily tasks and should be prepared to respond to any letters SSA may send them.

The report then asks for basic medical information in Section 3, and work activity in Section 4. It can be useful to have a copy of your client's medical records to know their specific diagnosis to list in Section 3. The work activity questions are very specific, and it can sometimes be difficult for clients to remember all the details of past work. If there is anything your client does not remember or is unsure about, you can use the "Remarks" section at the end of the form to write out what was estimated or unknown. If there is not a clear point where a medical condition became severe enough to stop your client from working, you can list the date they arrived in the United States as a proxy for this and can explain this in the "Remarks" section later.



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SECTION 4 - WORK ACTIVITY (continued)

4.D. Did your condition(s) cause you or your employer to make changes in your work activity? Examples include job duties, hours, or rate of pay.

☐ NO (Go to **Section 5**)

☐ YES, When did the changes start? (MM/DD/YYYY) _____

4.E. Since the date in **4.D.** above, have you had earnings greater than $1,550 before tax in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

☐ YES (Go to **Section 5**) ☐ NO (Go to **Section 5**)

IF YOU ARE CURRENTLY WORKING:

4.F. Has your condition(s) caused you or your employer to make changes in your work activity? Examples include job duties, hours, or rate of pay.

☐ YES When did the changes start? (MM/DD/YYYY) _____

☐ NO When did your condition(s) first start bothering you? (MM/DD/YYYY) _____

4.G. Since your condition(s) first bothered you, have you had earnings greater than $1,550 before tax in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

☐ YES ☐ NO

SECTION 5 - EDUCATION, TRAINING, AND LITERACY

5.A. Select the highest level of school completed, including homeschooling, online education, and education received in another country.

	0	K	1	2	3	4	5	6	7	8	9	10	11	12	GED	College: 1	2	3	4 or more
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Date completed: _____ MM/YYYY

Name of school: _____

City: _____ State/Province: _____ Country (if not USA): _____

5.B. Were you in special education? ☐ NO (Go to **5.C.**) ☐ YES (Complete below)

Dates from: _____ MM/YYYY to _____ MM/YYYY

If YES, select the last grade you were in special education.

Pre K	K	1	2	3	4	5	6	7	8	9	10	11	12
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Reason(s) for special education: _____

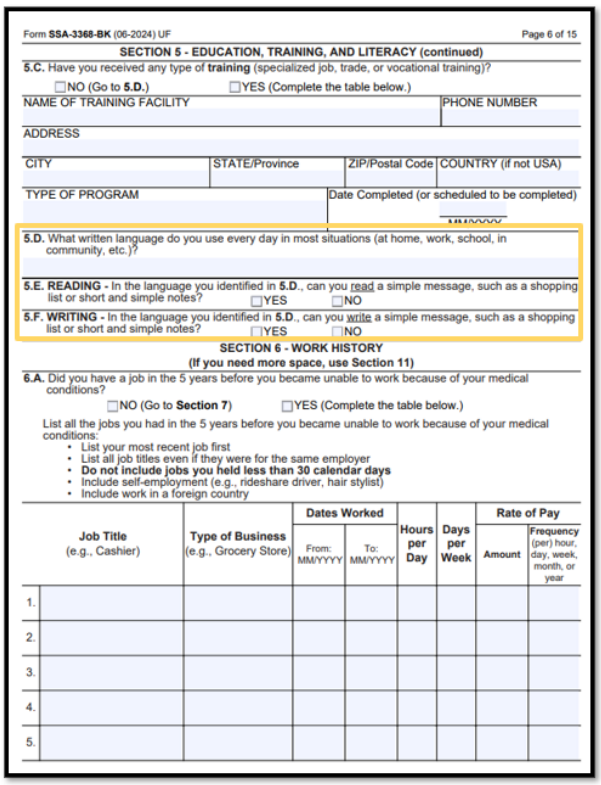
The school where you were last in special education:

☐ Same as **5.A.**

☐ If different from **5.A.**, complete below.

Name of school: _____

City: _____ State/Province: _____ Country (if not USA): _____



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SECTION 5 - EDUCATION, TRAINING, AND LITERACY (continued)

5.C. Have you received any type of **training** (specialized job, trade, or vocational training)?

☐ NO (Go to **5.D.**) ☐ YES (Complete the table below.)

NAME OF TRAINING FACILITY			PHONE NUMBER
ADDRESS			
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)
TYPE OF PROGRAM		Date Completed (or scheduled to be completed) MM/YYYY	

5.D. What written language do you use every day in most situations (at home, work, school, in community, etc.)?

5.E. READING - In the language you identified in **5.D.**, can you read a simple message, such as a shopping list or short and simple notes? ☐ YES ☐ NO

5.F. WRITING - In the language you identified in **5.D.**, can you write a simple message, such as a shopping list or short and simple notes? ☐ YES ☐ NO

SECTION 6 - WORK HISTORY

(If you need more space, use Section 11)

6.A. Did you have a job in the 5 years before you became unable to work because of your medical conditions?

☐ NO (Go to **Section 7**) ☐ YES (Complete the table below.)

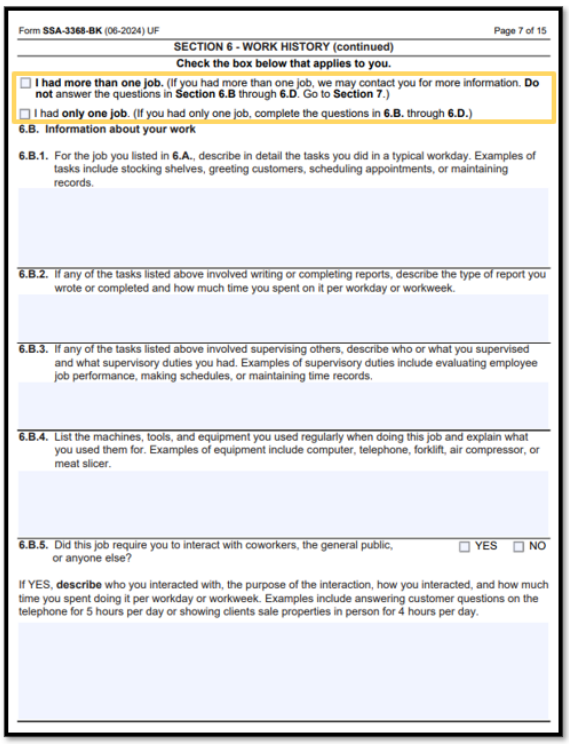
List all the jobs you had in the 5 years before you became unable to work because of your medical conditions:

- List your most recent job first
- List all job titles even if they were for the same employer
- **Do not include jobs you held less than 30 calendar days**
- Include self-employment (e.g., rideshare driver, hair stylist)
- Include work in a foreign country

	Job Title (e.g., Cashier)	Type of Business (e.g., Grocery Store)	Dates Worked From: MM/YYYY	Dates Worked To: MM/YYYY	Hours per Day	Days per Week	Rate of Pay Amount	Rate of Pay Frequency (per) hour, day, week, month, or year
1.								
2.								
3.								
4.								
5.								

The report continues with several questions about work history and educational history. As other countries may have different educational systems, do your best to approximate any educational history here.

The next page of the report has a section asking about language and literacy (Question 5D-5F). This is an important section to fill out as it alerts SSA if your client uses a language other than English.



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SECTION 6 - WORK HISTORY (continued)

Check the box below that applies to you.

☐ **I had more than one job.** (If you had more than one job, we may contact you for more information. **Do not** answer the questions in **Section 6.B** through **6.D**. Go to **Section 7**.)

☐ I had **only one job**. (If you had only one job, complete the questions in **6.B.** through **6.D.**)

6.B. Information about your work

6.B.1. For the job you listed in **6.A.**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

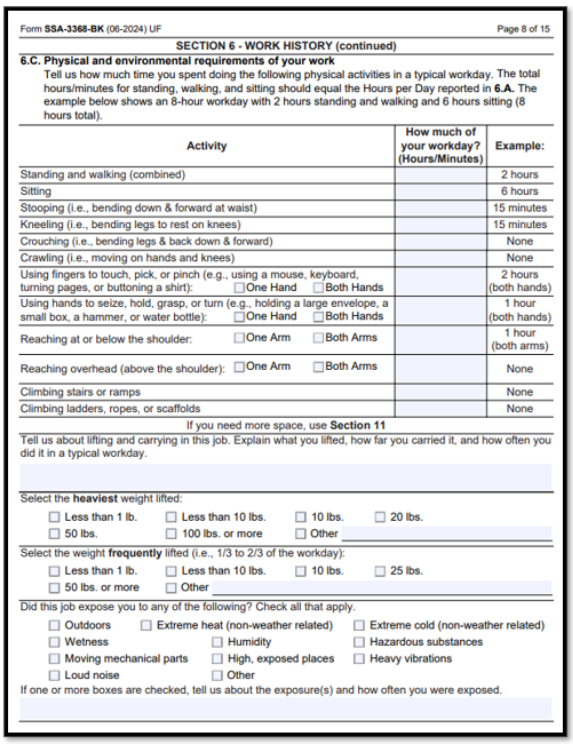
6.B.2. If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

6.B.3. If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

6.B.4. List the machines, tools, and equipment you used regularly when doing this job and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

6.B.5. Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, **describe** who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients sale properties in person for 4 hours per day.



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SECTION 6 - WORK HISTORY (continued)

6.C. Physical and environmental requirements of your work

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day reported in **6.A.** The example below shows an 8-hour workday with 2 hours standing and walking and 6 hours sitting (8 hours total).

Activity	How much of your workday? (Hours/Minutes)	Example:
Standing and walking (combined)		2 hours
Sitting		6 hours
Stooping (i.e., bending down & forward at waist)		15 minutes
Kneeling (i.e., bending legs to rest on knees)		15 minutes
Crouching (i.e., bending legs & back down & forward)		None
Crawling (i.e., moving on hands and knees)		None
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt): ☐ One Hand ☐ Both Hands		2 hours (both hands)
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle): ☐ One Hand ☐ Both Hands		1 hour (both hands)
Reaching at or below the shoulder: ☐ One Arm ☐ Both Arms		1 hour (both arms)
Reaching overhead (above the shoulder): ☐ One Arm ☐ Both Arms		None
Climbing stairs or ramps		None
Climbing ladders, ropes, or scaffolds		None

If you need more space, use **Section 11**

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs.
☐ 50 lbs. or more ☐ Other

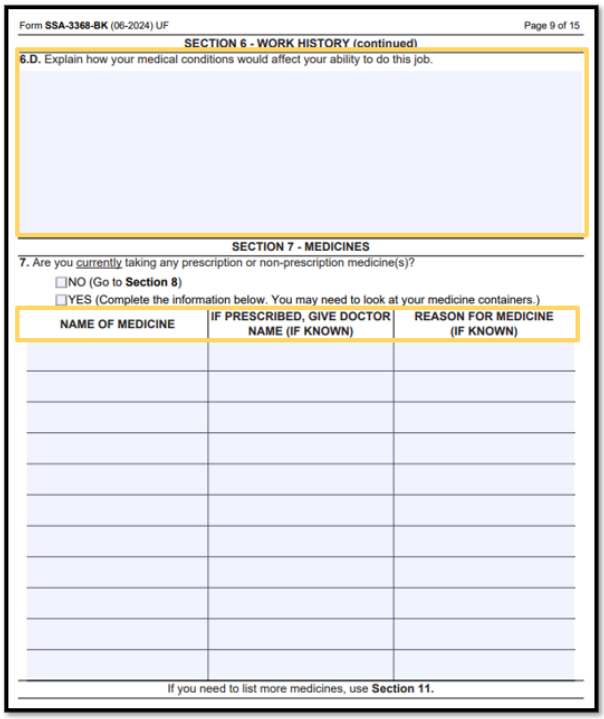
Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related)
☐ Wetness ☐ Humidity ☐ Hazardous substances
☐ Moving mechanical parts ☐ High, exposed places ☐ Heavy vibrations
☐ Loud noise ☐ Other

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

At the top of the next page, SSA specifies that the following few pages only need to be answered if your client had only one job in the last 5 years. If they held multiple jobs, it is likely your client will be sent a separate Work History report in the mail after their interview to complete and return to SSA, and this section does not need to be filled out.

The next page asks many specific questions about your client's work history and work activities. It can sometimes be difficult for clients to answer these questions completely. Again, if anything is estimated or unknown, you can explain this further at the end of the form in the "Remarks" section.



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SECTION 6 - WORK HISTORY (continued)

6.D. Explain how your medical conditions would affect your ability to do this job.

SECTION 7 - MEDICINES

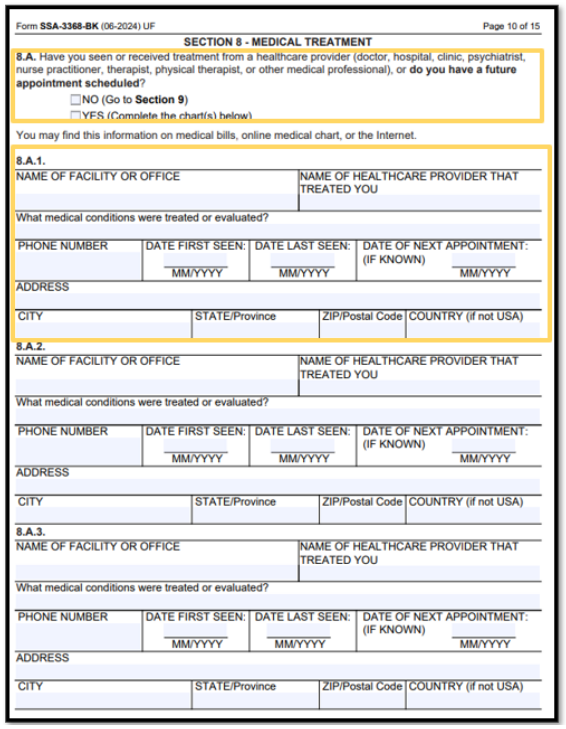
7. Are you currently taking any prescription or non-prescription medicine(s)?

☐ NO (Go to **Section 8**)

☐ YES (Complete the information below. You may need to look at your medicine containers.)

NAME OF MEDICINE	IF PRESCRIBED, GIVE DOCTOR NAME (IF KNOWN)	REASON FOR MEDICINE (IF KNOWN)

If you need to list more medicines, use **Section 11.**



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SECTION 8 - MEDICAL TREATMENT

8.A. Have you seen or received treatment from a healthcare provider (doctor, hospital, clinic, psychiatrist, nurse practitioner, therapist, physical therapist, or other medical professional), or **do you have a future appointment scheduled**?

☐ NO (Go to **Section 9**)

☐ YES (Complete the chart(s) below)

You may find this information on medical bills, online medical chart, or the Internet.

8.A.1.

NAME OF FACILITY OR OFFICE	NAME OF HEALTHCARE PROVIDER THAT TREATED YOU

What medical conditions were treated or evaluated?

PHONE NUMBER	DATE FIRST SEEN: MM/YYYY	DATE LAST SEEN: MM/YYYY	DATE OF NEXT APPOINTMENT: (IF KNOWN) MM/YYYY

ADDRESS

CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)

8.A.2.

NAME OF FACILITY OR OFFICE	NAME OF HEALTHCARE PROVIDER THAT TREATED YOU

What medical conditions were treated or evaluated?

PHONE NUMBER	DATE FIRST SEEN: MM/YYYY	DATE LAST SEEN: MM/YYYY	DATE OF NEXT APPOINTMENT: (IF KNOWN) MM/YYYY

ADDRESS

CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)

8.A.3.

NAME OF FACILITY OR OFFICE	NAME OF HEALTHCARE PROVIDER THAT TREATED YOU

What medical conditions were treated or evaluated?

PHONE NUMBER	DATE FIRST SEEN: MM/YYYY	DATE LAST SEEN: MM/YYYY	DATE OF NEXT APPOINTMENT: (IF KNOWN) MM/YYYY

ADDRESS

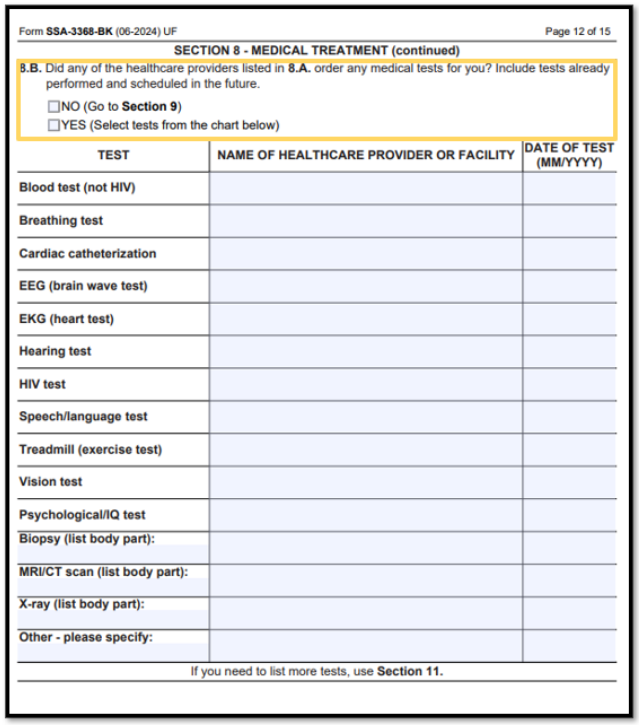
CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)

Question 6D is a good opportunity to expand upon if your client did work in the past 5 years. Here, SSA is essentially asking your client to explain how their current medical conditions would impact them if they still held a job they had in the past. Contrasting what they were able to do in that job with their current medical situation can be a powerful statement for SSA to understand the impact of their medical condition on their life.

Section 7 moves into questions about medication and medical treatment. Some of these questions, like those asking about current medications, may be difficult for your client to answer in detail. For example, they may not know who prescribed the medication. It can be useful to have your client show you medication bottles or send photos of their medications if possible. However, if they are unsure, you can again note this at the end of the form.

Section 8, at the top of the next page, asks for more details about medical treatment. As previously mentioned, one of the most important pieces of information you can provide in this report is the correct names, addresses, and phone numbers for every medical clinic your client has been seen at. SSA will take this information and request medical records from each of these clinics. If you do not list a clinic here that your client has been seen by, SSA will not know to request medical records from that clinic and a portion of medical evidence would then be missing from their SSI claim. If you do not know the exact dates seen, you can estimate as the date your client arrived in the United

States to ensure SSA can access records of all visits.



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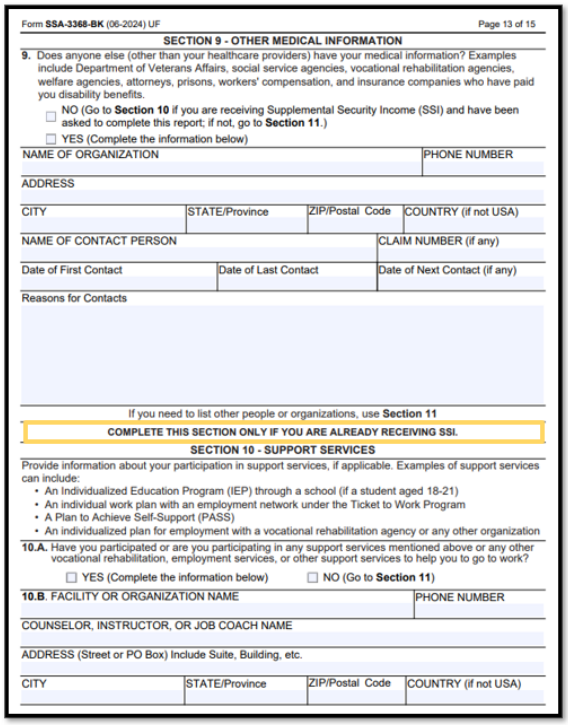
SECTION 8 - MEDICAL TREATMENT (continued)

8.B. Did any of the healthcare providers listed in **8.A.** order any medical tests for you? Include tests already performed and scheduled in the future.

☐ NO (Go to **Section 9**)
☐ YES (Select tests from the chart below)

TEST	NAME OF HEALTHCARE PROVIDER OR FACILITY	DATE OF TEST (MM/YYYY)
Blood test (not HIV)		
Breathing test		
Cardiac catheterization		
EEG (brain wave test)		
EKG (heart test)		
Hearing test		
HIV test		
Speech/language test		
Treadmill (exercise test)		
Vision test		
Psychological/IQ test		
Biopsy (list body part):		
MRI/CT scan (list body part):		
X-ray (list body part):		
Other - please specify:		

If you need to list more tests, use **Section 11.**



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SECTION 9 - OTHER MEDICAL INFORMATION

9. Does anyone else (other than your healthcare providers) have your medical information? Examples include Department of Veterans Affairs, social service agencies, vocational rehabilitation agencies, welfare agencies, attorneys, prisons, workers' compensation, and insurance companies who have paid you disability benefits.

☐ NO (Go to **Section 10** if you are receiving Supplemental Security Income (SSI) and have been asked to complete this report; if not, go to **Section 11**.)
☐ YES (Complete the information below)

NAME OF ORGANIZATION | PHONE NUMBER

ADDRESS

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

NAME OF CONTACT PERSON | CLAIM NUMBER (if any)

Date of First Contact | Date of Last Contact | Date of Next Contact (if any)

Reasons for Contacts

If you need to list other people or organizations, use **Section 11**

COMPLETE THIS SECTION ONLY IF YOU ARE ALREADY RECEIVING SSI.

SECTION 10 - SUPPORT SERVICES

Provide information about your participation in support services, if applicable. Examples of support services can include:

- An Individualized Education Program (IEP) through a school (if a student aged 18-21)
- An individual work plan with an employment network under the Ticket to Work Program
- A Plan to Achieve Self-Support (PASS)
- An individualized plan for employment with a vocational rehabilitation agency or any other organization

10.A. Have you participated or are you participating in any support services mentioned above or any other vocational rehabilitation, employment services, or other support services to help you to go to work?

