Department of Social and Health Services

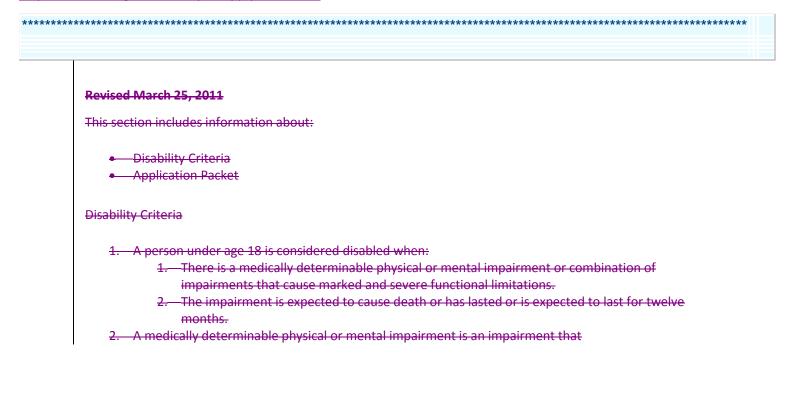
Community Services Division

Social Services Manual

Revision:	# 135
Category:	SSI Facilitation- Special Circumstances- Children's Applications
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Summary

Removed this page. Updated information regarding children's applications can be found at: <u>https://www.ssa.gov/disabilityssi/apply-child.html</u>



- 1. Results from anatomical, physiological or psychological abnormalities.
- 2. Can be shown by medically acceptable clinical and laboratory diagnostic techniques.
- 3.—Can be established by medical evidence consisting of signs, symptoms, and laboratory findings.
- 3. The impairment substantially reduces the child's ability to:
 - 1. Grow, develop or mature physically, mentally or emotionally.
 - 2. Attain developmental milestones at an age-appropriate rate.
 - 3. Engage in age-appropriate activities of daily living such as:
 - 1. Self care.
 - 2. Play.
 - 3. Recreation and sports.
 - 4. School and academics
 - 5. Peer and family relationships.
- 4.—Acquire the skills needed to assume roles reasonably expected of adults.

Application Packet

The SSA application packet contains:

- 1. SSA cover letter printed from ICMS.
- 2.—SSA-8001-F5, Application for Supplemental Security Income.
- 3. SSA-3820-F6, Medical History and Disability Report-Disabled Child.
- 4. Age-specific function reports similar to adult Activities of Daily Living forms.
- 5. All available medical records.
- 6. All available school records. Include the following information:
 - 1. Name of teacher, school, and district.
 - 2. School address.
 - 3. Individual Education Plan.
 - 4. Any special accommodation.
- 7. SSA 827, Authorization for Source to Release Information to Social Security Administration. When the child is 12 years old or older, please have him/her sign the SSA-827 and the parent or guardian sign as a witness. If the child is less than 12 years old, the parent or guardian signs the SSA-827.
- Personal Observation statement. This is a one page objective statement of how the child appeared to you. It may include information from non-medical sources such as day care providers, parents, neighbors, or others.
- 9.—Stamped self-addressed envelope for return of an application receipt from the SSADO.