Application Tracking Worksheet for Child SSI Applications

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| **SOAR Online Application Tracking (OAT) ID#:** |  |
|  |  |
| **Contact Information** |
| **Child’s Name:**  | **DOB:**  | **SSN:** |
| **Phone:**  | **Address:** |
| **Identifying Information** | **Birthplace (city, state):**  |
| **Parent(s)/Legal Guardian(s) Name(s):**  |
| **Third Party Contact***(if applicable)* | **Name:**  |
| **Phone:** |
| **Address:** |
| **Area of town where child/child’s family stays:**  |
| **Food kitchens/shelters/etc.:**  |
| **Other staff/programs involved:**  |
| **Program/Staff Contact:** |
| **SSA Information** |
| **Protective filing date: / /** |
| **Online Disability Report submission date: / /** |
| **SSI Application submission date: / /** |  In Person By Phone |
| **Date of onset provided on the application: / /**  |
| **SSA Claims Representative Name:**   | **Phone:** |
| **Office address:** |
| **SOAR Critical Components** |
| **SSA-1696 Appointment of Representative form submitted?** |  Yes |  No |
| **Medical evidence submitted with application?** |  Yes |  No |
| **Medical Summary Report (MSR) submitted with application?**  |  Yes |  No |
| **MSR co-signed by an Acceptable Medical Source (AMS)?** |  Yes |  No |
| **Quality review of application before submission?** |  Yes |  No |
|  **If yes, who conducted the quality review?**  |
| **DDS Information** |
| **DDS Disability Examiner Name:**  | **Phone:** |
| **Dates of follow-up contact with DDS examiner:** |
| **Consultative examination appointment?** |  Yes |  No | If yes, date: |
| **Outcome and Follow-up** |
| **SSI Date of decision: / /** |  Denied |  Approved | Amt. awarded: $ |
| **Reconsideration/Appeal filed** (N/A if person is approved): |