☐ YES (Complete the information below) ☐ NO (Go to **Section 11**)

10.B. FACILITY OR ORGANIZATION NAME | PHONE NUMBER

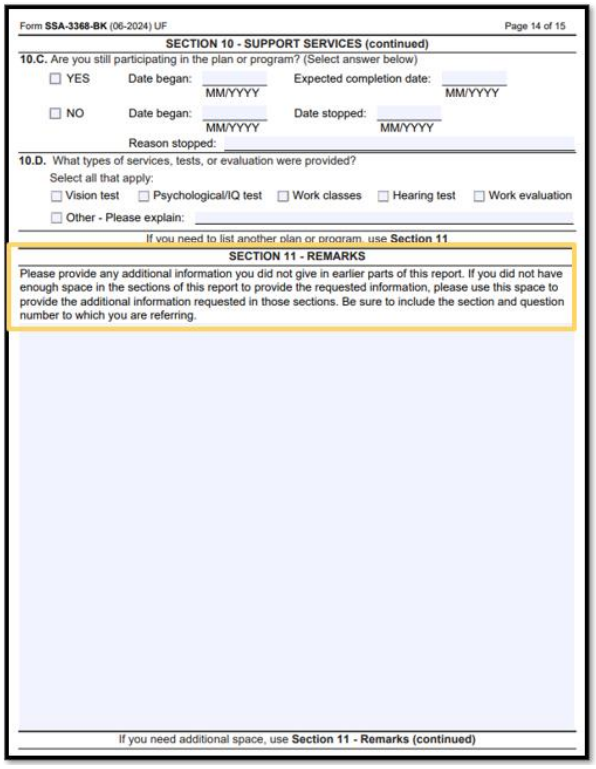
COUNSELOR, INSTRUCTOR, OR JOB COACH NAME

ADDRESS (Street or PO Box) Include Suite, Building, etc.

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

Section 8 continues by asking for more specific information about medical tests your client may have received. This section can be hard for clients to answer as they may not remember the name of tests or whether they had a specific test done. Because SSA will be requesting medical records from all the clinics listed in this form, they will eventually see what tests were done and at what clinics. You can clarify in the “Remarks” section if your client does not remember what tests were done or if you are not sure whether one was done.

Section 9 and 10 are usually not applicable to newly arrived refugee clients. Section 9 asks for medical information that may be available from any agency other than a medical facility. Section 10 only needs to be completed if your client is already receiving SSI.



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SECTION 10 - SUPPORT SERVICES (continued)

10.C. Are you still participating in the plan or program? (Select answer below)

☐ YES Date began: MM/YYYY Expected completion date: MM/YYYY

☐ NO Date began: MM/YYYY Date stopped: MM/YYYY

Reason stopped:

10.D. What types of services, tests, or evaluation were provided?

Select all that apply:

☐ Vision test ☐ Psychological/IQ test ☐ Work classes ☐ Hearing test ☐ Work evaluation

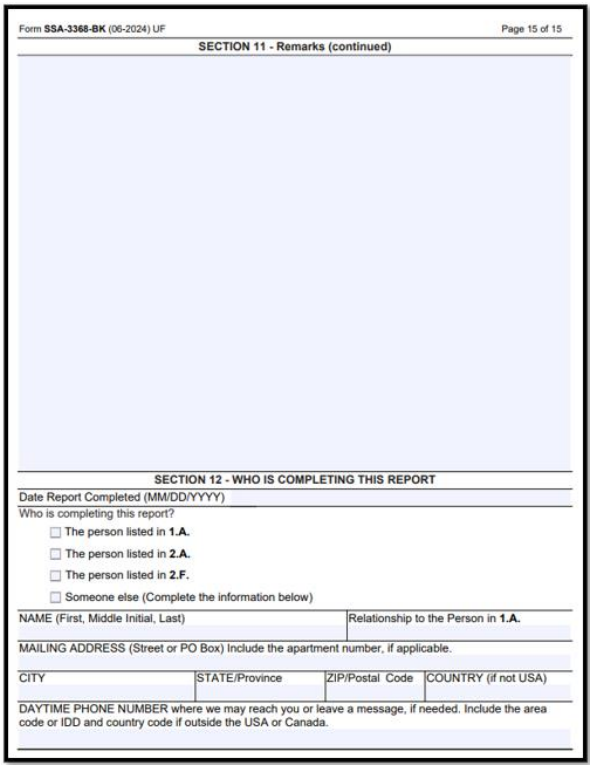
☐ Other - Please explain:

If you need to list another plan or program, use **Section 11**

SECTION 11 - REMARKS

Please provide any additional information you did not give in earlier parts of this report. If you did not have enough space in the sections of this report to provide the requested information, please use this space to provide the additional information requested in those sections. Be sure to include the section and question number to which you are referring.

If you need additional space, use **Section 11 - Remarks (continued)**



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SECTION 11 - Remarks (continued)

SECTION 12 - WHO IS COMPLETING THIS REPORT

Date Report Completed (MM/DD/YYYY)

Who is completing this report?

☐ The person listed in **1.A.**

☐ The person listed in **2.A.**

☐ The person listed in **2.F.**

☐ Someone else (Complete the information below)

NAME (First, Middle Initial, Last) | Relationship to the Person in **1.A.**

MAILING ADDRESS (Street or PO Box) Include the apartment number, if applicable.

CITY | STATE/Province | ZIP/Postal Code | COUNTRY (if not USA)

DAYTIME PHONE NUMBER where we may reach you or leave a message, if needed. Include the area code or IDD and country code if outside the USA or Canada.

The last few pages of the report give you an opportunity to add in any additional details, explanations, or notations of items that were estimated or unknown. It can be useful to add the following information in this section for all clients you are working with:

- Note your client's immigration status and date they arrived in the United States as well as their eligibility for SSI benefits. You can state something like "John Smith is a recently arrived refugee who arrived through the United States resettlement program on 4/1/2024 and is a non-citizen eligible for SSI as a refugee admitted under 207 of the INA." Here you can use the language from the SSA website spotlighting non-citizen eligibility to clarify that your client's immigration status qualifies for SSI benefits.
- Specify that your client may not have medical records from prior to their date of arrival in the United States or may have limited overseas records. It is important to clarify their date of arrival/eligibility here, so SSA understands why no medical records exist prior to a specific date. SSA representatives who have never worked with refugees or other similar immigration statuses may be confused that the medical history starts so recently.
- Clarify any parts of the report that were estimated or unknown, so SSA is aware.

Finally, in the last section of this report, you can list yourself as the caseworker or authorized representative assisting your client in completing the application.

3. Preparing a Client for the SSI Interview

What to Submit to SSA?

Once you have scheduled an SSI interview for your client and filled out the online disability application, a concurrent step is to gather documents your client will need to submit to SSA. Many interviews are done via phone, so you can fax and mail these documents if that is the case or submit them in person if the interview is at a local office. Here is a basic list of items to ensure SSA receives on your client's behalf to support their SSI claim:

- I-94 or other immigration document
- ID of any kind
- Medical records (if available)
- DSHS award letter
- Lease agreement
- Signed authorized representative (SSA-1696) form

The first few documents on this list help establish identity and immigration status to show your client is eligible to apply for SSI. If your client has any medical records, SSA may want to make a copy of these records if the interview is in person. These can also be helpful if you have not completed the online disability application prior to the SSI interview. The DSHS award letter and lease agreement are commonly asked for in the initial interview. If your client is not on a lease, SSA will accept a brief typed/written statement stating how much the client is paying for rent every month (or expected to pay once they receive SSI) that is signed by both parties. For example, if your client is living with family, a family member and the client would sign this statement. The Authorized Representative form will be discussed at length later in this guide, but it is a form that your client can sign allowing you to speak to SSA on their behalf.

Tips for Preparing a Client for the SSI Interview

It can be useful to have a conversation with your client to prepare them for the SSI disability interview. This interview can last multiple hours, especially if interpretation is needed. Since it is an interview with a government entity, this can provoke anxiety in clients, particularly if they have faced persecution from a past government. If you prep your client with an informative conversation about what to expect during this interview, it can sometimes ease anxiety that they may be feeling.

Some information that may be helpful to share with clients to help prepare for the interview:

- Remind your client that SSI is a government program that provides funds to those who are low income and have a disability.
- Inform your client that the SSA representative will ask them questions about themselves (like basic demographic information), their income/resources, and their health conditions to help determine if they qualify for monthly benefits.
- Assure your client that it is okay to say "I don't know" if a question is confusing or they do not know the answer. Some questions may be confusing or ask about topics a client may have never heard of (like retirement funds, pensions, burial funds, etc.). If they are

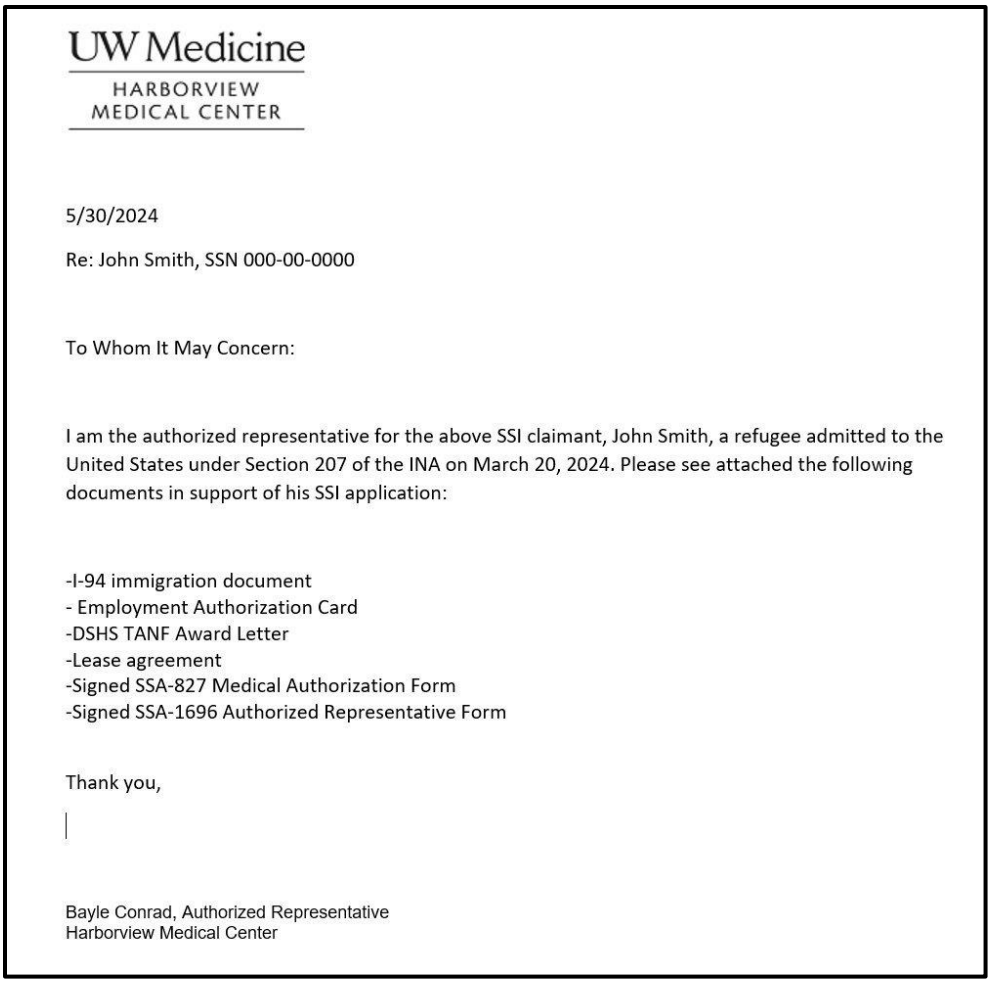
confused about a topic or word, it is okay to ask the interpreter to clarify. If the interpreter does not know, they will ask the representative to explain the question further.

- Let your client know that the SSI process is the same across the United States for anyone who qualifies, and there are some questions in the interview process that are not applicable to new arrivals. This is particularly pertinent in the financial section where questions may be asked about assets and resources which clients may not have.
- Inform your client that they will be asked questions about owning property or assets anywhere in the world. If they do have property or assets, it is important to say yes when asked and explain the circumstances around their access to that property/resource. There will be a topic later in this guide with more details about overseas assets.
- Let your client know that an online application has been submitted on their behalf. Sometimes this is not immediately apparent to the SSA representative. If the SSA representative starts to ask many questions about medical history, they may not realize this has already been submitted. You can let your client know that it is okay to inform the SSA representative that an online report was submitted as it will help the interview go much faster.

Tips for Caseworkers

Here are some general tips for caseworkers to help familiarize yourself with the SSI interview process and prepare for any issues that may arise during the interview:

- The SSI representative conducting the interview may not be familiar with refugees or that refugee status qualifies for SSI eligibility. Having this link available is helpful in case you need to intervene and advocate for your client if they are told they are not eligible based on immigration status.
- Familiarizing yourself with the SSI interview questions (at this link) can be helpful before explaining to your client what to expect. You can also attend an interview with a client or be present for a phone interview with a client to gain experience with the type of questions that will be asked.
- Attending an SSI interview appointment with a client can be useful to ensure the interview goes well. If a client has a phone appointment, it can also be helpful to be present with the client in certain circumstances. Attending interview appointments is especially useful if your client has concerns around authority figures and could use additional support. In these cases, you do not need to answer questions for the client unless they are confused, or the interpreter does not understand what they are trying to say. Otherwise, your presence is largely for moral support and to be aware of any follow-up documents needed.
- Ensure all necessary paperwork/documentation is submitted and received by SSA after the interview. You can create a packet of information with a cover letter like the one below to submit everything at once via mail, fax, and/or in-person drop off. When creating this packet, make sure you write the social security number of your client on the top of every page in case a page gets separated.



UW Medicine
HARBORVIEW
MEDICAL CENTER

5/30/2024

Re: John Smith, SSN 000-00-0000

To Whom It May Concern:

I am the authorized representative for the above SSI claimant, John Smith, a refugee admitted to the United States under Section 207 of the INA on March 20, 2024. Please see attached the following documents in support of his SSI application:

-I-94 immigration document
- Employment Authorization Card
-DSHS TANF Award Letter
-Lease agreement
-Signed SSA-827 Medical Authorization Form
-Signed SSA-1696 Authorized Representative Form

Thank you,

Bayle Conrad, Authorized Representative
Harborview Medical Center

In this letter, you can take language from the SSA's website on non-citizen eligibility for SSI to make sure that you are clearly showing that your client's immigration status qualifies for these benefits. There are two signed SSA forms that you can include in this packet, the SSA-827 Medical Authorization Form and the SSA-1696 Authorized Representative Form. The Medical Authorization form needs to be signed by your client to allow SSA to collect all medical records directly from the clinics where your client has been seen. This form will usually also be sent in the mail for your client to sign, but you can preemptively submit it at this point since you are already submitting other documentation. The Authorized Representative form allows you to follow up directly with SSA regarding your client's claim.

4. Becoming an Authorized Representative for an SSI Claim

What is an Authorized Representative?

The SSI disability process is one of the more complicated systems you may be connecting a client to. SSA relies on mailing documents to clients in English that are not translated into other languages, and requests for additional information are usually required within 10 days of receiving a document in the mail. Due to this, becoming your client's authorized representative can be useful in ensuring their claim moves forward. Doing so allows you to speak to SSA on your client's behalf and follow up directly with the representative involved in their case. It also allows you to receive copies of all mail sent to your client by SSA, which helps ensure requests for information are submitted prior to the deadline. Generally, your authority as an authorized representative ends once a claim is approved and your client is receiving payments.

What Does SSA Require for You to Become an Authorized Representative?

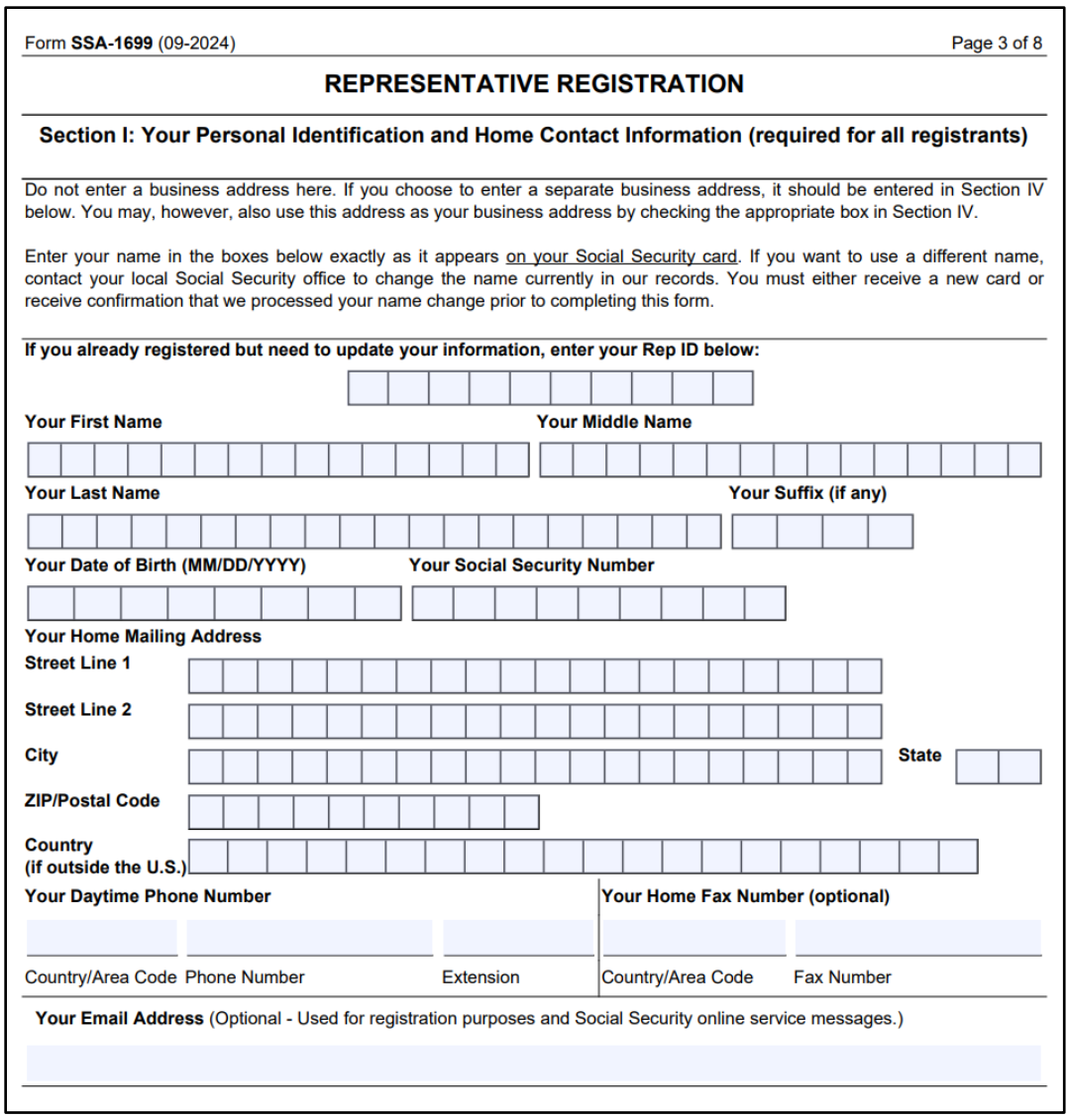
There are a few key pieces to becoming an authorized representative. First, you must be qualified under SSA's definition, which you can view here under Section 2: Non-Attorney Representatives. To be qualified, you must generally be known to have a good character and reputation, be capable of giving valuable help to the claimant, cannot be disqualified or suspended from acting as a representative, and you cannot be prohibited by law from acting as a representative. Secondly, you must comply with SSA's published rules of conduct. These rules include submitting evidence in a timely manner, complying with requests for information, and informing SSA immediately if you have been prohibited for any reason from acting as an authorized representative. As a caseworker, you will likely meet both requirements easily. Third, you must register as a representative by filling out the SSA-1699 Representative Registration form. The final requirement to becoming a representative is to fill out the SSA-1696 Authorized Representative form for the specific claim you are working on.

What is the SSA-1699 Representative Registration form?

The SSA-1699 Representative Registration form is a new requirement from the Social Security Administration as of Fall 2024. This form needs to be filled out only one time, so your information as a representative is on file with SSA. It should be faxed to the SSA Office of Central Operations: 1-877-268-3827 once completed. You will still need to submit a specific SSA-1696 Authorized Representation form for each case you would like to follow. The Representative Registration form is used by attorneys and non-attorneys, so questions about fees and legal background can be skipped if they are not applicable to you.

SSA-1699 Representative Registration Form

Below you will find instructions for how to complete the SSA-1699 Representative Registration form.



Form **SSA-1699** (09-2024) Page 3 of 8

REPRESENTATIVE REGISTRATION

Section I: Your Personal Identification and Home Contact Information (required for all registrants)

Do not enter a business address here. If you choose to enter a separate business address, it should be entered in Section IV below. You may, however, also use this address as your business address by checking the appropriate box in Section IV.

Enter your name in the boxes below exactly as it appears on your Social Security card. If you want to use a different name, contact your local Social Security office to change the name currently in our records. You must either receive a new card or receive confirmation that we processed your name change prior to completing this form.

If you already registered but need to update your information, enter your Rep ID below:

Your First Name **Your Middle Name**

Your Last Name **Your Suffix (if any)**

Your Date of Birth (MM/DD/YYYY) **Your Social Security Number**

Your Home Mailing Address

Street Line 1

Street Line 2

City **State**

ZIP/Postal Code

Country (if outside the U.S.)

