

Quality Review Checklist for SSI/SSDI Applications using the SOAR model

Applicant: _____ **SOAR Representative:** _____

I. Establishing a Protective Filing Date	
1. Was SSA contacted to establish a protective filing date by a method below?	Date:
<input type="checkbox"/> Called SSA <input type="checkbox"/> Online (by beginning SSDI application) <input type="checkbox"/> Faxed SOAR Consent Form	
2. Does the SOAR representative have proof of protective filing in applicant's records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. SSI/SSDI Applications: Non-Medical Information	
A. SSI Application (SSA-8000)	
1. Was the SSA-8000 completed: <input type="checkbox"/> By SOAR representative?	Date:
<input type="checkbox"/> By SSA representative (in-person or by phone)?	
2. Was the following documentation for the SSI application provided, if needed?	
(a) Marital status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(b) Immigration status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) Living arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) Assets/resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(e) Income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B. SSDI Application (SSA-16)	
1. Was the SSA-16 completed and submitted:	Date:
<input type="checkbox"/> Online <input type="checkbox"/> In-person <input type="checkbox"/> By phone	
2. Did the Date of Onset match the date reported on the SSA-3368?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Appointment of Representative (SSA-1696)	
1. Was the SSA-1696 signed and submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
III. SSI/SSDI Applications: Medical Information	
D. Adult Disability Report (SSA-3368)	
1. Was the SSA-3368 completed and submitted:	Date:
<input type="checkbox"/> Online <input type="checkbox"/> In-person <input type="checkbox"/> By phone	
2. On the SSA-3368, was the following information provided:	
(a) Additional contact person besides appointed representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) ALL physical and mental health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Last grade completed, and details about special education or specialized training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Employment details about the 5 most recent jobs in the past 15 years with best estimates of tasks, duration, pay, and dates worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Comprehensive listing of treatment providers (addresses, phone numbers, and dates, where possible) for ALL past and current physical and mental health treatment, including:	
(a) Reasons for treatment and treatment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Medications currently taking or prescribed, what they are for, and ALL side effects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) All recent medical tests with approximate dates and location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are ALL questions answered completely, with any clarifications included in remarks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was information about the applicant's last date worked consistent across all forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. Medical Records	
E. Authorization to Disclose Information (SSA-827)	
1. Was a signed and dated SSA-827 submitted to SSA, either in-person or online?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were medical records provided to SSA or DDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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V. Medical Summary Report (MSR)	
Introduction:	
1. The applicant's physical description, including their behavior, mannerisms, and dress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. All of the applicant's mental and physical health diagnoses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Information/observations that illustrate the applicant's symptoms and functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal History:	
1. Brief overview of personal history as it relates to the applicant's conditions and functioning? If trauma history is included, does it currently impact the applicant's conditions and functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Educational history, including information on learning difficulties, grades repeated, special education, relationships with other students and teachers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Legal history as it relates to symptoms of their illness, with information about treatment in jail/prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Problems in current or past personal/intimate relationships, including problems with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational History:	
Employment history for past 15 years, including all jobs, reasons for leaving, job skills, problems with task completion and relationships with supervisors and co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use:	
History and treatment, including reasons for use, impact of use, treatment history, and any periods of sobriety with a focus on the applicant's symptoms while sober?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Health History:	
Brief history of symptoms and treatment, with a focus on physical health in the previous 2-3 years? If no treatment now, why? Information on how the conditions impact the applicant's ability to sit/stand/walk/carry objects?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Information:	
1. Description of all four areas of functioning: 1) understand, remember, or apply information; 2) interact with others; 3) concentrate, persist, or maintain pace; and 4) adapt or manage oneself	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are functional impairments directly linked with symptoms of the applicant's mental or physical health conditions using detailed examples and quotes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are difficulties with activities of daily living and episodes of decompensation integrated into the descriptions of the four functional areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary:	
1. Does the report contain a brief summary of the evidence presented in the MSR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is report co-signed by a physician/psychiatrist or psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are names and phone numbers included for the SOAR representative and the co-signing doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date complete application packet with medical records and MSR delivered to SSA/DDS:	
Date SSI/SSDI decision received:	Outcome of application: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Was information added to local SOAR data tracking system (OAT, HMIS, other)? <input type="checkbox"/> Yes <input type="checkbox"/> No	