

Department of Social and Health Services  
Community Services Division  
**Social Services Manual**

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Category: **SSI Facilitation-Forms**  
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**Summary**

Updated forms and links.

**SSI Facilitation- Forms**

Revised on [June 10, 2024](#)

**Purpose**

This section includes a list of common forms you may use or encounter in SSI Facilitation.

**NOTE:** Use the Internet version of forms whenever available.

<b>Name</b>	<b>Number</b>	<b>Purpose</b>
<a href="#">Interim Assistance Reimbursement Authorization</a>	<a href="#">DSHS 18-235</a>	<a href="#">Repayment agreement when state benefits are duplicated by federal benefits.</a>
<a href="#">Consent for Release of Information</a>	<a href="#">SSA-3288</a>	<a href="#">DDS Notice. Receive copies of Consultative Exams, disability determination letters, etc.</a>

Name	Number	Purpose
<u>Authorization to Disclose Information to the Social Security Administration</u>	<u>SSA-827</u>	<u>SSA uses this form to obtain medical records. (If disabled child is age 12 or over, child must sign the 827).</u>
<u>Application for Supplemental Security Income</u>	<u>SSA-8001-F5</u>	<u>Apply for SSI (Title 16 application). SSI Facilitators use a simplified paper form (SSA-8001) in agreement with SSA.</u>
Application for Disability Insurance Benefits	<del>Internet iClaim or SSA-16-BK</del> <u>Internet iClaim/i3368</u>	Apply for Social Security Disability (Title 2 application). <u>(The i3368 is connected to the Internet iClaim).</u>
<del>Application for Supplemental Security Income</del>	<del>SSA-8001-F5</del>	<del>Apply for SSI (Title 16 application). SSI Facilitators use a simplified paper form (SSA-8001) in agreement with SSA.</del>
<del>Authorization to Disclose Information to the Social Security Administration</del>	<del>SSA-827</del>	<del>SSA uses this form to obtain medical records. (If disabled child is age 12 or over, child must sign the 827).</del>
<del>Consent for Release of Information</del>	<del>SSA-3288</del>	<del>Receive copies of Consultative Exams, disability determination letters, etc.</del>
Disability Report- Adult	<del>i3368 or SSA-3368-BK</del> <u>SSA-3368-BK</u>	Report client's medical conditions, employment history, education, and medical treatment. <del>(The i3368 is connected to the Internet iClaim).</del>
<u>Application for Disability Insurance Benefits</u>	<u>SSA-16-BK</u>	<u>Apply for SSDI (Title 2 paper application).</u>
<del>Disability Report - Appeal</del>	<del>iAppeal or SSA-3441-BK</del>	<del>Report used to update client information (medical conditions and medical treatment) for a disability appeal.</del>
Function Report- Adult	<del>SSA-3373-BK</del> <u>SSA-3373-BK</u>	Report how client's condition(s) limit their daily activities.

Name	Number	Purpose
<del>Interim Assistance Reimbursement Authorization</del>	<del>DSHS 18-235</del>	<del>Repayment agreement when state benefits are duplicated by federal benefits.</del>
<u>Work History Report</u>	<u>SSA-3369-BK</u>	<u>Report client's vocational information for jobs 5 years prior to becoming unable to maintain substantial gainful activity due to health conditions.</u>
<u>SSI Cover Letter</u>	<u>DSHS 02-577</u> <u>DSHS 02-577A</u> <u>DSHS 02-577B</u>	<u>Cover letter for initial application, reconsideration, or hearing packet.</u>
<u>Disability Report- Appeal</u>	<u>iAppeal</u>	<u>Report used to update client information (medical conditions and medical treatment) for a disability appeal.</u>
<u>Request for Reconsideration</u>	<u>SSA-561-U2</u>	<u>Request a reconsideration when denied at the initial determination. (This form is included in the iAppeal).</u>
Request for Hearing by Administrative Law Judge	<del>HA-501-U5</del> <u>HA-501-U5</u>	Request an appeal hearing when a reconsideration has been denied. (This form is included in the iAppeal).
<del>Request for Reconsideration</del>	<del>SSA-561-U2</del>	<del>Request a reconsideration when denied at the initial determination. (This form is included in the iAppeal).</del>
<u>Appeals Council Request for Review</u>	<u>Online AC Appeal</u>	<u>Online request for Appeals Council to review an Administrative Law Judge's decision.</u>
Request for Review of Hearing Decision/Order	<del>HA-520-U5</del> <u>HA-520-U5</u>	Request for Appeals Council to review an Administrative Law Judge's decision.
<u>Non-Medical Appeal</u>	<u>Non-Medical Appeal</u>	<u>Online request for non-medical denial.</u>

Name	Number	Purpose
<del>SSI Cover Letter</del>	<del>DSHS 02-577 DSHS 02-577A DSHS 02-577B</del>	<del>Cover letter for initial application, reconsideration, or hearing packet.</del>
SSI Legal Representation	DSHS 09-792	Client notice. Resource list of legal representatives.
Statement of Claimant or Other Person	<del>SSA-795</del> <u>SSA-795</u>	All purpose form. This may be used to provide SSA with a signed statement regarding a SSI/SSDI claim (e.g. Good Cause Statement).
<u>Personal Observations</u>	<u>Word file</u>	<u>Available through your regional team. Intended to capture important details as seen, heard, or experienced during your client interactions.</u>
<u>Social Service Observation Tool</u>	<u>DSHS 02-576</u>	<u>Available in Barcode. Intended to capture important details as seen, heard, or experienced during your client interactions.</u>
<del>Work History Report</del>	<del>SSA-3369-BK</del>	<del>Report client's vocational information for jobs 15 years prior to becoming unable to maintain substantial gainful activity due to health conditions.</del>

## Links

- [Electronic DSHS Forms](#)
- [Social Security Administration Forms](#)