Your Daytime Phone Number

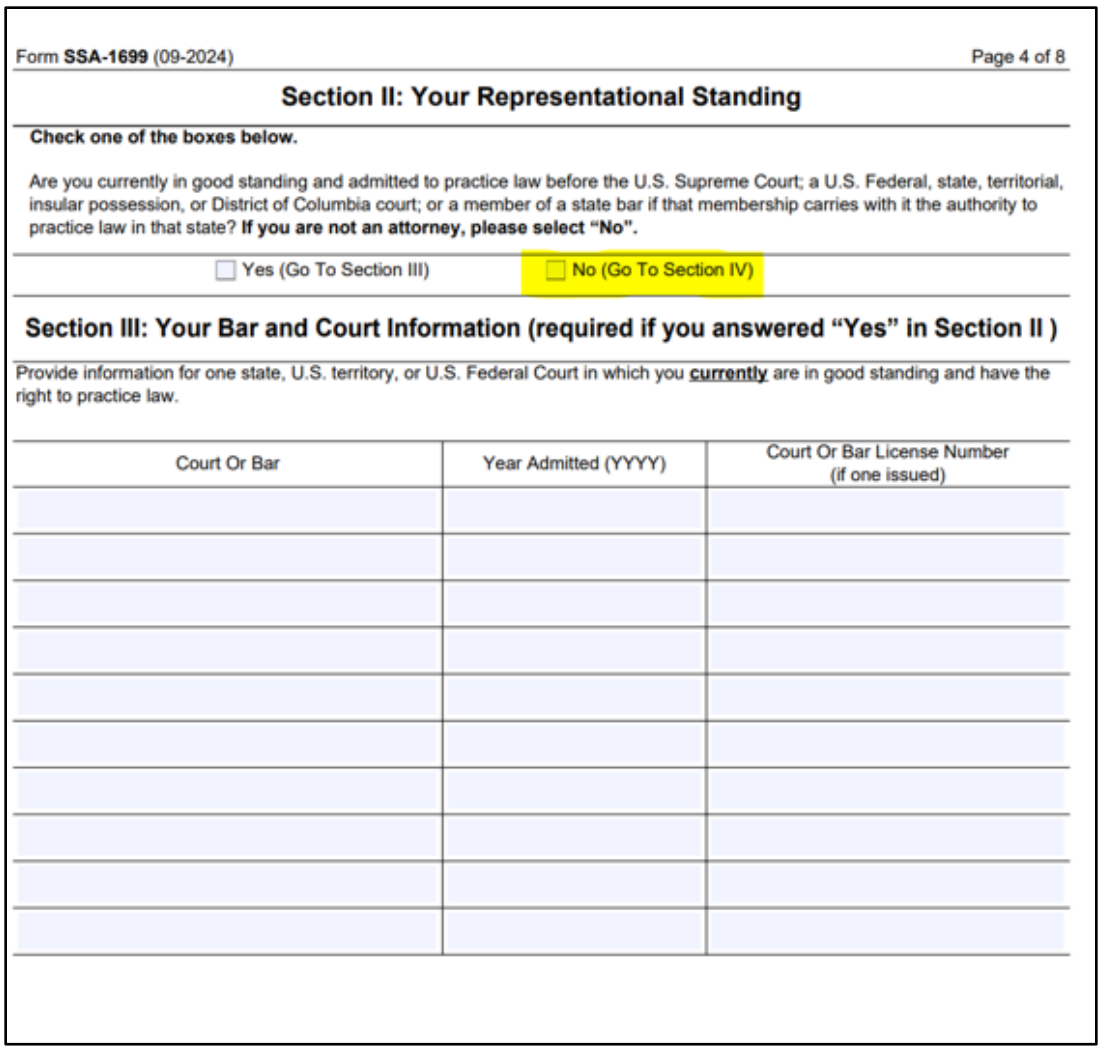
Country/Area Code Phone Number Extension

Your Home Fax Number (optional)

Country/Area Code Fax Number

Your Email Address (Optional - Used for registration purposes and Social Security online service messages.)

The first page of the Representative Registration form asks for your personal information. This information is kept confidential and is only used to register you as a representative by SSA.



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Section II: Your Representational Standing

Check one of the boxes below.

Are you currently in good standing and admitted to practice law before the U.S. Supreme Court; a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or a member of a state bar if that membership carries with it the authority to practice law in that state? **If you are not an attorney, please select "No".**

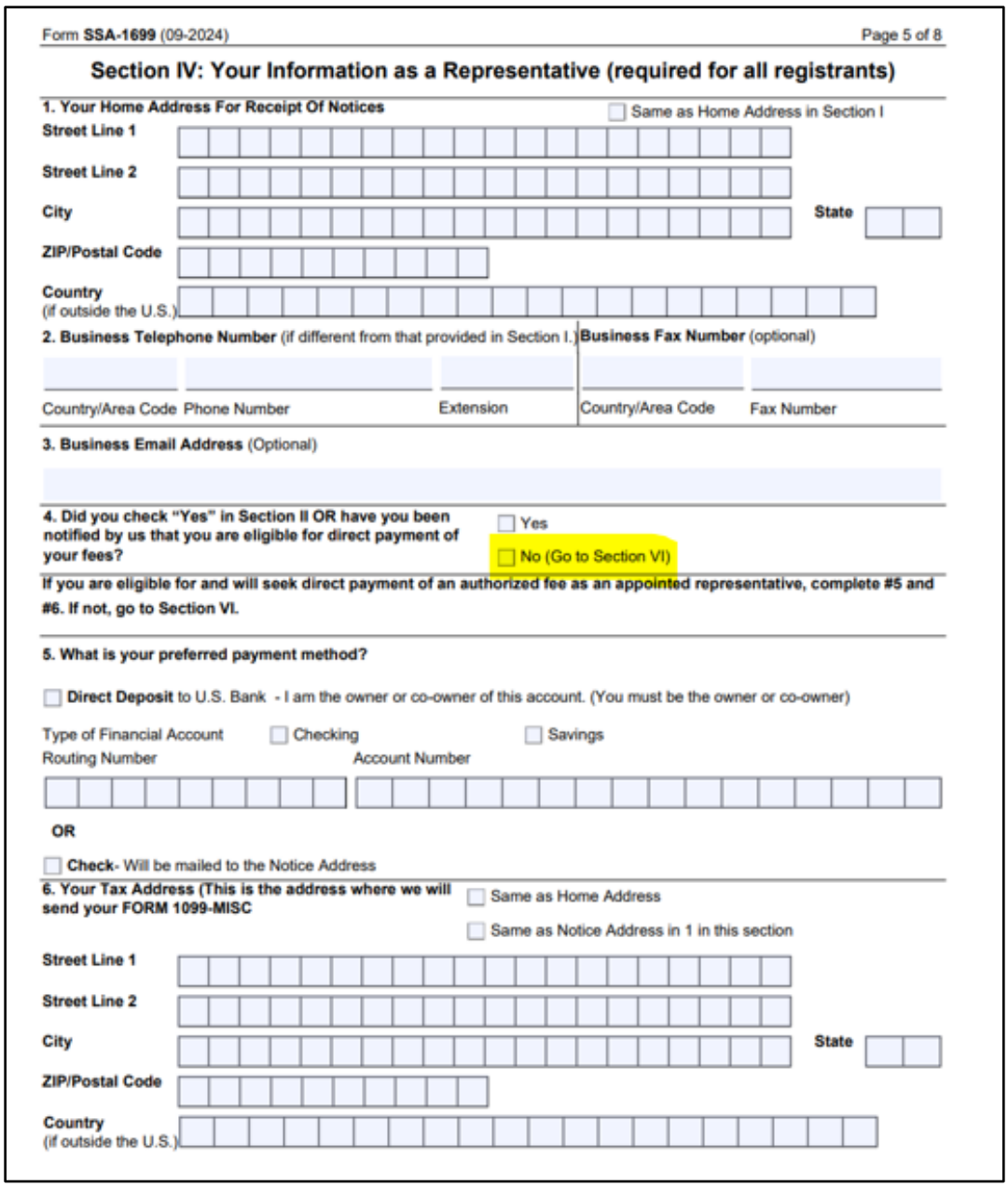
☐ Yes (Go To Section III) ☐ No (Go To Section IV)

Section III: Your Bar and Court Information (required if you answered "Yes" in Section II)

Provide information for one state, U.S. territory, or U.S. Federal Court in which you **currently** are in good standing and have the right to practice law.

Court Or Bar	Year Admitted (YYYY)	Court Or Bar License Number (if one issued)

The next section of the form asks about your representational standing. If you are not an attorney, you can check the "No" box and skip to section IV, highlighted above.



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Section IV: Your Information as a Representative (required for all registrants)

1. Your Home Address For Receipt Of Notices ☐ Same as Home Address in Section I

Street Line 1

Street Line 2

City **State**

ZIP/Postal Code

Country (if outside the U.S.)

2. Business Telephone Number (if different from that provided in Section I.) **Business Fax Number** (optional)

Country/Area Code Phone Number Extension Country/Area Code Fax Number

3. Business Email Address (Optional)

4. Did you check "Yes" in Section II OR have you been notified by us that you are eligible for direct payment of your fees? ☐ Yes ☐ No (Go to Section VI)

If you are eligible for and will seek direct payment of an authorized fee as an appointed representative, complete #5 and #6. If not, go to Section VI.

5. What is your preferred payment method?

☐ **Direct Deposit** to U.S. Bank - I am the owner or co-owner of this account. (You must be the owner or co-owner)

Type of Financial Account ☐ Checking ☐ Savings

Routing Number Account Number

OR

☐ **Check**- Will be mailed to the Notice Address

6. Your Tax Address (This is the address where we will send your FORM 1099-MISC ☐ Same as Home Address ☐ Same as Notice Address in 1 in this section

Street Line 1

Street Line 2

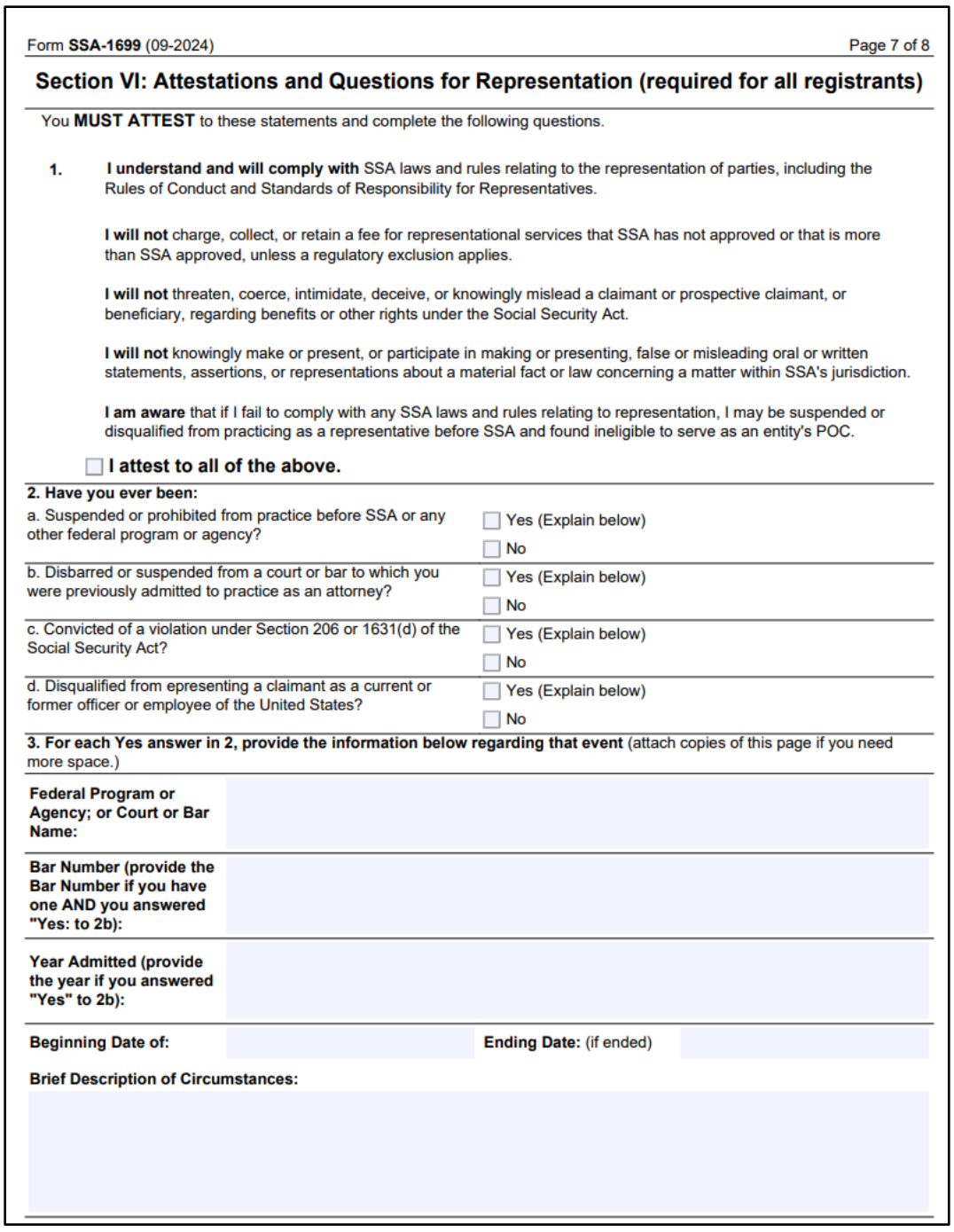
City **State**

ZIP/Postal Code

Country (if outside the U.S.)

Section IV asks for more information about you, as the representative. You can list your work address, telephone, fax, and email here. This is the address where you will receive SSA mailings about a case.

Question 4 in the middle of the page asks if you are eligible for direct payment. If you are a caseworker working with newcomers, you will likely mark "No." If so, you can skip to Section VI.



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Section VI: Attestations and Questions for Representation (required for all registrants)

You **MUST ATTEST** to these statements and complete the following questions.

1. **I understand and will comply with** SSA laws and rules relating to the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives.

   I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved, unless a regulatory exclusion applies.

   I will not threaten, coerce, intimidate, deceive, or knowingly mislead a claimant or prospective claimant, or beneficiary, regarding benefits or other rights under the Social Security Act.

   I will not knowingly make or present, or participate in making or presenting, false or misleading oral or written statements, assertions, or representations about a material fact or law concerning a matter within SSA's jurisdiction.

   I am aware that if I fail to comply with any SSA laws and rules relating to representation, I may be suspended or disqualified from practicing as a representative before SSA and found ineligible to serve as an entity's POC.

☐ **I attest to all of the above.**

2. Have you ever been:

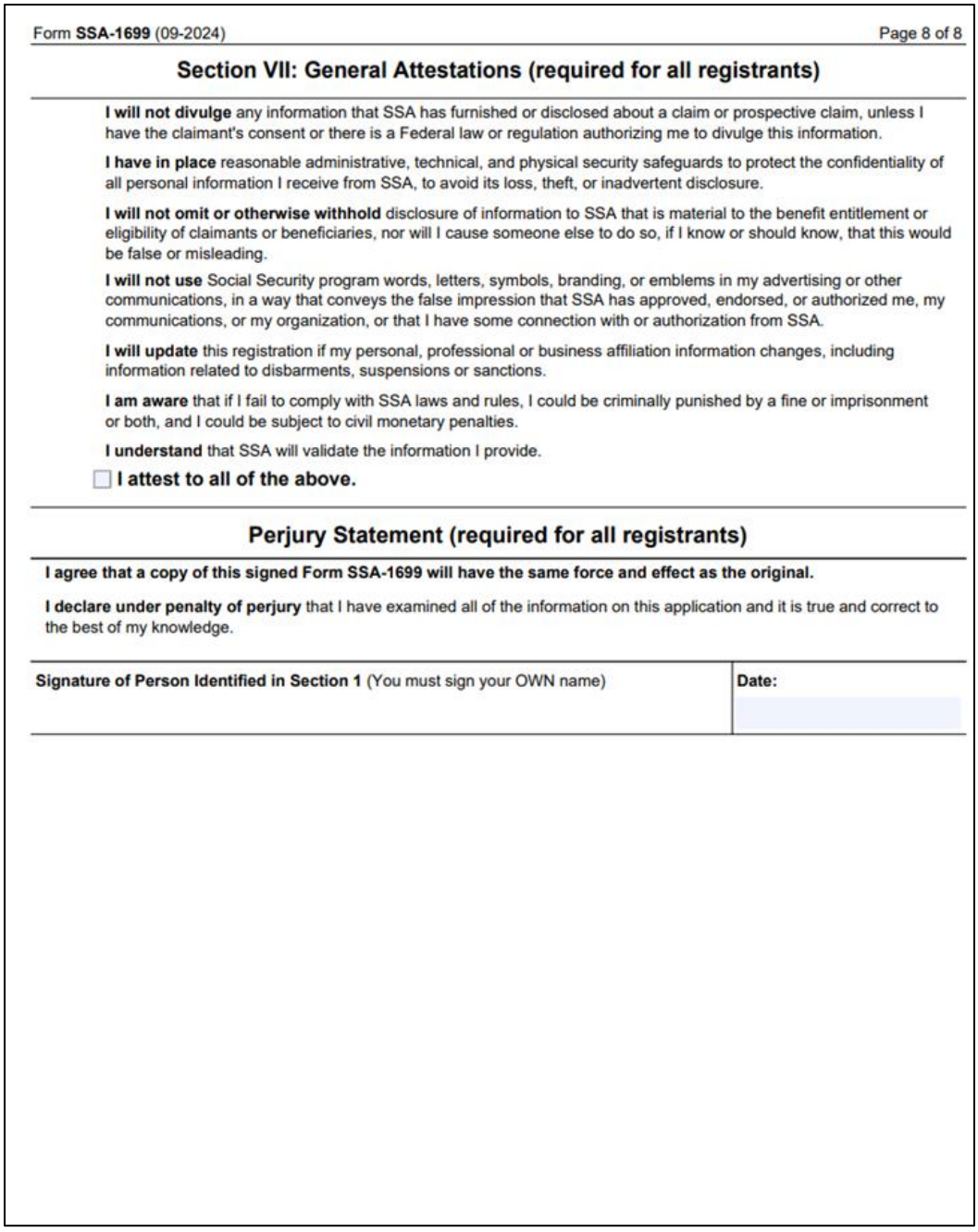
a. Suspended or prohibited from practice before SSA or any other federal program or agency?	☐ Yes (Explain below) ☐ No
b. Disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney?	☐ Yes (Explain below) ☐ No
c. Convicted of a violation under Section 206 or 1631(d) of the Social Security Act?	☐ Yes (Explain below) ☐ No
d. Disqualified from epresenting a claimant as a current or former officer or employee of the United States?	☐ Yes (Explain below) ☐ No

3. For each Yes answer in 2, provide the information below regarding that event (attach copies of this page if you need more space.)

Federal Program or Agency; or Court or Bar Name:			
Bar Number (provide the Bar Number if you have one AND you answered "Yes: to 2b):			
Year Admitted (provide the year if you answered "Yes" to 2b):			
Beginning Date of:		**Ending Date:** (if ended)	

Brief Description of Circumstances:

Section VI continues with a list of statements all representatives must attest to. You can check "I attest to all of the above" once you have read through all statements. The second half of the page asks a series of questions about any previous violations or disqualifications from representation.



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Section VII: General Attestations (required for all registrants)

I will not divulge any information that SSA has furnished or disclosed about a claim or prospective claim, unless I have the claimant's consent or there is a Federal law or regulation authorizing me to divulge this information.

I have in place reasonable administrative, technical, and physical security safeguards to protect the confidentiality of all personal information I receive from SSA, to avoid its loss, theft, or inadvertent disclosure.

I will not omit or otherwise withhold disclosure of information to SSA that is material to the benefit entitlement or eligibility of claimants or beneficiaries, nor will I cause someone else to do so, if I know or should know, that this would be false or misleading.

I will not use Social Security program words, letters, symbols, branding, or emblems in my advertising or other communications, in a way that conveys the false impression that SSA has approved, endorsed, or authorized me, my communications, or my organization, or that I have some connection with or authorization from SSA.

I will update this registration if my personal, professional or business affiliation information changes, including information related to disbarments, suspensions or sanctions.

I am aware that if I fail to comply with SSA laws and rules, I could be criminally punished by a fine or imprisonment or both, and I could be subject to civil monetary penalties.

I understand that SSA will validate the information I provide.

☐ **I attest to all of the above.**

Perjury Statement (required for all registrants)

I agree that a copy of this signed Form SSA-1699 will have the same force and effect as the original.

I declare under penalty of perjury that I have examined all of the information on this application and it is true and correct to the best of my knowledge.

Signature of Person Identified in Section 1 (You must sign your OWN name)	**Date:**

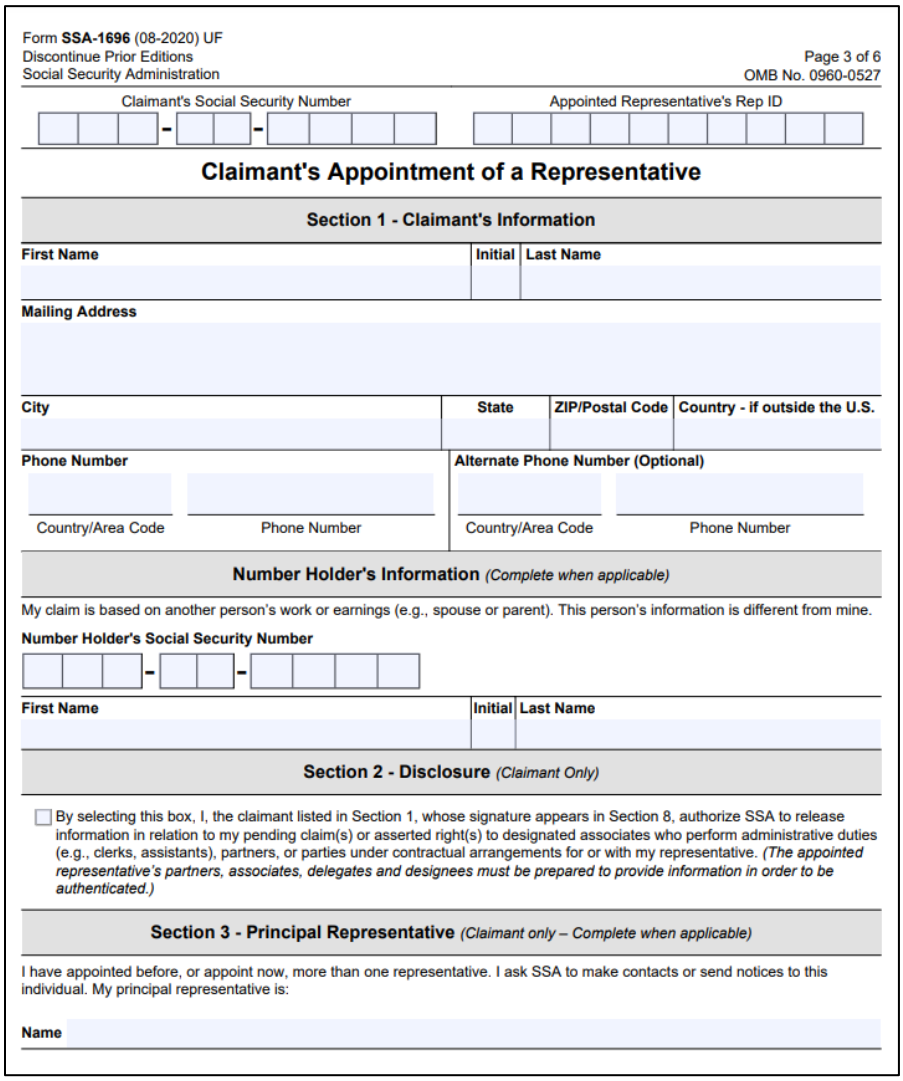
The final page of the Representative Registration form asks you to attest to general statements about your role as a representative, and then to sign and date at the bottom of the page.

