

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
* SSA-8510: Authorization for the Social Security Administration to Obtain Personal Information

*If applicable:*

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

**On-line Forms**

* SSA-i3368: Internet Disability Report – Submitted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SSA-16: Application for Social Security Disability Insurance (SSDI) – Submitted on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Medical Summary Report**
* **Medical Records**