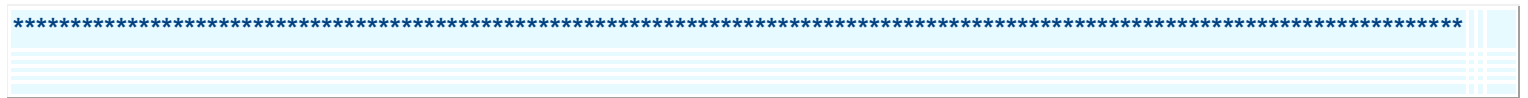


Department of Social and Health Services
Community Services Division
Social Services Manual

Revision: # 157
Category: **SSI Facilitation - Forms**
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Summary

Updated Social Security Income (SSI) facilitation forms as applicable.



SSI Facilitation- Forms

Revised on ~~August 23, 2016~~ March 9, 2020

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.

Name	Number	Purpose
Application for Disability Insurance Benefits	Internet iClaim or SSA-16-BK	Apply for Social Security Disability (Title 2 application).

Name	Number	Purpose
Application for Supplemental Security Income	SSA-8001-F5	Apply for SSI (Title 16 application). SSI Facilitators use simplified paper form in agreement with SSA (SSA-8001).
Authorization to Disclose Information to the Social Security Administration	SSA-827	SSA uses this form to obtain medical records. (If disabled child is age 12 or over, child must sign the 827).
Consent for Release of Information	SSA-3288	Receive copies of Consultative Exams, disability determination letters, etc.
Disability Report- Adult	i3368 or SSA-3368-BK	Report client's medical conditions, employment history, education, and medical treatment. (The i3368 is connected to the Internet iClaim).
Disability Report- Appeal	iAppeal or SSA-3441-BK	Report used to update client information (medical conditions and medical treatment) for a disability appeal.
Function Report- Adult	SSA-3373-BK	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.
Request for Hearing by Administrative Law Judge	HA-501-U5	Request an appeal hearing when a reconsideration has been denied. (This form is included in the iAppeal).
Request for Reconsideration	SSA-561-U2	Request a reconsideration when denied at the initial determination. (This form is included in the iAppeal).
Request for Review of Hearing Decision/Order	HA-520-U5	Request for Appeals Council to review an Administrative Law Judge's decision.
SSI Cover Letter	DSHS 02-577; DSHS 02-577A ; DSHS 02-577B	Cover letter for initial application, reconsideration, or hearing packet.

Name	Number	Purpose
SSI Legal Representation	DSHS 09-792	Client notice. Resource list of legal representatives.
<u>Statement of Claimant or Other Person</u>	<u>SSA-795</u>	<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>
<u>Work History Report</u>	<u>SSA-3369-BK</u>	<u>Report client's vocational information for jobs 15 years prior to becoming unable to maintain substantial gainful activity due to health conditions.</u>

Links

[Electronic DSHS Forms](#)

[Social Security Administration Forms](#)