How do You Become an Authorized Representative for a specific claim?

Once you have submitted the SSA-1699 Representative Registration form, you will need to fill out the SSA-1696 Authorized Representative form on behalf of a specific claim. Once you and your client have signed the authorized representative form, you can submit either in person at the SSI interview, or after the interview is completed if it was by phone. You can submit this via fax, mail, and/or dropping off a copy in person. It is important to keep a copy on file as sometimes this document does not get uploaded to your client's file with SSA. You may need to submit it several times to SSA in this case.

Authorized Representative Form

The following pages will go through the authorized representative form. You can access the form on the SSA website here: Authorized Representative Form 1696.



Form **SSA-1696** (08-2020) UF
Discontinue Prior Editions
Social Security Administration

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OMB No. 0960-0527

Claimant's Social Security Number

Appointed Representative's Rep ID

Claimant's Appointment of a Representative

Section 1 - Claimant's Information

First Name | Initial | Last Name

Mailing Address

City | State | ZIP/Postal Code | Country - if outside the U.S.

Phone Number (Country/Area Code, Phone Number)

Alternate Phone Number (Optional) (Country/Area Code, Phone Number)

Number Holder's Information *(Complete when applicable)*

My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.

Number Holder's Social Security Number

First Name | Initial | Last Name

Section 2 - Disclosure *(Claimant Only)*

☐ By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. *(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)*

Section 3 - Principal Representative *(Claimant only – Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

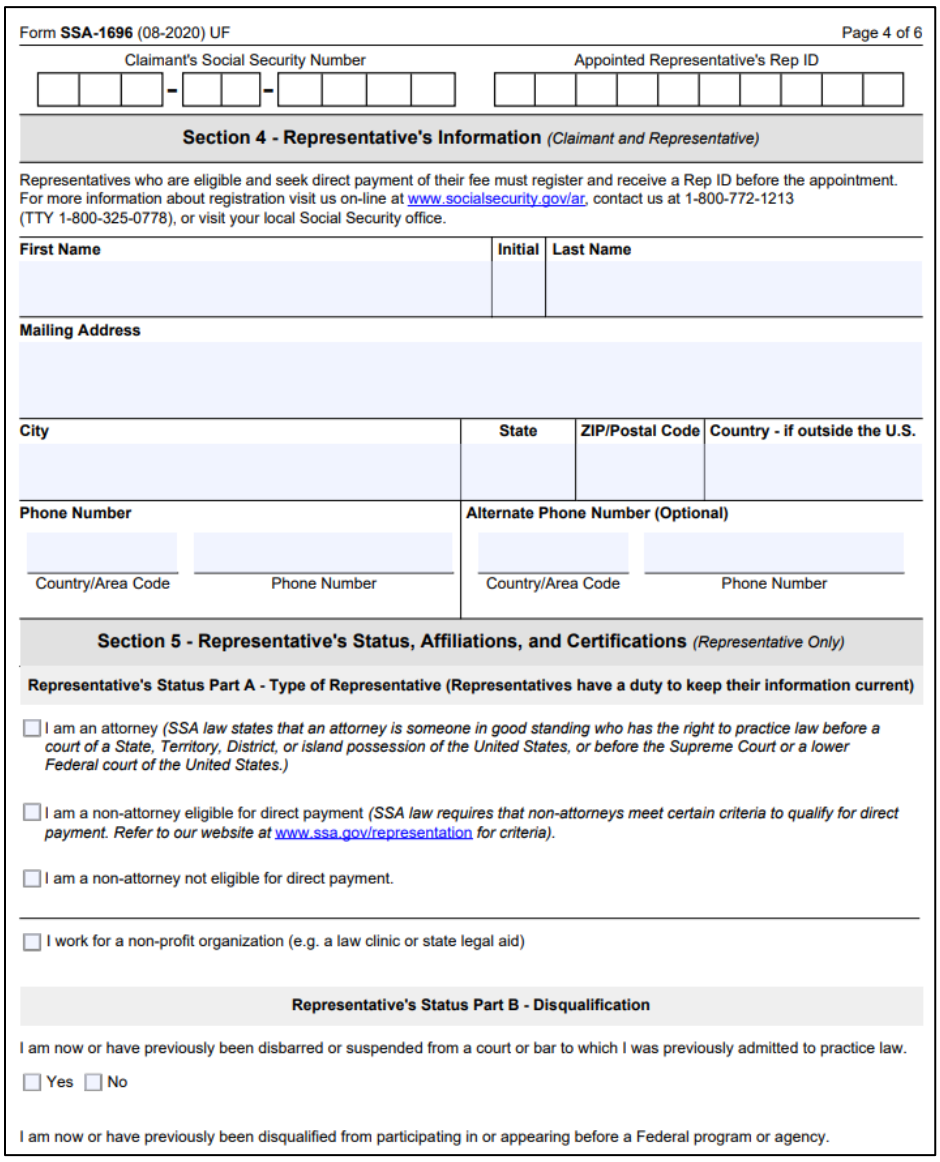
Name

Every page of the form asks for the client's social security number and your representative ID number, which you can list at the top of the page. The first section asks for the claimant's information, including their name, address, and phone number. This section also asks for a

"Number Holder's Information." This section can be filled out if your client has a spouse with earned income or if your client is a minor who has a parent with earned income. If so, you would add the spouse/parent name and social security number here.

Your client should check the box in Section 2 which states that they authorize SSA to release information to the person named as their authorized representative.

If a client has multiple representatives, you can list the principal representative in Section 3. As a caseworker for a new arrival, you will generally be the only representative assisting them with the claim.



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Claimant's Social Security Number — Appointed Representative's Rep ID

Section 4 - Representative's Information *(Claimant and Representative)*

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

First Name | **Initial** | **Last Name**

Mailing Address

City | **State** | **ZIP/Postal Code** | **Country - if outside the U.S.**

Phone Number — Country/Area Code — Phone Number

Alternate Phone Number (Optional) — Country/Area Code — Phone Number

Section 5 - Representative's Status, Affiliations, and Certifications *(Representative Only)*

Representative's Status Part A - Type of Representative (Representatives have a duty to keep their information current)

☐ I am an attorney *(SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)*

☐ I am a non-attorney eligible for direct payment *(SSA law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria).*

☐ I am a non-attorney not eligible for direct payment.

☐ I work for a non-profit organization (e.g. a law clinic or state legal aid)

Representative's Status Part B - Disqualification

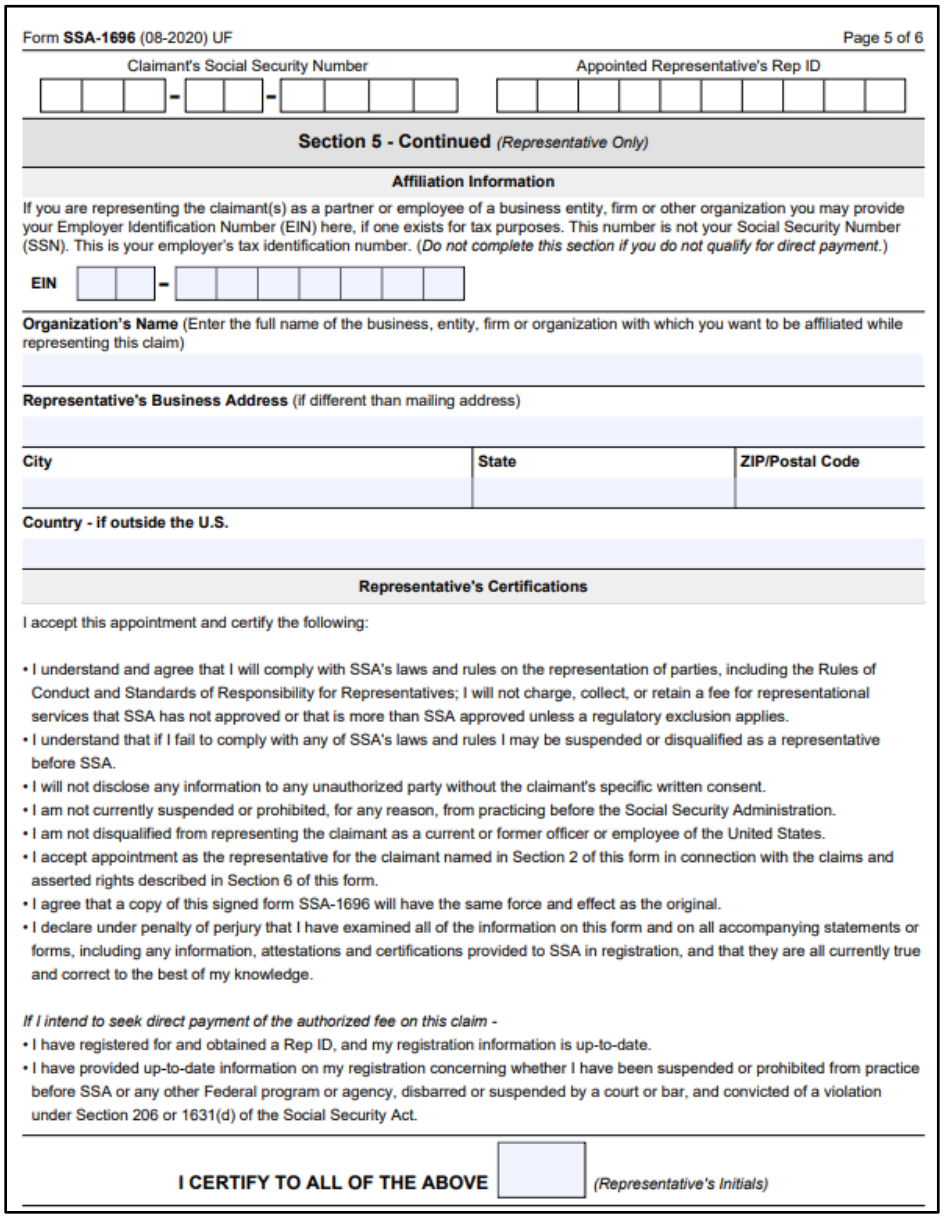
I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.

☐ Yes ☐ No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.

The second page asks for information about you (the authorized representative). You will list your information on this page as the authorized representative for the claim, including your name, work mailing address, and work phone number.

Section 5 asks for information about your status and affiliations. If you are a caseworker assisting with a claim, you will likely mark the box that states, "I am a non-attorney not eligible for direct payment." You can also mark that you work for a non-profit organization if applicable. The form then asks questions about whether you have been disbarred or disqualified from participating in a federal program. You can answer these questions as applicable to your situation.



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Claimant's Social Security Number ___ - ___ - ____

Appointed Representative's Rep ID ____________

Section 5 - Continued *(Representative Only)*

Affiliation Information

If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). This is your employer's tax identification number. (*Do not complete this section if you do not qualify for direct payment.*)

EIN ___ - _____

Organization's Name (Enter the full name of the business, entity, firm or organization with which you want to be affiliated while representing this claim)

Representative's Business Address (if different than mailing address)

City	**State**	**ZIP/Postal Code**

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

- I understand and agree that I will comply with SSA's laws and rules on the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives; I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand that if I fail to comply with any of SSA's laws and rules I may be suspended or disqualified as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or prohibited, for any reason, from practicing before the Social Security Administration.
- I am not disqualified from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 2 of this form in connection with the claims and asserted rights described in Section 6 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all of the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

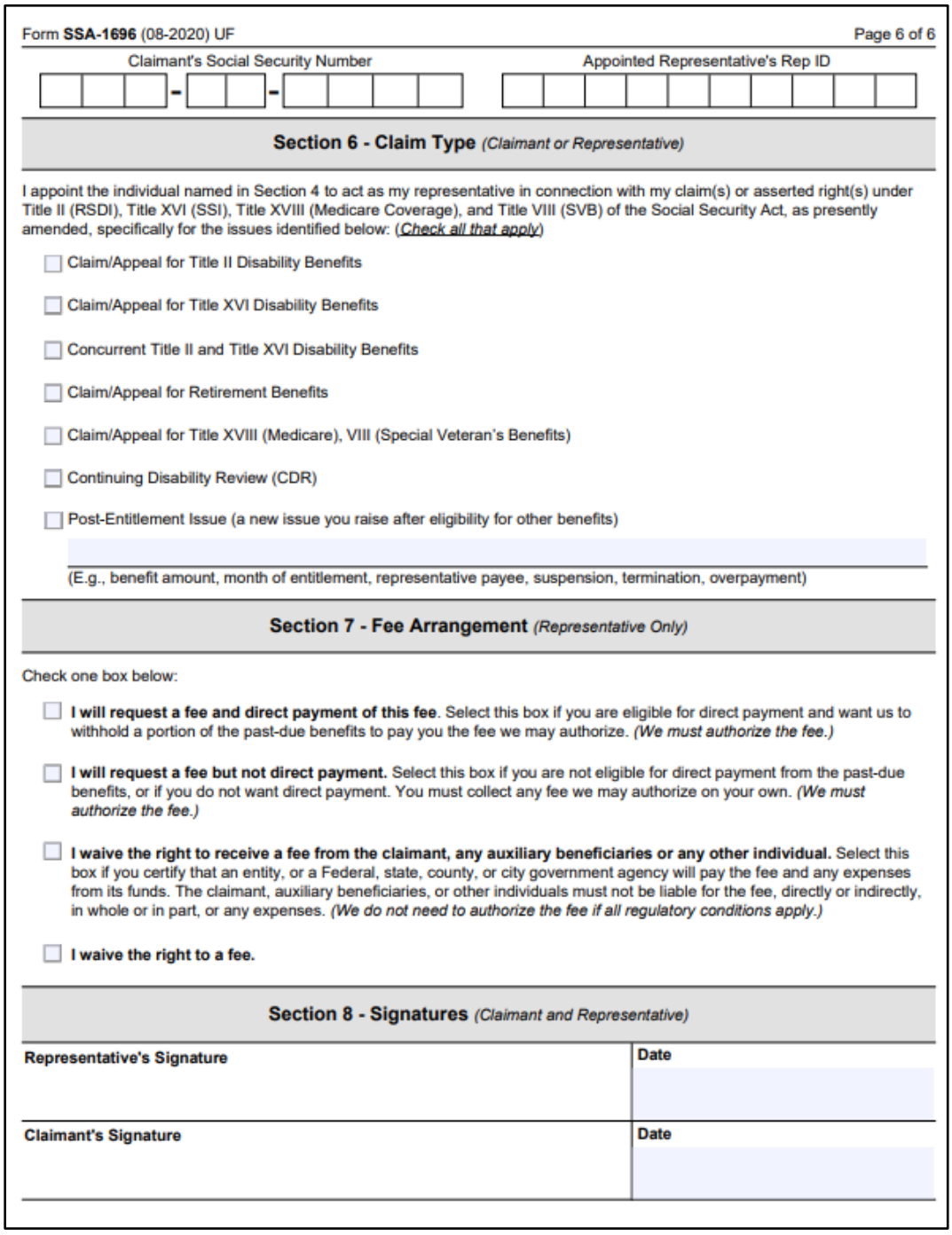
If I intend to seek direct payment of the authorized fee on this claim -

- I have registered for and obtained a Rep ID, and my registration information is up-to-date.
- I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice before SSA or any other Federal program or agency, disbarred or suspended by a court or bar, and convicted of a violation under Section 206 or 1631(d) of the Social Security Act.

I CERTIFY TO ALL OF THE ABOVE ____ *(Representative's Initials)*

On the next page, the form continues to ask about your information as the authorized representative. You do not need to enter an EIN as you are not requesting payment as the representative. You do want to enter your organizational information in this section so that SSA can verify your identity. This form also allows other coworkers at your agency to speak to SSA on your client's behalf (you can see the language around this in Section 2 of the form) which is why it is important to list your agency and address here.

The second half of this page asks you certification questions that you must agree to and initial at the bottom of the page.



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Claimant's Social Security Number | Appointed Representative's Rep ID

Section 6 - Claim Type *(Claimant or Representative)*

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (*Check all that apply*)

- ☐ Claim/Appeal for Title II Disability Benefits
- ☐ Claim/Appeal for Title XVI Disability Benefits
- ☐ Concurrent Title II and Title XVI Disability Benefits
- ☐ Claim/Appeal for Retirement Benefits
- ☐ Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- ☐ Continuing Disability Review (CDR)
- ☐ Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement *(Representative Only)*

Check one box below:

- ☐ **I will request a fee and direct payment of this fee**. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- ☐ **I will request a fee but not direct payment.** Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- ☐ **I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual.** Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- ☐ **I waive the right to a fee.**

Section 8 - Signatures *(Claimant and Representative)*

Representative's Signature	**Date**
Claimant's Signature	**Date**

Section 6 on the final page of this form asks about the claim type. SSI is Title XVI, which you can select. Section 7 describes the fee arrangement between you and the client. If you are not requesting any fee, you can select the bottom option "I waive the right to a fee."

Finally, you and the claimant will sign and date at the very bottom of the page. When explaining this form to clients, it is helpful to clarify that by signing, they are giving permission for you to call and

speak to SSA on their behalf to assist with their SSI claim. The client should also be aware that they can request removal of you as their authorized representative at any time.

How to Utilize Your Status as an Authorized Representative

Once you have submitted the paperwork as an authorized representative, you will have much more access to a client's claim. As previously mentioned, you should receive all letters mailed to your client, which can be helpful in following up with any document or information SSA requests. However, it can sometimes take time for this form to be updated in SSA's system, so it is good practice to check in with your client to see if they have received any mail from SSA in the meantime.

A benefit to becoming an authorized representative is that you can call SSA and ask for a status update on your client's claim at any time. This is helpful to ensure the claim is being processed, that it has not been denied, and that all information SSA has asked for has been submitted.

SSA will ask you to verify your identity if you call and request a status update on a claim. Usually, they will ask for your name and the name of your organization. Then, they will ask a series of questions to verify your client's identity. These questions include:

- Your client's name, social security number, address, and date of birth
- The full name of your client's parents
- Your client's place of birth including city and country

It can be useful to gather this information from your client and include it in their file for easy access when calling SSA on their behalf. This information is gathered by SSA when your client applies for their social security number and is used to verify their identity. As noted above, the authorized representative form also allows others working at your organization, like a caseworker or intern, to call on your client's behalf. They will also need to answer the above questions to ask questions about the status of a claim.

Tips for Authorized Representatives and Following Up with Claims

If you are working as a caseworker at a refugee resettlement agency, you may have several clients you are following with active SSI cases. In this case, it can be useful to track claims via a spreadsheet or another method including information like the last time you communicated with SSA via phone or mail, the status of the client's claim, the estimated date of a decision, and any follow-up dates or information that is still outstanding. Usually, SSA can give you an estimate for when the next step will occur, which you can track to then follow up again at that point. This ensures you and your client do not miss required paperwork or other requests that could be lost in the mail.

If you are nervous about calling and asking for a general update, a useful script is to call and say "I am an authorized representative calling on behalf of a few claimants with SSI claims. I would like to ask a few questions to get an update on the status of their case." Many times, the answer will be that they are still waiting for a decision, but this ensures that nothing is needed by the client to move the case forward. Remaining proactive with SSA is one of the most important things you can do to ensure SSI claims are processed correctly.

5. Post SSI Interview: Tips for Follow Up

If your client has completed their SSI interview, here are a few general tips for next steps. Some of these tips were discussed previously in this guide but are summarized here for ease of access.

Tip: Submit Packet of Information to SSA

Once an SSI interview is complete, there are several documents that may need to be submitted to SSA on your client's behalf. It can be useful to create a template cover letter (see Section 3 of this guide) with a list of documents you generally submit after an SSI interview to reuse with other clients. The list of documents necessary to submit will likely include an I-94 or other immigration document, a copy of your client's ID, a DSHS award letter, a lease agreement, a signed SSA-827 Medical Authorization form, and a signed SSA-1696 Authorized Representative form. You can also include in the cover letter information about your client's immigration status as being eligible for SSI benefits.

Your client should be receiving paperwork in the mail relatively soon after their SSI interview that states they have applied for SSI. This paperwork will sometimes include requests for additional information, and it is important to check this document once received to ensure all information SSA asks for is submitted.

Tip: Become an Authorized Representative

One of the most useful tools you can use as a caseworker assisting with an SSI claim is to sign on as your client's authorized representative. This allows you to closely follow your client's claim. One of the reasons this is important is because once your client is approved for SSI benefits, they will get back pay starting from the month they applied for SSI. This can add up to thousands of dollars owed to your client. Given the complexity of SSI claims, the fact that SSA communicates only via mail with letters that are not translated, and the quick turnaround time requested for additional information, a claim can be very easily closed or denied if it is not closely followed by someone who knows the process. Becoming an authorized representative can be one of the best ways to ensure your client is approved for these benefits.

