



Idaho SOAR Coversheet

(Complete checklist and place on top of application packet before submitting to SSA)

Special Handling Claim for DDS

Date: _____

Claimant's Name: _____ **SSN:** _____

Representative's Name: _____ **Phone #:** _____

Paper Forms included in packet

- SSA-827: Authorization to Disclose Information to SSA
- SSA-1696: Appointment of Representative
- SSA-8000: Application for Supplemental Security Income (SSI)
- SSA-3369: Work History Report
- SSA-3373: Function Report

If applicable:

- SSA-821: Work Activity Report
- SSA-4814: Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection

Supporting Documentation included in packet

- Medical Summary Report
- List of Medical Records Obtained

On-line Forms

- Application for Social Security Disability Insurance (SSA-16); Adult Disability Report (SSA-3368)

Submitted on: _____