



SOAR Checklist for Initial Child SSI Claims

Date: _____

Claimant's Name: _____ SSN: _____

Parent/Guardian's Name: _____ SSN: _____

Parent/Guardian's Phone: _____

Case Worker's Name: _____ Phone: _____

Online Disability Report

Disability Report-Child (SSA-3820): Date Submitted: _____

Paper Application Packet

All forms signed by parent/guardian when appropriate.

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

If applicable:

SSA-3375-3379: Child Function Report (select appropriate age group)

- 3375: Birth to 1st Birthday
- 3376: Age 1 to 3rd Birthday
- 3377: Ages 3 to 6th Birthday
- 3378: Ages 6 to 12th Birthday
- 3379: Ages 12 to 18th Birthday
- SSA-5665: Teacher Questionnaire
- SSA-8010: Statement of Income and Resources

Supporting Documentation

(To be submitted to DDS upon receipt of bar-coded cover sheet or via Electronic Records Express (ERE))

- Medical Summary Report**
- Medical Records**
- Educational Records**