Tip: Closely Follow SSI Claim

If you have several clients with active SSI claims, it can be useful to organize yourself to ensure you are closely following up with these claims. This could include creating a spreadsheet with each step in the process and marking off when they are complete. It can also include adding calendar reminders to call SSA every four to six weeks for any client needing a status update. Tracking claims as closely as possible and communicating regularly with SSA can ensure you do not miss deadlines. Another important way to closely follow an SSI claim is to follow up by calling and verifying that documents you have sent to SSA have been received. This can take extra time but will save you the pain of lost documents that can lead to a denial. It is especially important to check and ensure your authorized representative paperwork has been received and processed. Being unable to discuss a case with SSA when needed because they do not have your authorized representative paperwork on file can cause delays and unnecessary denials.

Tip: Contact Medical Providers

When assisting newly arrived refugees or those with other similar immigration statuses, it can sometimes be difficult to know when you should begin an SSI application. On one hand, new arrivals will not have a lengthy medical history in the United States. At the same time, the SSI process is so lengthy you may want to start the process early to get your client benefits as soon as possible and to ensure they receive maximum backpay if approved. In these cases, it can be useful to build relationships with the medical providers treating your client, particularly primary care providers. You can ask your client to sign a release of information allowing you to speak to their medical providers directly.

Here are some ways medical providers can assist and support your client through the SSI process, even if the provider is not trained on the process themselves:

- Medical providers may have a sense of whether your client is able to work, regardless of their knowledge of SSI eligibility. Providing their clinical opinion can sometimes give you additional information on the likelihood of an SSI approval for your client.
- Medical providers can also give information about the status of any specialist referrals for your client. This can be important in terms of timing the SSI application. If a client needs to see a certain specialist to receive testing or a diagnosis that will support their SSI claim, their primary care provider may know which referrals are most important and in some cases can also advocate to the specialist clinic to try and get your client seen more quickly.
- Medical providers can write letters of support for your client's SSI claim. This can be useful in cases where the client may not be able to see a specialist for several months, but you need to start their SSI claim. These letters can include basic background, including their immigration status and explanation for why prior medical records do not exist, an overview of their medical history, and then specifics about the client's functionality making them unable to work.

Note: It is important to remember that while a client's medical provider may believe they are unable to work, this does not necessarily mean that a client will be approved for SSI benefits. Similarly, if a provider writes a letter of support for your client, their role in writing this letter is to clinically describe their perspective on your client's functionality. Again, this does not necessarily translate into SSI approval for your client but does bolster the evidence to support their claim.

If you have a medical letter to submit to SSI on behalf of your client, you can submit it in the packet of information you provide to SSA after your client's interview or at any point in the process via mail, fax, or dropping it off at a local office.

Tip: Involve Your Client in the SSI Process

The SSI application process is lengthy and time-consuming, and as a caseworker it may be difficult to follow up as thoroughly as you'd like due to this. If you are working with a client who has the skillset and ability to be more involved in their SSI claim, they may be able to assist with some of the more time-consuming tasks. This can also be a learning opportunity for your client with your assistance. For example, if your client can go to the SSA office and wait to speak to a representative, you can assist by writing a letter stating why they are there and what information

they need from SSA. This can be helpful in cases where you may be having difficulty making an SSI interview appointment or getting answers on the next steps for the claim. You may need to provide some education about calling or visiting SSA in person- for example, how to get to the office and the process of waiting to be seen by a representative. As eventually your client will need to follow up independently with SSA, involving them in these tasks can help build confidence for interacting with the agency.

Tip: Know the SSI Application Process

If you are new to SSI, it can be daunting to understand the process, what documents are necessary to submit, and the timing of SSA document requests. Knowing the general process and the timing of when a client should be receiving documents that need to be filled out and submitted can go far in ensuring a claim is smoothly processed. Unless your client is denied quickly, which usually only occurs if they do not meet income eligibility, you should expect to receive two letters at minimum in the weeks and months following the SSI interview. The first letter is one that states the application interview was completed. It will list out all the questions asked with your client's answers. At times, this letter will also ask for additional documents to be submitted, like a lease agreement or immigration document, which is why it is helpful to pre-emptively prepare these documents for submission soon after the interview. Once the claim is transferred to Disability Determination Services (which will be discussed next in this guide) your client should also receive an Adult Function Report within a few months of their SSI interview. This document is important to fill out and return as it can heavily impact a claim's approval. As you work with more SSI claims, you will start to recognize what forms are commonly asked for and therefore will know to contact SSA if they are not received.

6. DDS Process and the Function Report

What is DDS?

Disability Determination Services (DDS) is a state agency that partners with the Social Security Administration to determine whether an SSI applicant is disabled under SSA rules. Once your client completes the SSI interview and SSA has determined that they meet income eligibility requirements, the case is then sent to DDS. Note: SSI claims based on age (65 years or older) will not be sent to DDS.

What does DDS do?

It can be helpful to know what role DDS plays in the SSI process. SSA will send all information they have received about your client to DDS, which then reviews the claim and determines whether your client meets the disability definition. DDS will review all medical records for your client requested directly from their medical clinics. DDS will also send out an important form called the Adult Function Report (or Child Function Report for a minor) for your client to complete and return. If DDS does not have enough information to make an SSI decision after reviewing medical records and the function report, they will at times arrange a physical and/or mental health examination by a third-party medical provider who has never seen your client. Once DDS feels they have enough information to make a formal decision on your client's disability, they will send the decision back to SSA.

It can be important to understand this process and how these agencies work together. At times SSA may tell you the case is with DDS if you call for a status update. This just means DDS is working to make the official disability determination for SSA. Usually, this process can take up to 3-6 months. As an authorized representative, you also have the authority to speak to the DDS representative assigned to your client's case, which can be helpful if you have questions about the status of the claim or need to convey information to DDS.

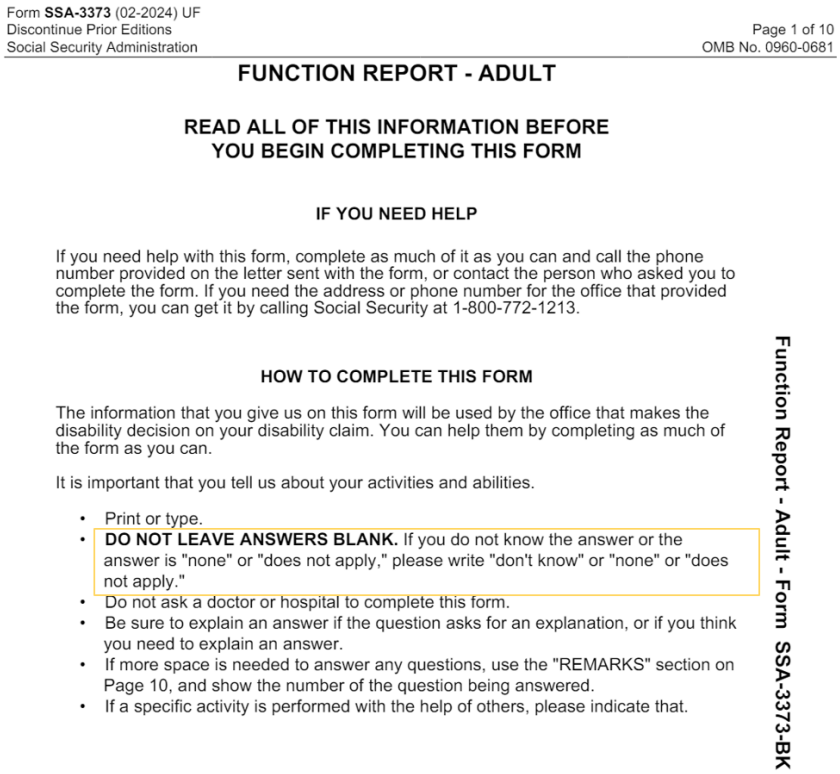
Adult/Child Function Report

The adult/child function report is one of the most important pieces of information that your client can complete in support of their SSI claim. This form is mailed to your client in English with a limited timeframe for completion- usually 10 days from receipt. This report is several pages long and most new arrivals will need assistance completing this form because its only provided in English and may have unfamiliar terms or questions. If you listed your contact information as a person who knows your client in the original disability report, you may also be sent a separate function report form to complete from your perspective of your client's medical conditions and disability. In this scenario, it is important to complete a function report from your client's perspective, with your assistance, and a separate one from your perspective. At the very least, every client needs to have a function report completed from their perspective about their disabling conditions.

Part of the reason this report is so important to complete is that it gives your client the opportunity to describe in detail how their medical conditions impact their life on a day-to-day basis, which may not be clear when looking over their official medical records. Even though the report is long, completing it as thoroughly as possible is important. The form itself does not give you much space to answer each question in detail, so you can attach additional sheets and add notes in the 'Remarks' section at the end if needed. This can be a traumatic experience for a client as many questions refer to tasks your client was able to do before the onset of their disabling condition. It also may provoke reminders of the fact that they have had to flee their home and resettle in the United States. While there is limited time to complete the form, you can contact the DDS representative if more time is needed to submit it. You can also look at a copy of the form prior to receiving it and start gathering information early if you are able.

Function Report and Example Reponses

Looking over the function report can be useful before filling one out for a client. This section will go through the report and give tips for responding. You can access the report on the SSA website here: Adult Function Report.



Form **SSA-3373** (02-2024) UF
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OMB No. 0960-0681

FUNCTION REPORT - ADULT

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213.

HOW TO COMPLETE THIS FORM

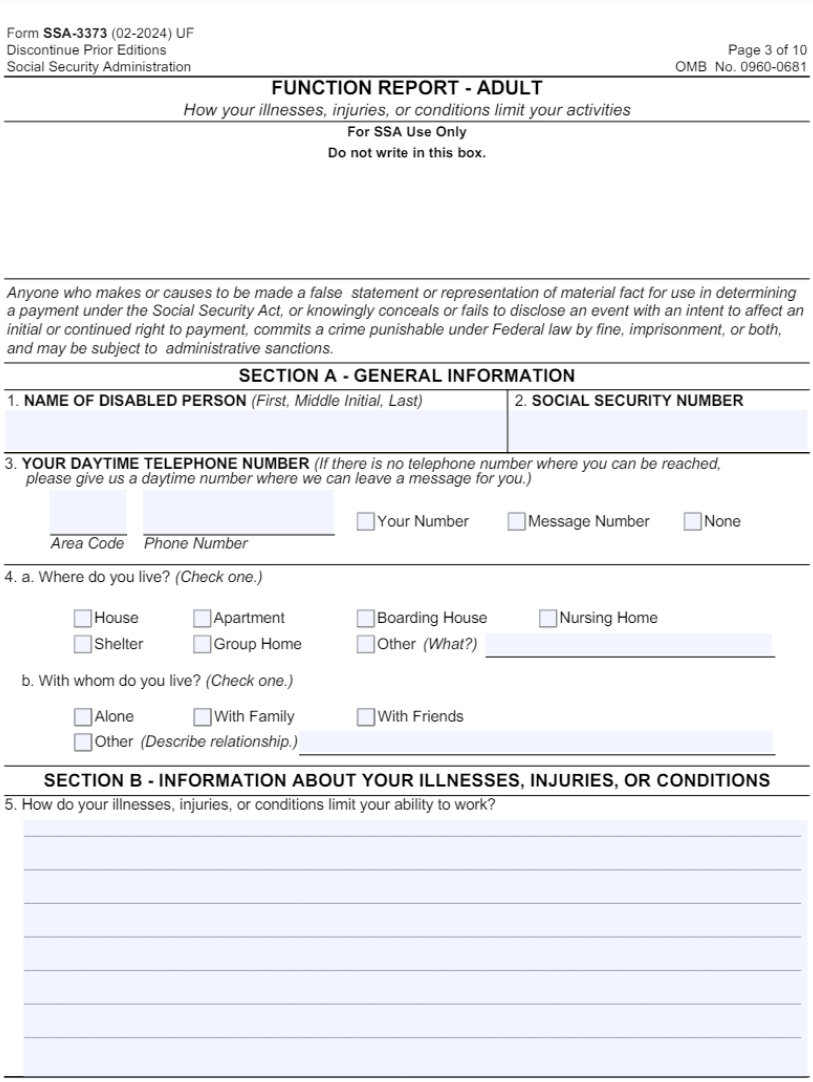
The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

It is important that you tell us about your activities and abilities.

- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 10, and show the number of the question being answered.
- If a specific activity is performed with the help of others, please indicate that.

Function Report - Adult - Form SSA-3373-BK

On the instructions page of the report, an important note is to not leave any question blank. If there is a question that is not applicable to your client, or they do not know the answer, you can simply write that.



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FUNCTION REPORT - ADULT

How your illnesses, injuries, or conditions limit your activities

For SSA Use Only
Do not write in this box.

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION A - GENERAL INFORMATION

1. **NAME OF DISABLED PERSON** *(First, Middle Initial, Last)*

2. **SOCIAL SECURITY NUMBER**

3. **YOUR DAYTIME TELEPHONE NUMBER** *(If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)*

Area Code *Phone Number*

Your Number Message Number None

4. a. Where do you live? *(Check one.)*

House Apartment Boarding House Nursing Home
Shelter Group Home Other *(What?)*

b. With whom do you live? *(Check one.)*

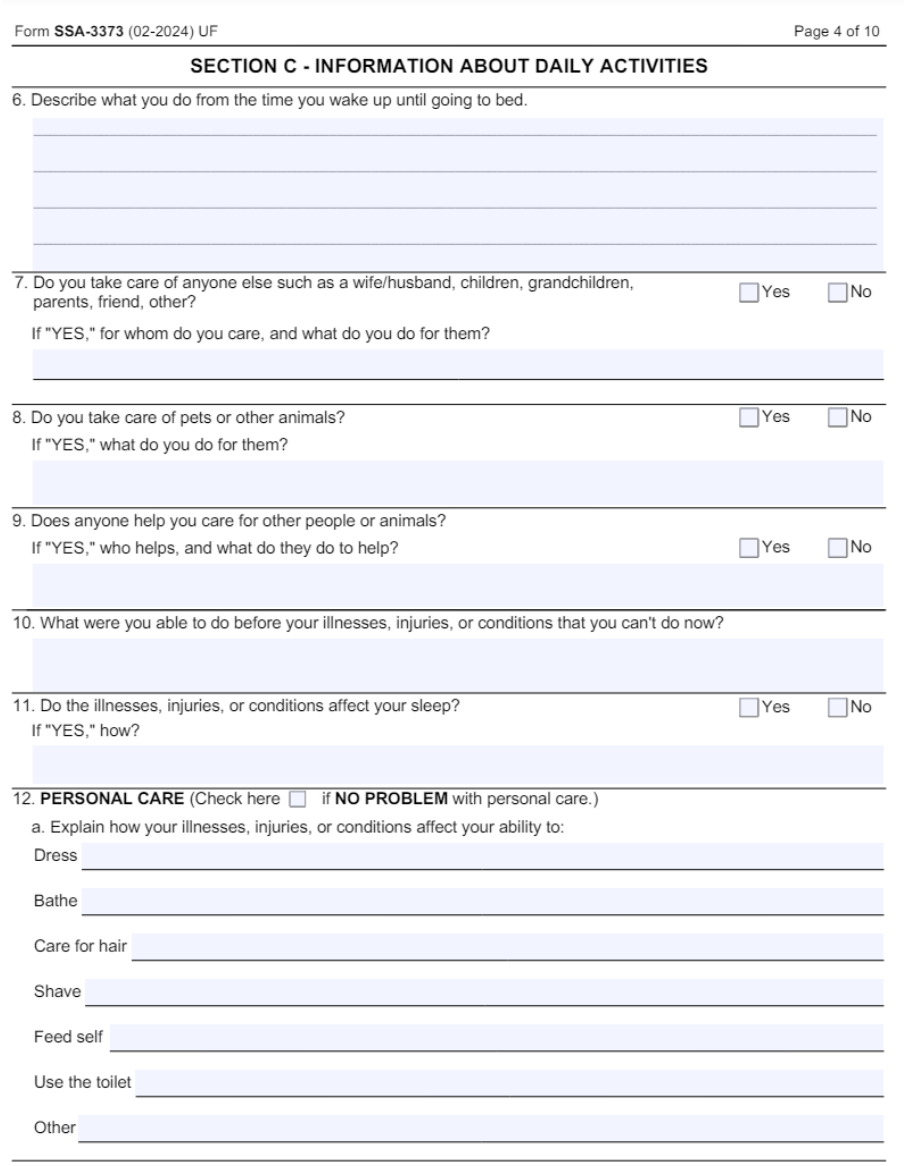
Alone With Family With Friends
Other *(Describe relationship.)*

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

The first page of the function report asks for general information about your client. At the bottom of the page, Section B asks about the client's health and how their disability limits their ability to work. An example response here may be something like "I have pain and fatigue due to my cancer diagnosis. My chest and back frequently hurt. I am unable to stay awake during the day and need to take a nap. I can only walk for a few minutes before I need to rest. For these reasons, I am unable to work."

When completing questions on this form, you are completing them from your client's perspective, and it is best to ask each question directly to them. However, there may be times when you are working with a client who either cannot fully answer or might not understand the question. In that case, you can potentially prompt the conversation based on your knowledge and the relationship you have with your client. An example might be saying something like "You told me last week that you were in so much pain that you were unable to get out of bed. Can you tell me more about that and how it impacts your ability to work?"



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SECTION C - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? ☐ Yes ☐ No

If "YES," for whom do you care, and what do you do for them?

8. Do you take care of pets or other animals? ☐ Yes ☐ No

If "YES," what do you do for them?

9. Does anyone help you care for other people or animals?

If "YES," who helps, and what do they do to help? ☐ Yes ☐ No

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

11. Do the illnesses, injuries, or conditions affect your sleep? ☐ Yes ☐ No

If "YES," how?

12. **PERSONAL CARE** (Check here ☐ if **NO PROBLEM** with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:

Dress

Bathe

Care for hair

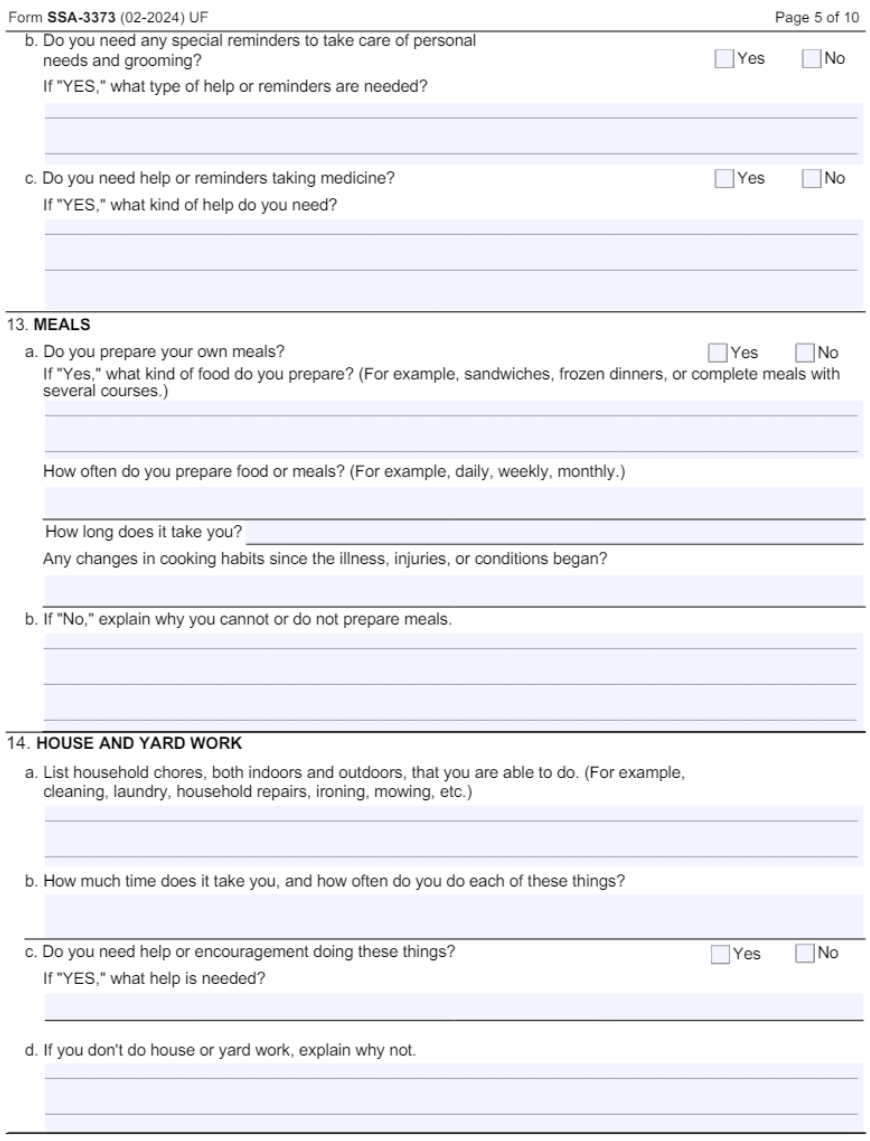
Shave

Feed self

Use the toilet

Other

Section C starts to get into more detailed questions, some of which you may not have space to write out a full response. Question 6 can be hard to answer because it is so broad. Asking your client to describe a normal day can be helpful in getting an answer. Question 10 on this page can be difficult for clients to answer as it asks them to reflect on things they used to do but cannot do now. This can be triggering and a reminder of what your client has lost.



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b. Do you need any special reminders to take care of personal needs and grooming? ☐ Yes ☐ No

If "YES," what type of help or reminders are needed?

c. Do you need help or reminders taking medicine? ☐ Yes ☐ No

If "YES," what kind of help do you need?

13. **MEALS**

a. Do you prepare your own meals? ☐ Yes ☐ No

If "Yes," what kind of food do you prepare? (For example, sandwiches, frozen dinners, or complete meals with several courses.)

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

How long does it take you?

Any changes in cooking habits since the illness, injuries, or conditions began?

b. If "No," explain why you cannot or do not prepare meals.

14. **HOUSE AND YARD WORK**

a. List household chores, both indoors and outdoors, that you are able to do. (For example, cleaning, laundry, household repairs, ironing, mowing, etc.)

b. How much time does it take you, and how often do you do each of these things?

