DSHS
WASHINGTON STATE
Department of Social and Health Services

Aged, Blind, or Disabled SSI Facilitation Referral

Section A: Client Information		
Client Name	Client Identification Number	Equal Access? ☐ Yes ☐

Section B: Additional Information

	Yes	No
1. Is a current Supplemental Security Income (SSI) application pending?	☐	☐
Date of SSI application:		
2. Is a current signed IARA on file?	☐	☐
3. Was the case approved through SEP?	☐	☐
If no, which non-SEP criteria was used for approval:		
4. List diagnoses for disabling condition(s):		
5. Does condition(s) fall under Presumptive Disability, Compassionate Allowance, or Terminal Illness?	☐	☐
If yes, date the client was advised to apply with SSA:		

Comments: