**Quality Review Checklist for Child SSI Applications   
Using the SOAR Model**

**Child: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOAR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **I. Establishing a Protective Filing Date** | |
| 1. How was SSA contacted to establish a protective filing date? Date:  Online (by initiating Online Disability Report-Child) Called SSA Walked in to SSA |  |
| 2. Does the SOAR representative have proof of protective filing in child’s records? | Yes No |
| **II. Non-Medical Information** |  |
| ***SSI Application (SSA-8000)*** |  |
| 1. Was the SSA-8000 completed: Date:   By SOAR representative? By SSA representative: in-person or by phone? |  |
| 1. Was documentation for the SSI application provided (resources, income, etc.), if applicable? | Yes No |
| ***Appointment of Representative (SSA-1696)*** |  |
| 1. Was the SSA-1696 signed and submitted? Yes No Date: |  |
| **III. Medical Information** | |
| ***Child Disability Report (SSA-3820)*** |  |
| 1. Was the SSA-3820 completed and submitted?  Online In-person By phone Date: |  |
| 1. On the SSA-3820, was the following information provided: |  |
| 1. Additional contact person besides appointed representative? | Yes No |
| 1. ALL physical and mental health conditions? | Yes No |
| 1. Comprehensive listing of treatment providers (addresses, phone numbers, and dates, when possible) for ALL past and current physical and mental health treatment, including:    1. Reasons for treatment and treatment provided?    2. Medications currently taking or prescribed, what they treat, and ALL side effects?    3. All recent medical tests with approximate dates and location? | Yes No  Yes No  Yes No |
| 1. Contact with Child Welfare, Early Intervention, or other social service agencies including Vocational Rehabilitation or other employment services? | Yes No |
| 1. Information about current and past education; name of schools attended and special education services received? | Yes No |
| 1. Dates and information about any current or past work, including difficulties the child had? | Yes No |
| 1. Are ALL questions answered completely, with any clarifications included in remarks? | Yes No |
| **IV. Medical Records** |  |
| ***Authorization to Disclose Information (SSA-827)*** |  |
| 1. Was a signed and dated SSA-827 submitted to SSA? | Yes No |
| 1. Were medical records provided to SSA or DDS? | Yes No |
| **V. Other SSI Application Forms** | |
| 1. Did you or the child’s parent/caretaker complete and submit an age-appropriate SSA Child Function Report (SSA forms 3375-3379) | Yes No |
| 1. If the child is in school, did his or her teacher complete and submit an SSA-5665 Teacher Questionnaire? | Yes No |
| **VI. Medical Summary Report (MSR)** |  |
| ***Introduction****:* |  |
| 1. The child’s physical description, including their behavior, mannerisms, and dress? | Yes No |
| 1. All of the child’s mental and physical health diagnoses? | Yes No |
| 1. Information/observations that illustrate the child’s symptoms and functioning? | Yes No |
| ***Personal History and Family Background****:* |  |
| 1. Overview of current and past living situations including history of homelessness? | Yes No |
| 1. Family background and relationships as they relate to the child’s symptoms and functioning? | Yes No |
| 1. Trauma/Victimization such as abuse/neglect or other Adverse Childhood Experiences (ACEs)? | Yes No |
| 1. Connections the child has had with other systems (child welfare, juvenile justice, etc.)? | Yes No |
| ***Educational and Vocational History***: |  |
| 1. Past and current school placement and functioning, including Special Education services received and any disciplinary issues or struggles with homework? | Yes No |
| 1. If applicable, a description of any past or current employment | Yes No |
| ***Substance Use:*** |  |
| If applicable, history of use and treatment, including reasons for use, impact of use, treatment history, and any periods of sobriety with a focus on the child’s symptoms while sober? | Yes No  N/A |
| ***Physical Health History****:* |  |
| Brief history of symptoms and treatment, with a focus on the previous 2-3 years? If no treatment now, why? How do the conditions impact the child’s ability to sit/stand/walk/carry objects? | Yes No |
| ***Mental Health History****:* |  |
| Brief history of symptoms and treatment at all providers, with a focus on mental health in the previous 2-3 years? Is there a current mental status exam? If no current treatment, why? Is context for treatment included, rather than a list of dates? | Yes No |
| ***Functional Information:*** |  |
| 1. Functional Domain I: Acquiring and Using Information and/or SSA listing paragraph B category: Understand, Remember, or Apply Information. | Yes No |
| 1. Functional Domain II: Attending to and Completing Tasks and/or SSA listing paragraph B category: Concentrate, Persist, or Maintain Pace | Yes No |
| 1. Functional Domain III: Interacting and Relating with Others and/or SSA listing paragraph B category: Interact with Others | Yes No |
| 1. Functional Domain IV: Moving About and Manipulating Objects | Yes No |
| 1. Functional Domain V: Caring for Yourself and/or SSA listing paragraph B category: Adapt or Manage Oneself | Yes No |
| 1. Functional Domain VI: Health and Physical Well-Being | Yes No |
| ***Summary:*** |  |
| 1. Does the report contain a brief summary of the evidence presented in the MSR? | Yes No |
| 2. Is report co-signed by a physician/psychiatrist or psychologist? | Yes No |
| 3. Are names and phone numbers included for the SOAR representative and the co-signing doctor? | Yes No |

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| **Date complete application packet with medical records and MSR delivered to SSA/DDS:** | |  | |
| **Date SSI decision received:** | **Outcome of application:**  Approval Denial | | |
| **Date information added to local SOAR data tracking system (OAT, HMIS, other):** | | |  |