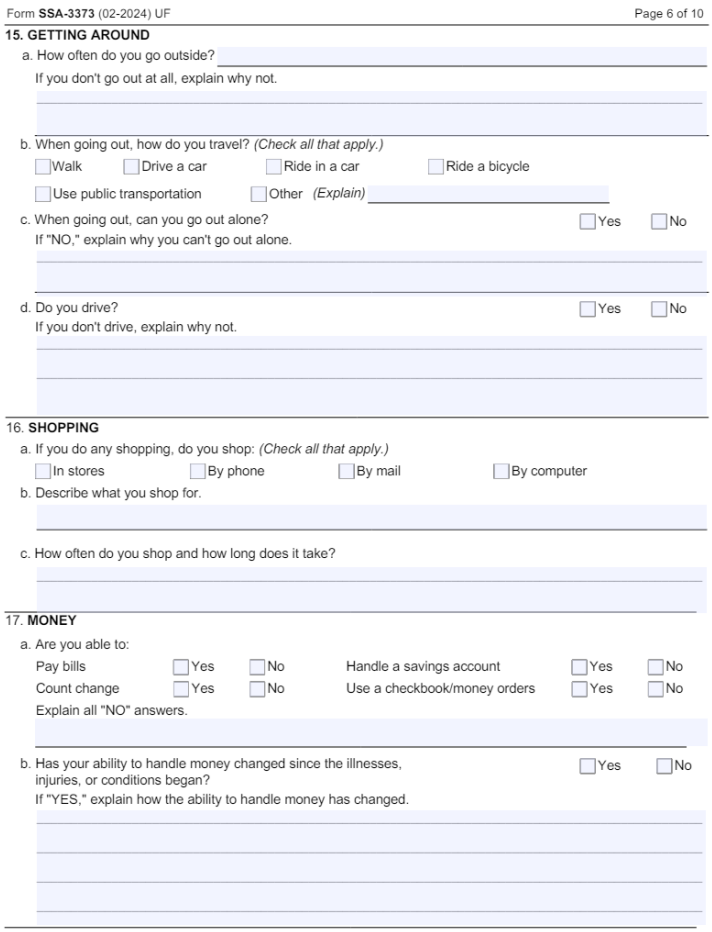
c. Do you need help or encouragement doing these things? ☐ Yes ☐ No

If "YES," what help is needed?

d. If you don't do house or yard work, explain why not.

Over the next few pages, you are getting into the meat of these questions. Keeping in mind the reason for this form- to help determine overall functionality and how that relates to a client's ability to work- will help you structure the conversation.

An example to give here is around preparing a meal. It is possible that when you ask your client if they can prepare a meal, they say yes but maybe they have severe hand pain and can only chop vegetables for 10 minutes and then must rest for a few minutes before starting again. These types of scenarios are important to describe, and there are several questions prompting a client to think about how much they can do and how their medical conditions may have changed this. Again, in questions like #14, there may not be enough room to write out everything in detail and it may be useful to add a page to the end of the form with additional information if so.



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15. GETTING AROUND

a. How often do you go outside?

If you don't go out at all, explain why not.

b. When going out, how do you travel? *(Check all that apply.)*

☐ Walk ☐ Drive a car ☐ Ride in a car ☐ Ride a bicycle

☐ Use public transportation ☐ Other *(Explain)*

c. When going out, can you go out alone? ☐ Yes ☐ No

If "NO," explain why you can't go out alone.

d. Do you drive? ☐ Yes ☐ No

If you don't drive, explain why not.

16. SHOPPING

a. If you do any shopping, do you shop: *(Check all that apply.)*

☐ In stores ☐ By phone ☐ By mail ☐ By computer

b. Describe what you shop for.

c. How often do you shop and how long does it take?

17. MONEY

a. Are you able to:

Pay bills	☐ Yes	☐ No	Handle a savings account	☐ Yes	☐ No
Count change	☐ Yes	☐ No	Use a checkbook/money orders	☐ Yes	☐ No

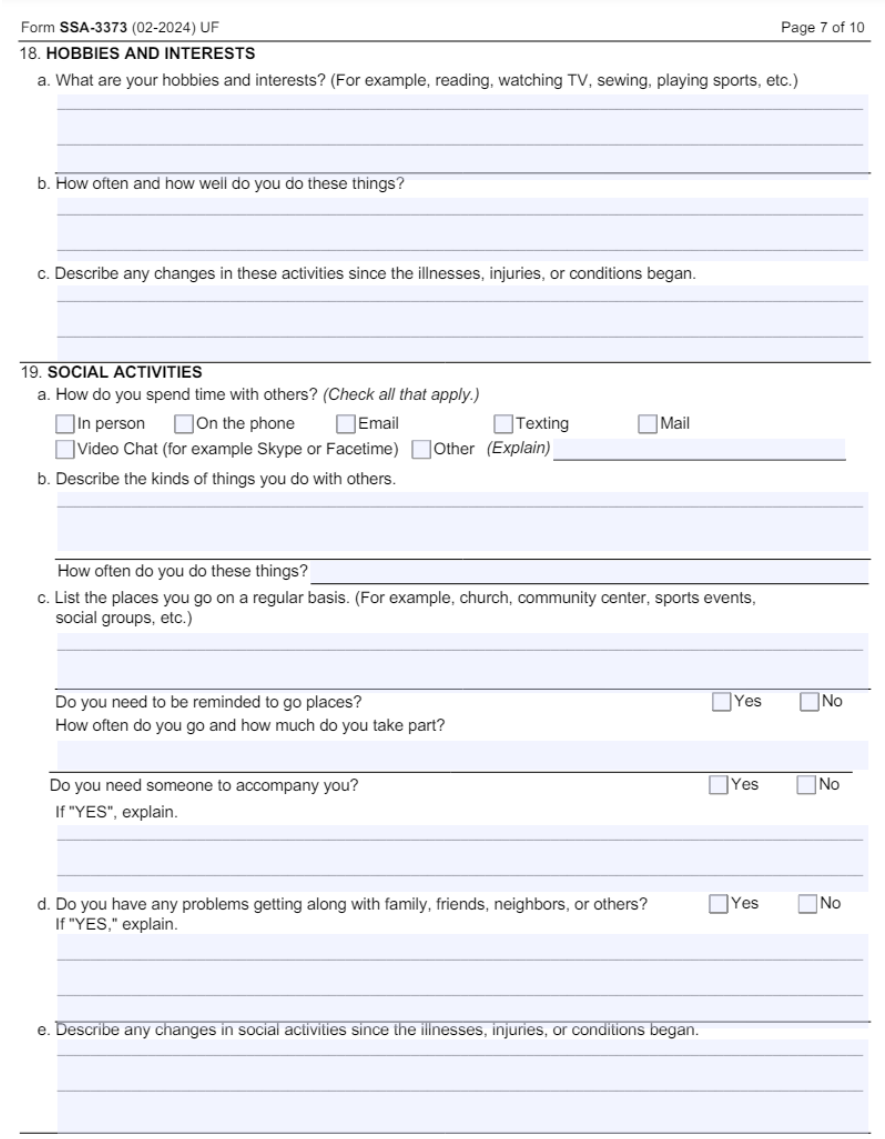
Explain all "NO" answers.

b. Has your ability to handle money changed since the illnesses, injuries, or conditions began? ☐ Yes ☐ No

If "YES," explain how the ability to handle money has changed.

Some questions on the function report may be answered slightly differently by a newly arrived refugee or other immigrant status. Question 15 asks about how often you go outside. There might be reasons why your client does not go outside that do not pertain to their disability. It is fine to list this and explain it. For example, if your client is scared to go outside because they are new to the United States and they do not speak or read English, you can write that. Even if it does not pertain directly to a medical condition, answering the questions as honestly as possible will give DDS additional context to understand your client's life.

Other similar questions on this page are those about driving a car and handling money. Many new arrivals may have never learned to drive for reasons unrelated to a medical condition, which is fine to list here. Some clients may have never handled money overseas or may have been able to in their country of origin because they recognized the bills and coins but cannot do so in the United States. Again, answering these questions with those details is useful as it gives context to your client's day-to-day life, even if unrelated to a medical condition.



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18. **HOBBIES AND INTERESTS**

a. What are your hobbies and interests? (For example, reading, watching TV, sewing, playing sports, etc.)

b. How often and how well do you do these things?

c. Describe any changes in these activities since the illnesses, injuries, or conditions began.

19. **SOCIAL ACTIVITIES**

a. How do you spend time with others? *(Check all that apply.)*

☐ In person ☐ On the phone ☐ Email ☐ Texting ☐ Mail
☐ Video Chat (for example Skype or Facetime) ☐ Other *(Explain)*

b. Describe the kinds of things you do with others.

How often do you do these things?

c. List the places you go on a regular basis. (For example, church, community center, sports events, social groups, etc.)

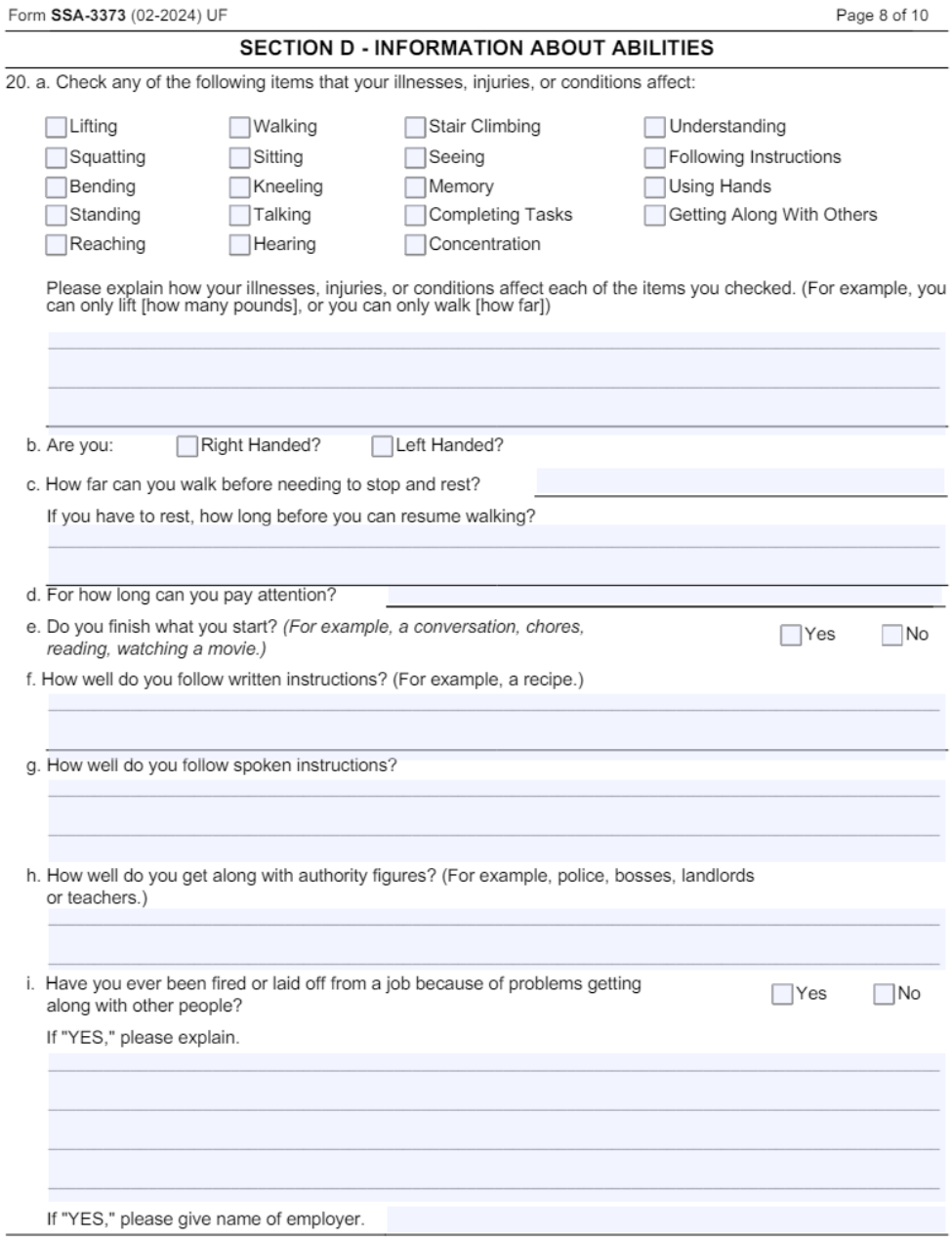
Do you need to be reminded to go places? ☐ Yes ☐ No
How often do you go and how much do you take part?

Do you need someone to accompany you? ☐ Yes ☐ No
If "YES", explain.

d. Do you have any problems getting along with family, friends, neighbors, or others? ☐ Yes ☐ No
If "YES," explain.

e. Describe any changes in social activities since the illnesses, injuries, or conditions began.

Another section that may be answered differently for new arrivals is one that asks about hobbies, interests, and social activities. These questions may be impacted by the fact that your client is newly arrived to the United States and may not have any friends or family in the area. They may not be able to do a hobby here that they did in their country of origin. These types of questions can be difficult for clients to answer because they are a reminder that they no longer have the social life or community that they used to have. It is okay to mention that these changes are from moving to the United States and/or due to medical conditions.



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SECTION D - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

☐ Lifting	☐ Walking	☐ Stair Climbing	☐ Understanding
☐ Squatting	☐ Sitting	☐ Seeing	☐ Following Instructions
☐ Bending	☐ Kneeling	☐ Memory	☐ Using Hands
☐ Standing	☐ Talking	☐ Completing Tasks	☐ Getting Along With Others
☐ Reaching	☐ Hearing	☐ Concentration	

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far])

b. Are you: ☐ Right Handed? ☐ Left Handed?

c. How far can you walk before needing to stop and rest?

If you have to rest, how long before you can resume walking?

d. For how long can you pay attention?

e. Do you finish what you start? *(For example, a conversation, chores, reading, watching a movie.)* ☐ Yes ☐ No

f. How well do you follow written instructions? (For example, a recipe.)

g. How well do you follow spoken instructions?

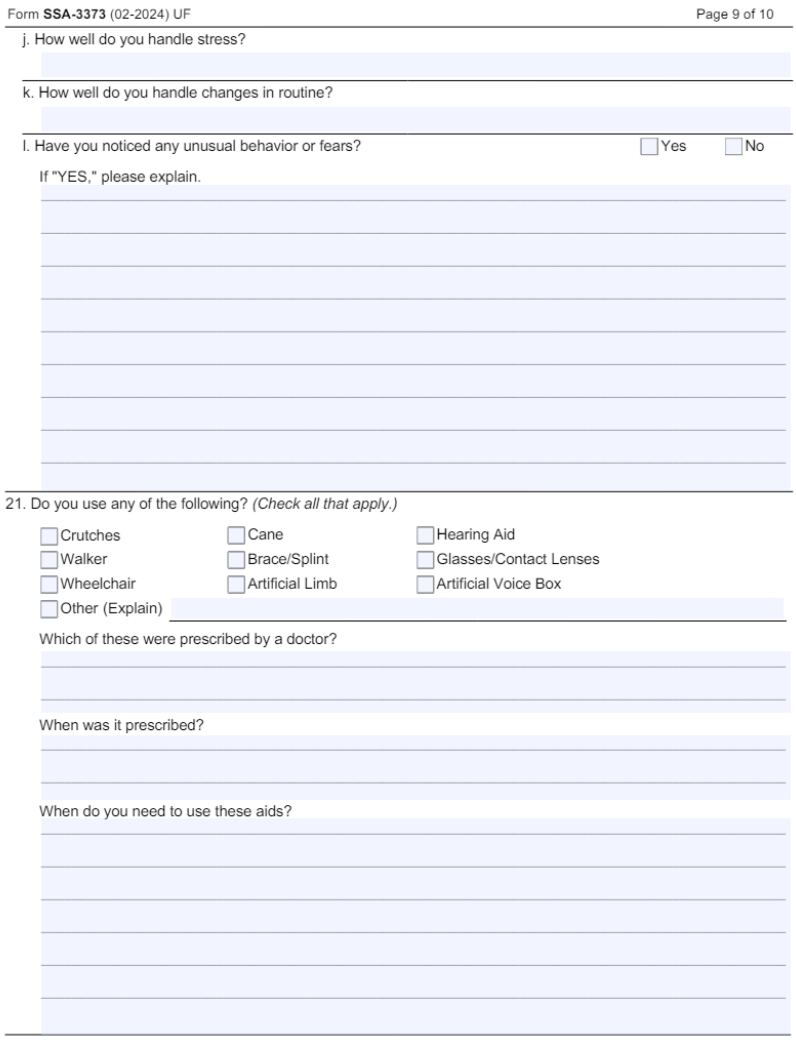
h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers.)

i. Have you ever been fired or laid off from a job because of problems getting along with other people? ☐ Yes ☐ No

If "YES," please explain.

If "YES," please give name of employer.

Question 20 is one that asks for a lot of information with very minimal space to answer and may be a place to add additional remarks. For some of these items, you may need to give examples to help your client answer. Examples include ‘can you carry a gallon of milk without pain’ or ‘can you walk down your block or around your apartment complex without needing to rest?’ Contextualizing these scenarios can sometimes help a client clarify their response. If a client does not know how much they can carry or how far, it's okay to estimate and then make a note that you estimated this in the Remarks section at the end of the form.



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j. How well do you handle stress?

k. How well do you handle changes in routine?

l. Have you noticed any unusual behavior or fears? ☐ Yes ☐ No

If "YES," please explain.

21. Do you use any of the following? *(Check all that apply.)*

☐ Crutches ☐ Cane ☐ Hearing Aid
☐ Walker ☐ Brace/Splint ☐ Glasses/Contact Lenses
☐ Wheelchair ☐ Artificial Limb ☐ Artificial Voice Box
☐ Other (Explain)

Which of these were prescribed by a doctor?

When was it prescribed?

When do you need to use these aids?

Near the end of the report, you may come across questions that your client does not know the exact answers to. For example, there are questions about equipment prescribed by a doctor. Your client may not know when the equipment was prescribed or the name of the doctor. Use the Remarks section to address anything you estimated and/or to explain your client did not remember specifics.

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22. Do you currently take any medicines for your illnesses, injuries, or conditions? ☐ Yes ☐ No

If "YES, "do any of your medicines cause side effects? ☐ Yes ☐ No

If "YES," please explain. (Do not list all of the medicines that you take. List only the medicines that cause side effects.)

NAME OF MEDICINE	SIDE EFFECTS YOU HAVE

SECTION E - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

Name of person completing this form (Please print)	Date *(MM/DD/YYYY)*

Address (Number and Street)	Email address (optional)

City	State	ZIP Code

The final page of the report asks about medication names, which may not be known by your client. This is another area where you may need to explain in the Remarks section.

Tips for Filling Out the Adult Function Report

This report is one of the most time-consuming parts of the SSI application process for a caseworker. It is also one of the most important pieces of evidence your client can submit in support of their claim. Given this, here are some tips for how to make this process more efficient:

- Use a draft version of the report to take notes. This way, you can go through the questions more quickly with your client and then write out longer, more detailed responses when creating a final version.
- Start early on the report if possible. While this report will be mailed to every client, if you have a copy of the PDF online, you can start asking some of the questions whenever you meet with that client even prior to when it is received in the mail.
- Write in first person if you are helping a client fill out the report from their perspective. This means writing down the client's response directly, "I can walk 5 minutes before stopping." It is important that the voice and the perspective that this form captures is directly from your client.
- You may also receive an adult function report that is meant for you to fill out from YOUR perspective of your client if you listed yourself as a contact in the original disability report. Even though you are helping a client fill out their adult function report, it is also useful to fill one out from your perspective if asked. This is because you may have knowledge or observations that can be helpful for DDS to know. Note: If filling out this report from your perspective, answer the questions from what you know WITHOUT asking for your client's input. You may not know the answers to many of the questions in which case you can write "I don't know." For example, you may not know how many pounds your client can lift without pain, unless you were to ask them that question directly.
- Use known context and your relationship with the client to help in the discussion. If your client does not understand the question being asked or if you know that they have talked to you about something in the past that they might not remember, you can prompt that in your discussion as you ask the questions in this report.

Consultative Examination

Once you have submitted the complete function report and DDS has reviewed it, they may still not have enough information to make a determination. In this case, there may be times when DDS requests your client attend a physical and/or mental health examination with a third-party medical provider. This will be a provider they have never seen before. DDS will send your client a letter in the mail with the date and location of the appointment. The letter will ask the client to respond and confirm they can attend the appointment. The letter will also ask if transportation and/or an interpreter is needed by the client. However, the client needs to fill out the form and indicate if one or both is needed and send it back to DDS in the required timeframe. As an authorized representative, you can fill this form out and send it back to DDS on your client's behalf or call the DDS representative and verbally confirm the appointment with them. You should also receive a copy of this form in the mail as your client's authorized representative.

7. SSI Approvals, Denials, and the Appeals Process

Case Approval

If your client's case is approved, they should receive a letter stating the approval, the amount they will be paid each month in benefits, and the amount of backpay they are owed. Claims that are approved will receive backpay for each month since they initially applied for SSI. There are specific rules about the amount of backpay that SSA can pay at one time and the time frame for paying it to the client. This letter will describe the dates and amounts of backpay the client should expect to receive.

There are times when a case is approved but the monthly amount is lower than the maximum. Usually, this is because SSA believes someone else is contributing to the client's food or shelter cost. SSA will usually still allow you to call as the client's authorized representative and determine how to resolve this issue (reminder: your authority as the client's representative ends once the claim is in pay). You can explain that the client pays for all their costs or will be paying for all their costs moving forward now that they have been approved for SSI.

A good practice once your client has been approved for SSI benefits is to educate them on how to follow up with SSA moving forward, including how to call and ask for an interpreter if needed and how to get to the local office. The client should also know the importance of reporting any income changes to SSA. If they do not report income changes and SSA discovers they are over-income, the client may owe SSA funds for the months they were receiving benefits while earning a higher income. It may also be useful to inform your client that SSA periodically conducts eligibility reviews, and they may be sent paperwork in the future to fill out and return in these cases, generally within a 10-day time frame. Finally, reminding your client of the seven-year noncitizen rule is helpful at this point so they are aware their SSI benefits will be stopped if they have not become a citizen by that deadline.

