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: 
   - Called SSA  
   - Online (by beginning SSDI application)  
   - Faxed SOAR Consent Form  

2. Does the SOAR representative have proof of protective filing in applicant’s records?  
   - Yes  
   - No  

II. SSI/SSDI Applications: Non-Medical Information

A. SSI Application (SSA-8000)

1. Was the SSA-8000 completed:  
   - By SOAR representative? Date:  
   - By SSA representative (in-person or by phone)?  

2. Was the following documentation for the SSI application provided, if needed?  
   - Marital status  
   - Immigration status  
   - Living arrangements  
   - Assets/resources  
   - Income

B. SSDI Application (SSA-16)

1. Was the SSA-16 completed and submitted:  
   - Online  
   - In-person  
   - By phone Date:  

2. Did the Date of Onset match the date reported on the SSA-3368?  
   - Yes  
   - No

C. Appointment of Representative (SSA-1696)

1. Was the SSA-1696 signed and submitted? Date:  
   - Yes  
   - No

III. SSI/SSDI Applications: Medical Information

D. Adult Disability Report (SSA-3368)

1. Was the SSA-3368 completed and submitted:  
   - Online  
   - In-person  
   - By phone Date:  

2. On the SSA-3368, was the following information provided:  
   - Additional contact person besides appointed representative?  
   - ALL physical and mental health conditions?  
   - Last grade completed, and details about special education or specialized training?  
   - Employment details about the 5 most recent jobs in the past 15 years with best estimates of tasks, duration, pay, and dates worked?  
   - Comprehensive listing of treatment providers (addresses, phone numbers, and dates, where possible) for ALL past and current physical and mental health treatment, including:  
     - Reasons for treatment and treatment provided?  
     - Medications currently taking or prescribed, what they are for, and ALL side effects?  
     - All recent medical tests with approximate dates and location?  
   - Are ALL questions answered completely, with any clarifications included in remarks?  
   - Was information about the applicant’s last date worked consistent across all forms?

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?  
   - Yes  
   - No  

2. Were medical records provided to SSA or DDS?  
   - Yes  
   - No  

SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center  
January 17, 2017
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<table>
<thead>
<tr>
<th>V. Medical Summary Report (MSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong></td>
</tr>
<tr>
<td>1. The applicant’s physical description, including their behavior, mannerisms, and dress? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>2. All of the applicant’s mental and physical health diagnoses? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>3. Information/observations that illustrate the applicant’s symptoms and functioning? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Personal History:</strong></td>
</tr>
<tr>
<td>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? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>2. Educational history, including information on learning difficulties, grades repeated, special education, relationships with other students and teachers? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>3. Legal history as it relates to symptoms of their illness, with information about treatment in jail/prison? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>4. Problems in current or past personal/intimate relationships, including problems with children? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Occupational History:</strong></td>
</tr>
<tr>
<td>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? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Substance Use:</strong></td>
</tr>
<tr>
<td>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? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Physical Health History:</strong></td>
</tr>
<tr>
<td>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? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Mental Health History:</strong></td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td><strong>Functional Information:</strong></td>
</tr>
<tr>
<td>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 [ ] Yes [ ] No</td>
</tr>
<tr>
<td>2. Are functional impairments directly linked with symptoms of the applicant’s mental or physical health conditions using detailed examples and quotes? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>3. Are difficulties with activities of daily living and episodes of decompensation integrated into the descriptions of the four functional areas? [ ] Yes [ ] No</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
</tr>
<tr>
<td>1. Does the report contain a brief summary of the evidence presented in the MSR? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>2. Is report co-signed by a physician/psychiatrist or psychologist? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>3. Are names and phone numbers included for the SOAR representative and the co-signing doctor? [ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

Date complete application packet with medical records and MSR delivered to SSA/DDS:

Date SSI/SSDI decision received: ______________________
Outcome of application: [ ] Approval [ ] Denial
Was information added to local SOAR data tracking system (OAT, HMIS, other)? [ ] Yes [ ] No