Department of Social and Health Services

Community Services Division

Social Services Manual

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Summary

Revised and updated the entirety of this page for accuracy. Removed obsolete forms. Added web links to electronic SSA and DSHS forms.

Revised on: August 23, 2016

Purpose:

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

NOTE: Use the Internet version of forms wheneverre available.

Name	Number	DescriptionPurpose
Aging and Adult Services Comprehensive Assessment	DSHS 14-327	Assessment, documenting disabilities.
Application for Disability Insurance Benefits	<u>Internet iClaim</u> <u>or</u> SSA-16- <u>BK</u> F 6	Apply for Social Security Disability <u>(Title 2</u> application)
Application for Supplemental	SSA-8001-F5	Apply for SSI (Title 16 application)

Security Income		
Authorization for Source to <u>Disclose Information to the Social</u> <u>Security Administration</u> Release Information	SSA-827	SSA uses this form to obtain medical records. (If <u>a</u> disabled child is age 12 or over, child must sign the 827) <u>.</u>
Consent for Release of Information	<u>SSA-3288</u>	Receive copies of Consultative Exams, disability determination letters, etc.
Five-day Hospice Notice	DSHS 13-746	Documentation of terminal illness.
Function Report- Adult	<u>SSA-3373-BK</u>	Report how client's condition(s) limit their daily activities.
Interim Assistance Reimbursement Authorization	DSHS 18-235	Repayment agreement when state benefits are duplicated by federal benefits
Internet Adult-Disability and Work History-Report <u>- Adult</u>	<u>i</u> ł3368 <u>or</u> <u>SSA-3368-BK</u> PRO	Report client's medical conditions, employment history, education, and medical treatment. Replaces the SSA 3368 and SSA 3369. Education, employment, and medical information for SSA. (The i3368 is connected to the Internet iClaim).
Medical History and Disability Report-Child	SSA-3820-F6 or i3820	Recording disability information for a child.
Reconsideration Disability Report-	SSA-3441-F6 or i <u>Appeal</u> 3441 <u>or</u>	Information when filing a request for reconsideration or hearingReport used to update client information (medical conditions and medical
Appeal	<u>SSA-3441-BK</u>	treatment) for a disability appeal
Appeal Referral for-SSI <u>Cover Letter</u>	<u>SSA-3441-BK</u> DSHS <u>11-01702-</u> <u>577</u>	
	DSHS <u>11-01702-</u>	treatment) for a disability appeal Cover letter for initial application, reconsideration,
Referral for SSI Cover Letter Request for Approval from State	DSHS <u>11-01702-</u> <u>577</u>	treatment) for a disability appeal Cover letter for initial application, reconsideration, or hearing packet Obtain authorization to pay more than the
Referral for SSI Cover Letter Request for Approval from State Office for Expenditure Request for Hearing by	DSHS <u>11-01702-</u> <u>577</u> DSHS 17-118	treatment) for a disability appeal Cover letter for initial application, reconsideration, or hearing packet Obtain authorization to pay more than the maximum for SSI records. Request an appeal hearing when a reconsideration has been denied is filed. (This form is included in the

SSI Rights and Responsibilities DSHS 14-411	Information for client.
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<u>Links</u>

Electronic DSHS Forms

Social Security Administration Forms