Case Denial

If your client's case is denied, there are several different scenarios that may occur. In general, for any denial, your client has 60 days to file an appeal for reconsideration. This deadline is important to meet so that you can continue the same claim for your client. This means the claim will continue to accrue backpay so that if it is approved, the client will receive backpay for all the months they have been waiting since they applied. If you miss an appeal window, usually you will have to start the claim over from the beginning which means a loss of any accrued backpay. There is one exception to missing the appeal window called "Good Cause" which will be discussed later in this guide.

If your client has been denied the first time, you will submit what is called a request for reconsideration which can be found here: SSA-561 Request for Reconsideration. This request can be completed for medical and non-medical appeals and submitted via the SSA website, fax, or mail. Additional forms may be required by SSA at this point based on whether the denial is medical or non-medical.

Medical Denial

If a case is denied due to a medical reason, this means SSA does not believe your client fits their definition of disability. If your client wants to appeal this denial and move forward with the claim, there are three forms that SSA needs:

- SSA-561 Request for Reconsideration
- SSA-3441 Disability Report Appeal
- SSA-827 Medical Authorization Form

The last form, SSA-827, is the same as what your client originally signed at or after their initial interview to allow SSA access to their medical records. This will need to be re-signed to allow SSA to gather these records again. The other two forms will be described in detail on the next pages of this guide.

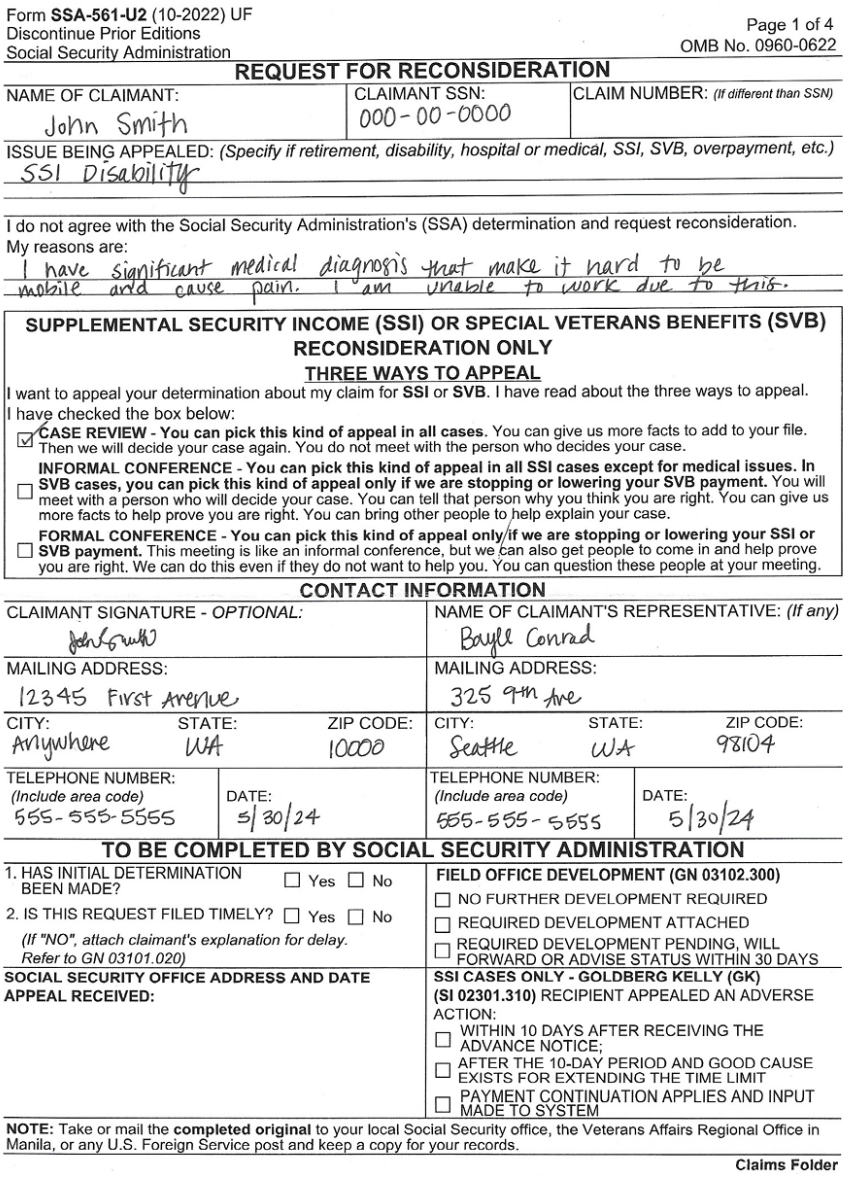
A good practice is to submit these forms in a packet, just like you originally did when your client applied for SSI benefits. You can also include the signed SSA-1696 Authorized Representative form as well. Even though this should still be on file from the original application, attaching it to every single submission can ensure SSA has a copy on file. Once the appeal request is received, a new SSA representative will review the claim from the beginning. This will be a different person who has not yet seen the original application. Your client does not need to be re-interviewed as SSA will use the original interview responses as part of this new appeal. The process will then be similar to what originally occurred, with SSA sending the claim to DDS. DDS will send your client a new function report to be completed.

One important note is to call SSA a few weeks after you have submitted the appeal request to verify it was received. This is important to ensure that the appeal is received and being processed by SSA within the 60-day timeline. At times, documents get lost or otherwise do not make it to the client's file with SSA. You can make a calendar reminder to call a few weeks after the appeal was submitted. If you are not sure what to ask, here is a basic script to use when calling:

"I'm an authorized representative calling on behalf of a claimant and I'd like to confirm that an appeal was received by your office."

Request for Reconsideration Example Form

Here is an example Request for Reconsideration form to review:



Form **SSA-561-U2** (10-2022) UF
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OMB No. 0960-0622

REQUEST FOR RECONSIDERATION

NAME OF CLAIMANT:	CLAIMANT SSN:	CLAIM NUMBER: *(If different than SSN)*
John Smith	000-00-0000	

ISSUE BEING APPEALED: *(Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)*
SSI Disability

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.
My reasons are:
I have significant medical diagnosis that make it hard to be mobile and cause pain. I am unable to work due to this.

SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY

THREE WAYS TO APPEAL

I want to appeal your determination about my claim for **SSI** or **SVB**. I have read about the three ways to appeal.
I have checked the box below:

☑ **CASE REVIEW - You can pick this kind of appeal in all cases.** You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.

☐ **INFORMAL CONFERENCE - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment.** You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.

☐ **FORMAL CONFERENCE - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment.** This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

CONTACT INFORMATION

CLAIMANT SIGNATURE - *OPTIONAL:*		NAME OF CLAIMANT'S REPRESENTATIVE: *(If any)*	
John Smith		Bayle Conrad	
MAILING ADDRESS:		MAILING ADDRESS:	
12345 First Avenue		325 9th Ave	
CITY: STATE: ZIP CODE:		CITY: STATE: ZIP CODE:	
Anywhere WA 10000		Seattle WA 98104	
TELEPHONE NUMBER: *(Include area code)*	DATE:	TELEPHONE NUMBER: *(Include area code)*	DATE:
555-555-5555	5/30/24	555-555-5555	5/30/24

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

1. HAS INITIAL DETERMINATION BEEN MADE? ☐ Yes ☐ No
2. IS THIS REQUEST FILED TIMELY? ☐ Yes ☐ No
(If "NO", attach claimant's explanation for delay. Refer to GN 03101.020)

SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED:

FIELD OFFICE DEVELOPMENT (GN 03102.300)
☐ NO FURTHER DEVELOPMENT REQUIRED
☐ REQUIRED DEVELOPMENT ATTACHED
☐ REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS

SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310) RECIPIENT APPEALED AN ADVERSE ACTION:
☐ WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE;
☐ AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT
☐ PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM

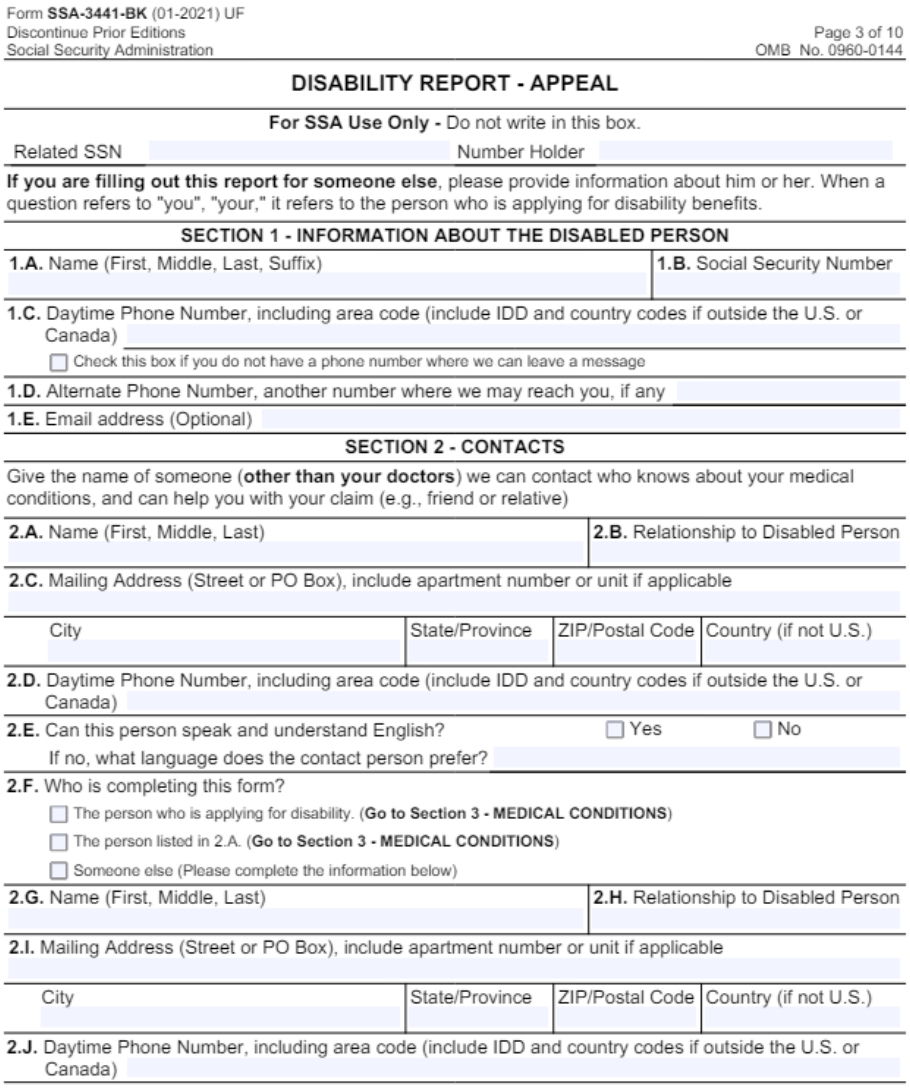
NOTE: Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.

Claims Folder

This form first asks for the name and information for your client and the issue being appealed, SSI disability. You will then give a brief reason why your client feels they should not have been denied benefits. If the denial was for a medical reason, you can list symptoms or a medical diagnosis for why your client cannot work. Then, select “Case Review” as the reason for the reconsideration. By doing so, you are asking for SSA to review the case. You can then list your client’s information on the left-hand side and your information on the right-hand side at the bottom of the form if you are signed on as their authorized representative. If you are appealing a non-medical denial, this form will be filled out the same way, except the reason for the request will change.

Disability Report Appeal Form

The second form that SSA will need you to complete on behalf of your client to appeal a medical denial is the disability report appeal form. This is only needed in cases of a denial based on medical reasons. This form is similar to the original disability report you submitted at the time your client initially applied for SSI.



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Social Security Administration

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OMB No. 0960-0144

DISABILITY REPORT - APPEAL

For SSA Use Only - Do not write in this box.

Related SSN | Number Holder

If you are filling out this report for someone else, please provide information about him or her. When a question refers to "you", "your," it refers to the person who is applying for disability benefits.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

1.A. Name (First, Middle, Last, Suffix) | **1.B.** Social Security Number

1.C. Daytime Phone Number, including area code (include IDD and country codes if outside the U.S. or Canada)

☐ Check this box if you do not have a phone number where we can leave a message

1.D. Alternate Phone Number, another number where we may reach you, if any

1.E. Email address (Optional)

SECTION 2 - CONTACTS

Give the name of someone (**other than your doctors**) we can contact who knows about your medical conditions, and can help you with your claim (e.g., friend or relative)

2.A. Name (First, Middle, Last) | **2.B.** Relationship to Disabled Person

2.C. Mailing Address (Street or PO Box), include apartment number or unit if applicable

City | State/Province | ZIP/Postal Code | Country (if not U.S.)

2.D. Daytime Phone Number, including area code (include IDD and country codes if outside the U.S. or Canada)

2.E. Can this person speak and understand English? ☐ Yes ☐ No

If no, what language does the contact person prefer?

2.F. Who is completing this form?

☐ The person who is applying for disability. (**Go to Section 3 - MEDICAL CONDITIONS**)

☐ The person listed in 2.A. (**Go to Section 3 - MEDICAL CONDITIONS**)

☐ Someone else (Please complete the information below)

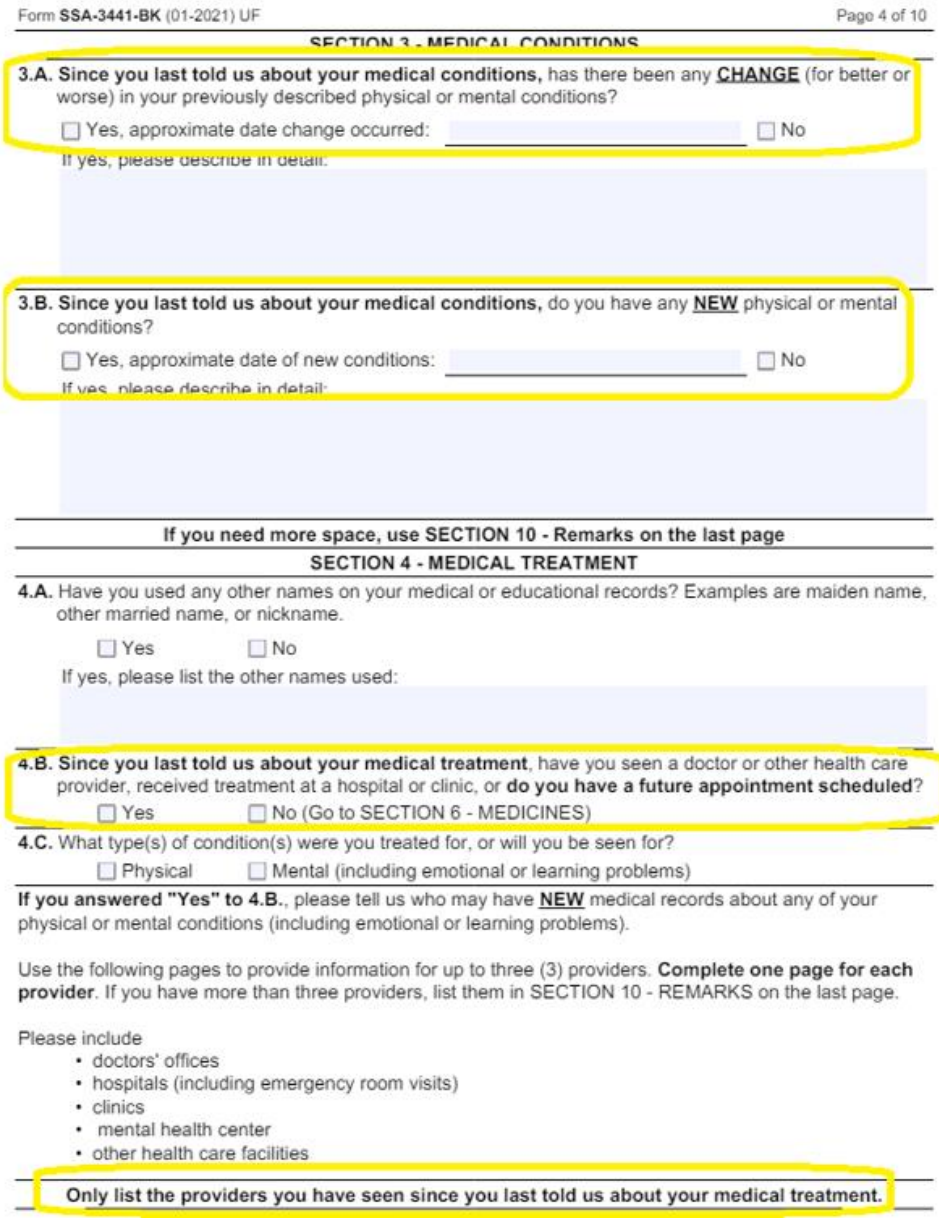
2.G. Name (First, Middle, Last) | **2.H.** Relationship to Disabled Person

2.I. Mailing Address (Street or PO Box), include apartment number or unit if applicable

City | State/Province | ZIP/Postal Code | Country (if not U.S.)

2.J. Daytime Phone Number, including area code (include IDD and country codes if outside the U.S. or Canada)

The first page asks for basic information about your client and any contacts they have.



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SECTION 3 - MEDICAL CONDITIONS

3.A. Since you last told us about your medical conditions, has there been any **CHANGE** (for better or worse) in your previously described physical or mental conditions?

☐ Yes, approximate date change occurred: _____ ☐ No

If yes, please describe in detail:

3.B. Since you last told us about your medical conditions, do you have any **NEW** physical or mental conditions?

☐ Yes, approximate date of new conditions: _____ ☐ No

If yes, please describe in detail:

If you need more space, use SECTION 10 - Remarks on the last page

SECTION 4 - MEDICAL TREATMENT

4.A. Have you used any other names on your medical or educational records? Examples are maiden name, other married name, or nickname.

☐ Yes ☐ No

If yes, please list the other names used:

4.B. Since you last told us about your medical treatment, have you seen a doctor or other health care provider, received treatment at a hospital or clinic, or **do you have a future appointment scheduled**?

☐ Yes ☐ No (Go to SECTION 6 - MEDICINES)

4.C. What type(s) of condition(s) were you treated for, or will you be seen for?

☐ Physical ☐ Mental (including emotional or learning problems)

If you answered "Yes" to 4.B., please tell us who may have **NEW** medical records about any of your physical or mental conditions (including emotional or learning problems).

Use the following pages to provide information for up to three (3) providers. **Complete one page for each provider**. If you have more than three providers, list them in SECTION 10 - REMARKS on the last page.

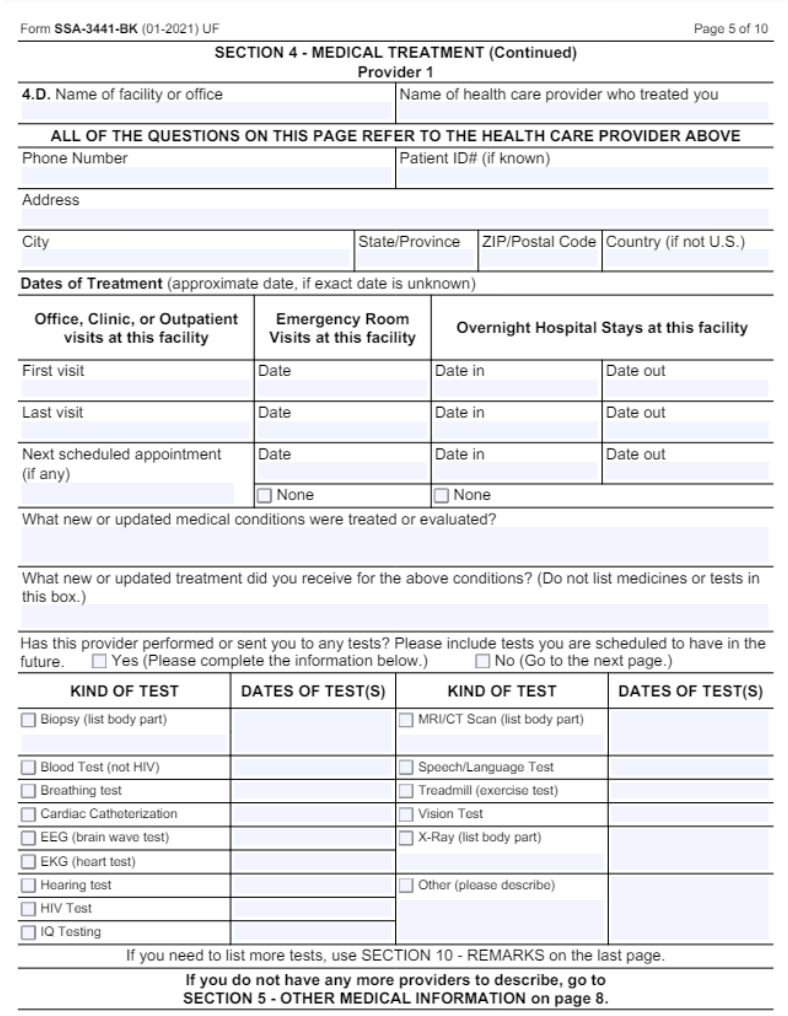
Please include

- doctors' offices
- hospitals (including emergency room visits)
- clinics
- mental health center
- other health care facilities

Only list the providers you have seen since you last told us about your medical treatment.

Starting on the second page of the disability report, SSA asks for any medical changes since the initial application. This page allows you to describe any changes in medical conditions, any new diagnoses, and any medical providers that your client may have been seen by since they originally applied. This includes appointments from medical providers listed on the original application.

The final sentence on this page, highlighted on the bottom, is important to keep in mind for the following pages. It instructs you to list any providers the client has seen since they last informed SSA about their medical treatment. Here, you should list any provider your client has seen since they submitted the original disability report.



