



SOAR Checklist for Initial Claims

(Complete checklist and place on top of application packet before submitting to SSA.)

Date: _____

Claimant's Name: _____ SSN: _____

Caseworker's Name: _____ Phone #: _____

Paper Forms

- SSA-8000: Application for Supplemental Security Income (SSI)
- SSA-827: Authorization to Disclose Information to SSA
- SSA-1696: Appointment of Representative

If applicable:

- SSA-3373 Function Report (Only needed if a medical summary report according to the SOAR training is **NOT** submitted).
- SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection

On-line Forms

- Application for Social Security Disability Insurance (SSA-16); Adult Disability Report (SSA-3368); and Online Medical Release Form (e827)
Submitted on: _____

Supporting Documentation

(Will be submitted to DDS upon receipt of bar-coded cover sheet or using Electronic Records Express)

- Medical Summary Report**

- Medical Records**