Quality Review Checklist for SSI/SSDI Applications and Disability Determinations

I. Establishing Protective Filing Date	
A. Was SSA contacted to establish protective filing date? What method was used? ☐ Phone to(local SSA) ☐ On-line ☐ 1-800-772-1213 (SSA toll-free) ☐ Faxed Consent	☐ Yes ☐ No
B. Was filing date noted in individual's chart?	☐ Yes ☐ No
C. Does the worker have proof of establishment of protective filing?	☐ Yes ☐ No
D. Protective Filing Date:	☐☐/☐☐/☐☐☐☐ MM DD YYYY
II. SSI/SSDI Applications: Non-Medical Aspect	
A. SSI Application (SSA-8000)	
1. Was SSA-8000 initiated: By phone? In person? On outreach basis?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
2. Date SSI Application completed:	☐☐/☐☐/☐☐☐☐ MM DD YYYY
3. Critical parts of SSI Application	
(a) Was documentation of marital status needed? If yes, was it gathered and submitted?	☐ Yes ☐ No ☐ Yes ☐ No
(b) Did immigration status need to be addressed? If yes, was documentation submitted?	☐ Yes ☐ No ☐ Yes ☐ No
(c) Did legal complications (felony warrant and/or violation of probation) exist? 1. If legal complications existed, were these taken care of?	☐ Yes ☐ No ☐ Yes ☐ No
(c) Was living arrangement documentation provided?	☐ Yes ☐ No
(d) Was documentation of assets/resources provided?	☐ Yes ☐ No
(e) Was documentation of income provided?	☐ Yes ☐ No
B. SSDI Application (SSA-16)	
1. Was application for SSDI (SSA-16) completed? (a) Submitted on-line? (b) Submitted in-person? (c) Submitted by phone?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
2. Date completed:	☐☐/☐☐/☐☐☐☐ MM DD YYYY
C. Was Appointment of Representative (SSA-1696) signed and submitted?	☐ Yes ☐ No
III. SSI/SSDI Applications: Disability Report SSA-3368	
A. Was SSA 3368 Disability Report completed? 1. Submitted on-line? 2. Submitted in-person? 3. Submitted by phone?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
B. When SSI/SSDI applications were completed, was information about date of onset of disability and date last worked consistent?	☐ Yes ☐ No
C. On the Disability Report (SSA-3368), was the following information provided:	
1. Additional contact person besides appointed representative on page 1?	☐ Yes ☐ No
2. All physical and mental health problems listed in the individual's words?	☐ Yes ☐ No
3. Clear explanation of how health problems keep individual from being able to work?	☐ Yes ☐ No
4. Complete listing of employment history from past 15 years with best estimates of tasks, duration, pay, and dates worked?	☐ Yes ☐ No

5. Comprehensive listing of medical clinics, hospitals, health care providers (addresses, phone numbers, and dates of treatment, where possible) for ALL past and current physical and mental health treatment, including: (a) Reasons for treatment/treatment provided? (b) Medications currently taking, what they're for, and ALL side effects? (c) All recent medical tests with approximate dates and location?	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
6. Are ALL questions answered with complete information and any clarifications included in remarks?	☐ Yes ☐ No
7. Are all questions answered in individual's words?	☐ Yes ☐ No
8. Is additional clarifying information included as needed?	☐ Yes ☐ No
D. Were enough releases of information (SSA-827) completed for all treatment sources, signed and dated in accordance with local SSA office requirements?	☐ Yes ☐ No
IV. Medical Summary Report	
A. Introduction	
1. Does the first section of the Medical Summary Report accurately provide the physical description of the individual, the person's interacting pattern, pattern of speech, ability to answer questions, etc.?	☐ Yes ☐ No
2. Does the description give the reader an understanding of what it is like to be with this person?	☐ Yes ☐ No
B. Personal History- Does this section cover:	
1. Any trauma issues, including physical and/or sexual abuse (Brain damage is covered under physical health)?	☐ Yes ☐ No
2. Educational history, including information on learning difficulties, grades repeated, special education, relationships with other students/teachers?	☐ Yes ☐ No
3. Employment history for past15 years, including all jobs, reasons for leaving, job skills, problems on-the-job in terms of task completion and relationships with supervisors/co-workers?	☐ Yes ☐ No
4. Legal history, i.e., arrests, convictions, incarcerations (including treatment in jail/prison), probation, parole?	☐ Yes ☐ No
5. Problems in personal/intimate relationships, including problems with children and current relationships?	☐ Yes ☐ No
C. Treatment History	
1. Does treatment history include substance use history and treatment, including detox?	☐ Yes ☐ No
2. Does substance use history address reason for use, impact of use (what person feels is positive/negative), treatment history, current drug of choice and why?	☐ Yes ☐ No
3. Physical health history: Hospitalizations? Surgeries? Falls/accidents/fights involving head injuries? Current health problems? Medications? Primary care provider? If no treatment now, why?	☐ Yes ☐ No
4. Mental health history: First symptoms? Age and impact of first symptoms? Hospitalizations? Day treatment/partial hospitals? Outpatient treatment? Psychiatric rehab. services? Emergency room visits? Medications? If no current treatment, why?	☐ Yes ☐ No
D. Functional Information	
1. Description of all functional levels of impairment separated by: activities of daily living, social functioning (incl. ability to be with and relate to other people), impairment of persistence and pace in completion of tasks, decompensation lasting at least two weeks 3 or more times in last year?	☐ Yes ☐ No
E. Summary Ending	
1. Does the report contain a summary of diagnosis, impairment, evidence of significant functional impairment?	☐ Yes ☐ No
2. Is report co-signed by a physician/psychiatrist or psychologist?	☐ Yes ☐ No
3. Are contact names and phone numbers included for the primary writer of report and the co-signing physician/psychiatrist/psychologist?	☐ Yes ☐ No