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SECTION 4 - MEDICAL TREATMENT (Continued)
Provider 1

4.D. Name of facility or office	Name of health care provider who treated you

ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE

Phone Number	Patient ID# (if known)

Address

City	State/Province	ZIP/Postal Code	Country (if not U.S.)

Dates of Treatment (approximate date, if exact date is unknown)

Office, Clinic, or Outpatient visits at this facility	**Emergency Room Visits at this facility**	**Overnight Hospital Stays at this facility**	
First visit	Date	Date in	Date out
Last visit	Date	Date in	Date out
Next scheduled appointment (if any)	Date	Date in	Date out
	☐ None	☐ None	

What new or updated medical conditions were treated or evaluated?

What new or updated treatment did you receive for the above conditions? (Do not list medicines or tests in this box.)

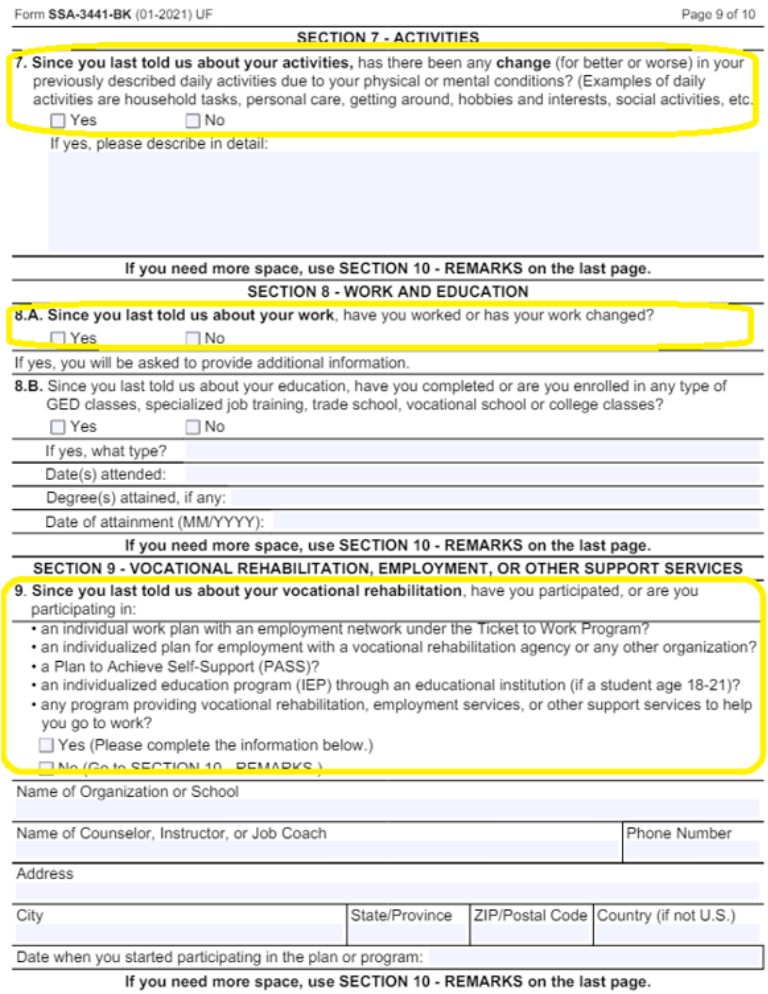
Has this provider performed or sent you to any tests? Please include tests you are scheduled to have in the future. ☐ Yes (Please complete the information below.) ☐ No (Go to the next page.)

KIND OF TEST	**DATES OF TEST(S)**	**KIND OF TEST**	**DATES OF TEST(S)**
☐ Biopsy (list body part)		☐ MRI/CT Scan (list body part)	
☐ Blood Test (not HIV)		☐ Speech/Language Test	
☐ Breathing test		☐ Treadmill (exercise test)	
☐ Cardiac Catheterization		☐ Vision Test	
☐ EEG (brain wave test)		☐ X-Ray (list body part)	
☐ EKG (heart test)			
☐ Hearing test		☐ Other (please describe)	
☐ HIV Test			
☐ IQ Testing			

If you need to list more tests, use SECTION 10 - REMARKS on the last page.

If you do not have any more providers to describe, go to SECTION 5 - OTHER MEDICAL INFORMATION on page 8.

The next few pages of this form are similar to the original disability application. Like the original application, SSA will request medical records from all providers listed in this report. There is a remarks page at the end of the form to list anything estimated or reasons sections were blank or unknown.



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SECTION 7 - ACTIVITIES

7. Since you last told us about your activities, has there been any **change** (for better or worse) in your previously described daily activities due to your physical or mental conditions? (Examples of daily activities are household tasks, personal care, getting around, hobbies and interests, social activities, etc.

☐ Yes ☐ No

If yes, please describe in detail:

If you need more space, use SECTION 10 - REMARKS on the last page.

SECTION 8 - WORK AND EDUCATION

8.A. Since you last told us about your work, have you worked or has your work changed?

☐ Yes ☐ No

If yes, you will be asked to provide additional information.

8.B. Since you last told us about your education, have you completed or are you enrolled in any type of GED classes, specialized job training, trade school, vocational school or college classes?

☐ Yes ☐ No

If yes, what type?

Date(s) attended:

Degree(s) attained, if any:

Date of attainment (MM/YYYY):

If you need more space, use SECTION 10 - REMARKS on the last page.

SECTION 9 - VOCATIONAL REHABILITATION, EMPLOYMENT, OR OTHER SUPPORT SERVICES

9. Since you last told us about your vocational rehabilitation, have you participated, or are you participating in:

- an individual work plan with an employment network under the Ticket to Work Program?
- an individualized plan for employment with a vocational rehabilitation agency or any other organization?
- a Plan to Achieve Self-Support (PASS)?
- an individualized education program (IEP) through an educational institution (if a student age 18-21)?
- any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

☐ Yes (Please complete the information below.)

☐ No (Go to SECTION 10 - REMARKS.)

Name of Organization or School

Name of Counselor, Instructor, or Job Coach | Phone Number

Address

City | State/Province | ZIP/Postal Code | Country (if not U.S.)

Date when you started participating in the plan or program:

If you need more space, use SECTION 10 - REMARKS on the last page.

One of the final sections of this report asks about any changes in activities, work, or similar support services. Once you have completed this form, you can submit it to SSA with the other two required forms for a medical appeal (SSA-561 Request for Reconsideration and SSA-827 Medical Authorization).

Non-Medical Denial

At times, a client may be denied SSI benefits for a non-medical reason. Usually this occurs early in the claim, closely following your client's interview. There are generally two reasons for non-medical denials. The first is that documentation was asked for and not received by a specific date. The second reason, which can be more complicated, is that the client has assets or resources over the maximum allowed amount.

Non-Medical Denial: Lack of Information

If your client receives a denial because SSA asks for a document or information by a specific date and the deadline was missed, it is worth calling and speaking to an SSA representative to explain why this occurred. At times, mail will only be received by the applicant even though you have signed on as their authorized representative, meaning you should also be receiving copies of any SSA mailing. In these cases, stating that your client does not speak English and did not understand what the letter was asking can allow the representative to keep the case open and give you extra time to submit the information they have asked for. Usually, SSA gives claimants 10 days to respond to requests for information which is easy to miss if you have not received a copy of that mailing yourself. One reason it is worth trying to keep the case open at this point if possible is because clients are only allowed one denial for case review. If they are denied twice, the second level denial requires the case to be presented at a hearing before a judge. Avoiding a denial due to missing a paperwork deadline gives your client more chances to appeal before the claim gets to that level.

If you are unable to continue with the case and the client does receive an official denial for this reason, you can fill out the SSA-561 Request for Reconsideration. In this case, you will not need to submit the disability report appeal form or a new medical authorization form.

Non-Medical Denial: Assets

A more complicated reason for a non-medical denial is because the client has assets that are over the maximum allowed amount, which is $2000 for an individual and $3000 for a couple. There are times when this can be successfully appealed. However, if a client has funds over that amount in a bank account or if they own assets in the United States over that amount an appeal will not be accepted unless their circumstances change, and they no longer have this much in assets.

During the initial SSI interview, SSA will ask if a claimant owns land or property anywhere in the world. Because clients sometimes do have land, even if they have fled their home country and may not know the status of that property or asset, they may answer yes to this question. SSA will then require the client to provide documentation showing the value of the home. In many cases, refugees will not have this information and may not even have access to the asset any longer. In that case, SSA will assume that the land/home has value based on an internal calculation which is often higher than the allowed resource limit and will deny the claim.

If your client receives a denial due to overseas assets that they a) either cannot access any longer or b) do not know the status of, you can advocate by writing a letter with details about the asset. In many cases, this is where your knowledge as a refugee caseworker will be very useful, as the SSA representative is unlikely to be familiar with the resettlement system, the reasons why your client has resettled in the United States, and the fact that in all likelihood, they are unable to return home and have little to no knowledge about the status of a home or property they left behind. This can take some advocacy on your part to clarify with SSA that realistically speaking, there is no access to the asset. Here are some tips for advocating for your client in these situations and the type of information to gather to write a letter to SSA:

- First, gather details from your client about exactly what the asset is (generally land or a home) and what they know about its current status. Sometimes clients will have family or friends overseas who may be able to update them on the condition in that general area or even the condition of the asset itself. Gathering information like the last time they saw or used the asset is also useful at this point.
- If your client does not know much about the status of their asset, looking up reports of the area of the country where the asset is located can give you a sense of the general security situation there. You can also do basic searches online for abandoned property rules in that country.
- Utilize former refugee caseworkers at your organization if they are from the same country. They can be helpful in providing general context about property abandonment and the security situation in their home country. Asking a colleague some general questions can often fill in the blanks if your client does not know.

When you appeal a claim for this reason, you will submit the request for reconsideration form with the letter that you write explaining the current situation of the overseas asset. Because this is not a denial for a medical reason, you do not need to fill out a new disability report or medical authorization form.

Example Overseas Asset Appeal Letters

Here are a few examples of letters closely based on ones that have been submitted to SSA in the past and successfully accepted. All identifying information has been changed.

May 21, 2024

Re: John Smith, SSN:000-00-0000

To whom it may concern,

John Smith was recently denied SSI benefits given that he previously owned land in Guatemala prior to coming to the United States. John is a non-citizen legally eligible for SSI benefits as he was granted asylum under Section 208 of the INA. John is unable to return to Guatemala as he believes his safety would be at risk should he do so.

John believes the title of this property was transferred to another person when he left Guatemala in 2018. Since this time, he has had no access to the land that he previously owned. Family members still located in that region have informed John that the land was transferred back to the government after no payments were made for several years. Despite attempts by his family to provide proof of title change, they cannot access this documentation. Neither John nor anyone in his family have access to this land any longer. As John does not have ownership documents and cannot physically return to Guatemala, he has effectively relinquished ownership of this home.

John faced violence and threats against his life while living in Guatemala. He fears ever returning to the country as he believes he will be targeted for death. Prior to coming to the US, some family members were targeted and killed by violent gangs, and John fears that he would also be targeted by association were he to return. Due to this, he is unable to go back to his home state or the area where this property is located without facing extreme violence or death.

John has a progressive case of terminal cancer that is expected to end in death. This disease has already led to difficulty walking and speaking. Given his disease progression and lack of income, it is very unlikely John will ever have the chance to return to Guatemala, even if he did not fear for his safety.

Given John's inability to leave the United States due to his immigration status, the fact that his land has likely been relinquished to the Guatemalan government and he no longer owns or has legal access to it, and the fact that he is unable to ever step foot in Guatemala again given legitimate fears for his life, we request that you reconsider this application for SSI benefits on these grounds.

Applicant Signature

Authorized Representative Signature

This letter starts by stating why the client was denied SSI benefits, in this case because the claimant previously owned land in Guatemala prior to coming to the United States. It also lists that he is a non-citizen legally eligible for SSI status. It notes that the client would be at safety risk if he were to return to his home country. This helps summarize why he was denied, why the letter is being written, and clarifies that he is eligible based on immigration status for SSI benefits.

The next paragraph focuses on the actual asset and what is known about it. It describes what the client believes has happened to the property since he left the country, attempts to get current information on the status of the asset and ownership documents, as well as the general context of property abandonment in that country.

This next section is where your role as someone who serves refugees can be useful, as you are likely familiar with the reasons why your clients may have come to the United States and the reasons why they may not ever be able to return home. Here, the letter mentions the violence and threats the client faced in his home country and his fears of ever returning home. Describing the very real safety concerns that prevent your client from returning to the asset they owned can be

powerful to list here. This can be a difficult conversation to have with your client as you are essentially asking them to relive why they had to flee their home country, but being as straightforward as possible in this letter to make it clear to SSA that there is no access to this asset is what will ultimately get the appeal approved.

The next paragraph lists extenuating circumstances that may be relevant to add. In this case, the client had a progressive case of an illness expected to end in death that had already been deteriorating significantly. Due to this, the argument is made that he physically would not be able to return to his home country even if he could, due to lack of income and a significant, deteriorating, medical condition. If there are similar circumstances you can lay out on behalf of your client in a similar letter, it can further prove the lack of access to a once-owned resource.

To SSI Representative,

I am the current SSI claimant who spoke to you about a former home in Afghanistan. I inherited a home there when my father passed away. The home was never valued before I fled the country. I do not have any documents stating ownership or property value of the home. The home was destroyed after civil war with the Taliban. I can't remember what year my home was destroyed because of my memory loss, but it was a few years before I arrived in the US in 2020. The entire area of the home is completely destroyed, and all structures are demolished. The land has likely been seized by the Taliban or another group.

As I was targeted for persecution in my country, I am unable to return to Afghanistan and no longer have any claim over the home or land.

Please let me know if you need additional information about this situation.

Applicant Signature

The second example letter is written slightly differently. In this case, the client was asked to provide further details to SSA after he had a conversation with a SSA representative about the home that he no longer has access to. This letter required much less information because the client had a conversation with the SSI representative and was responding to their request for a letter detailing their discussion. Note that in this letter, reference to the client's medical condition is made in the statement about his memory loss.

May 24, 2024

Re: John Smith, SSN 000-00-0000

To whom it may concern,

The above claimant has owned a home in Baghdad, Iraq, since the 1980s. The last time John Smith lived in the residence was in 2004, when John was kidnapped from his home. He has not lived there since that time and is unable to do so given the risk to his life if he returns. He does not have access to the house or any ownership documents as those were left behind when he fled Baghdad.

John Smith came to the United States under a Special Immigrant Visa (SIV), which makes him eligible for SSI benefits. As an SIV holder, John worked closely with the United States military in Iraq. His work with the US government makes him unable to return to the country without facing extreme risk of death.

Given the situation in Iraq, abandoned homes like John's are commonly annexed by citizens remaining in the country. As John does not have ownership documents and cannot return to Iraq, he has effectively relinquished ownership of the home.

Thank you,

Applicant Signature

Authorized Representative Signature

In a final example, this case was for an SSI claim based on age but was denied due to the client being over-resourced from SSA's perspective. Again, this letter references what is known about the asset (his home), the reason he has no ownership documents, that he is unable to return to his country of origin, and what happens to abandoned property in his home country.

Tips for Non-Medical Denials

To summarize, here are some tips about appealing non-medical denials:

- If a newly arrived client is denied based on assets or anything non-medical, there is a good chance you can appeal this denial. Exceptions to this include if your client has assets in the United States (like a bank account, owned property, or a second car) that exceed the resource limit, OR if they have an asset overseas that they still have access to and/or are making money from (for example, if they are renting out a home overseas).
- 'Ownership' may mean something different to your client than to SSA. When you are working with clients who have lost everything, it may be important to that person to state they own land or a home even though realistically they have no access to it, it may be destroyed, or it may have been taken over the government or a militant group. While your client may still view the asset as being owned by them, they are not gaining anything financially from that asset and have no way to sell it or make profit, which is what SSA is concerned about.
- Your client may also be concerned about saying they do not own land or a home, even if it is destroyed or otherwise permanently inaccessible to them, because they do not want to be deceitful in an interview with a government official.

- Your role in these cases is to help advocate for your client, keeping in mind that the SSA representative you are working with may not have come across a case like this and may initially inform you that there is nothing that can change the denial. In these cases, asking for a manager, explaining the extenuating circumstances, or stating that you have written a letter in other cases that has been successful in appealing the denial can be useful. You may have to advocate for SSA to understand these circumstances.

When writing a letter explaining the circumstances of overseas assets that your client has no access to:

- Make it clear there is no option to get documents regarding property value/ownership and list any efforts client has made to get them, as in the first example letter shown above.
- If a client was persecuted by a government or the government does not have documents being asked for, list this as a factor. An example of this is a Rohingya client who at one point had a government retirement fund from a job in Myanmar. However, this was the same government that later persecuted his ethnic group and caused him to become stateless and flee the country. In that case, there is no avenue for the client to ever access that benefit.
- Stress how your client's immigration status (refugee, granted asylum, SIV, etc) impacts their ability to return home, and provide examples of persecution if needed. This may be basic information about refugees or other immigrant groups you are serving and why they come to the United States. It is very possible that an SSA representative may have never had any exposure to a claimant with this immigrant status.
- Usually, SSA will accept a letter from you or the client as proof there is no way to get documentation of the asset or for your client to access an asset once they understand the situation better.

Finally, it is worth noting that having these conversations with clients can be difficult given that you are often asking them to relive specific details about the loss of their home, describe the situation in their home country, and relive traumatic situations.

Second Denial

Once you have appealed the first denial for your client, and your appeal is accepted, the claim will go through the same process originally described. A second determination will be made, at which time a claim can be denied again. If your client receives a second denial and they want to continue appealing the claim, the next step is to schedule a hearing before a judge. The client can either decide to represent themselves at a hearing, or to get assistance from a local law firm. Generally, if a law firm is used, they will charge a fee which is a percentage of the backpay that the client is owed. This fee will be paid directly by SSA only if the claim is approved. Most clients will choose to have legal assistance in this situation. At this point, as a caseworker, it may be best to have the law firm take over the case unless you have legal experience. If you do not have a connection to a legal clinic or law firm that does disability cases, it is a good idea to connect with one in your local community- particularly one that can assist clients in need of interpretation. There may be some support needed as the case handover occurs, including making sure your client gets connected

directly with the law firm. It is important to remember that your client only has 60 days to file an appeal and to clarify with the law firm who will be submitting that document before the deadline.

Appealing a Late Appeal: Good Cause Letter

One final situation that you might come across when assisting clients with SSI applications is that you have missed the appeal window. You generally have 60 days to appeal an SSI denial, but there may be times that this window has passed, and you were not aware of it. If this happens, you can write what is called a "Good Cause" letter. This is a letter that you write with your client to explain the circumstances that caused you to miss the appeal window. SSA has specific reasons that they will accept as a 'good cause' for missing a deadline, which you can view here: Good Cause for Extending the Time Limit to File an Appeal.

Example reasons accepted by SSA for a late appeal that may relate to your client:

- Client did not receive a denial letter in the mail. SSA specifies this on their Good Cause page as "The claimant did not receive a notice of the determination or decision (e.g., SSA used an incorrect address, or the claimant moved)."
- Client received the notice but does not speak or read English and did not know what the letter meant. SSA specifies this on their Good Cause page as "The claimant did not understand the requirement to file timely or was not able to file timely due to a physical, mental, educational, or linguistic limitation (includes any lack of facility with the English language)."

Usually, late appeals occur in cases when you may not be receiving letters as the client's authorized representative, or because the denial was sent quickly after the SSI interview before your authorized representative form was processed. This is another reason it is important to follow up with SSA and ensure your authorized representative form was received. It is important to try to continue the original claim by writing a Good Cause letter in these circumstances because continuing the initial claim will eventually result in your client receiving more backpay if they are approved. If you are submitting a Good Cause letter, you will also submit a Request for Reconsideration with this document just like you would when filing any other appeal.

8. Helpful Links

Eligibility

SSI Eligibility Calculator- SSA website with calculator to determine income eligibility

SSI Blue Book of Medical Conditions- SSA website with list of medical conditions and definitions of disability

Spotlight on SSI Benefits for Noncitizens- SSA website clarifying noncitizen eligibility for benefits

Supplemental Security Income for Noncitizens- SSA website describing seven-year limit to receiving SSI for noncitizens

Applying for SSI Benefits

SSA-3368: Disability Report- PDF version of disability report for initial application

SSI Online Application- SSA website to start online application

SSA-827 Medical Authorization Form- Link to form that allows SSA to request claimant medical records

SSA-8000 SSI Application Questions- PDF version of SSI application questions that will be asked during interview

Authorized Representative Information

SSA-1699 Representative Registration- Link to representative registration form that all representatives need to complete once and submit to SSA

SSA-1696 Authorized Representative Form- Link to authorized representative form to complete and return to SSA for each claim you would like to be an authorized representative for

Authorized Representative Qualifications- SSA page that details qualifications to become an authorized representative

Authorized Representative Published Rules of Conduct- SSA page that details rules of conduct for authorized representatives

DDS Forms

Adult Function Report -PDF version of report that will be sent to client from DDS

SSI Denials and Appeals

SSA-561 Request for Reconsideration -Form necessary to complete and submit to appeal an SSI denial

SSA-3441 Disability Report Appeal-Form necessary to complete and submit to appeal a medical denial, similar to the original disability report submitted when client initially applied

SSA-827 Medical Authorization Form-Form necessary to complete and submit to appeal a medical denial, same as original medical authorization form client submitted when initially applied

Good Cause for Extending the Time Limit to File an Appeal -SSA website explaining circumstances under which a 'good cause' letter will be accepted if appeal is late

9. Local SSA Office Phone and Fax Numbers

Seattle Metro (2nd Ave)

P:(866) 494-3135

F: (833) 346-7160

North Seattle (Aurora)

P: (866) 931-2875

F: (833) 950-3234

Kent

P:(866) 931-7671

F: (833) 912-2342

Burien

P: (866) 964-7380

F: (833) 950-3236

Bellevue

P: (866) 574-2323

F: (833) 912-2340

Lynnwood

P: (877) 575-5197

F: (833) 950-3557

Everett

P: (866) 563-4595

F: (833) 950-2616