



Tips for Pending Applications and Appeals

Scenario #1: Individual has applied and is pending initial decision.

Strategy:

- Submit initial Consent for Release of Information (see pages 6-7).
- Find out from SSA if the applicant has an authorized representative. If the applicant does not have a representative, ask the person to sign the SSA 1696-Appointment of Representative so you can become the authorized representative. (use new 1696 revised as of May, 2008)
- Contact the DDS assigned examiner/adjudicator to determine what information is there, what is needed, and how you might assist.
- Proceed as you would if it's an initial claim. That is, if time allows, collect any additional information and write the Medical Summary Report, especially addressing the functional information section.
- Maintain communication with the DDS examiner/adjudicator.

Scenario #2: Individual has applied, been denied, and can file for reconsideration.

Strategy: Generally, an applicant must file for reconsideration within 65 days of the date of the denial letter. (This time frame also applies to filing for a hearing). However, if someone is slightly beyond this time period, he or she might still file for a reconsideration and submit a letter for "good cause." This is often true for homeless applicants, and "good cause" could include situations such as homelessness (didn't get the letter), incarceration, hospitalization, etc. Community staff can assist with such letters. There is not a maximum time period for filing for good cause, but such a request is unlikely to be granted several months too late. Check with your local SSA office about how it considers good cause.

- Become the individual's representative, completing the SSA 1696 Appointment of Representative (use new 1696 revised as of May, 2008).
- Request from SSA a CD that contains all the information used to make initial decision. This should be provided free-of-cost to the representative
- Complete the Reconsideration Forms noted below, addressing missing information from the original review as well as any additional sources and/or additional diagnoses. Contact the DDS to learn of the new examiner's name and to talk with the examiner about your collection of information/writing of medical summary report.
- Collect any additional records not submitted for the initial claim.
- Write the medical summary report, being sure to address any discrepancies or lack of clarity in the information used for the initial review
- Have ongoing consultation with the assigned DDS examiner regarding timeline of submitting information

Scenario #3: Individual has applied, been denied and is awaiting hearing. No attorney is involved.

Strategy: Hearings, scheduled through the Office of Administrative Hearings, also called the Office of Disability Adjudication and Review (ODAR), can take months of waiting to schedule. Although SOAR does not require that service providers assist individuals with hearings, SOAR does strongly encourage service providers to:

- Become the individual's representative, completing the SSA 1696 Appointment of Representative.
- Ask the local SSA office for the phone number for the hearings office.
- Contact the hearings office and ask for a copy of the record or a compilation of the record, sending the 1696 to that office to show you are the representative.
- If the applicant has *additional information/diagnoses* that were not known at the time of the earlier decision, compile this information and write a Medical Summary Report. Request a review on record from the hearings office. The new information gathered should make the applicant eligible for a review on record. This review on record enables a decision at the hearings office without waiting for an in-person hearing. Gathering additional information as well as any information about new diagnoses and writing the Medical Summary Report can be very helpful if this request is made.
- Requesting a review on record does not deny a person a hearing. If the person is denied in this review, he/she simply waits for a hearing to be scheduled.
- If the person is scheduled for a hearing and does not have an attorney, contact Legal Aid, Legal Services or another pro bono legal service for representation

Scenario #4: Individual has applied, been denied and is awaiting hearing. Attorney is involved.

Strategy:

- Ask the applicant to sign a release of information so you can talk with the attorney about the case.
- IF the applicant is homeless OR the applicant has received an eviction notice, inform the attorney of this and ask that he/she request an expedited hearing.
- If the attorney is unwilling to do this, find out why.
- If there are concerns about the attorney representation, contact your local protection and advocacy agency to discuss these concerns.
- If the person is not homeless or has an eviction notice but additional information/diagnoses are available, ask the attorney to request a review on record and notify him/her that you will send the new/additional information to the attorney with permission from the applicant.

General Information: Appeals generally must be filed within 65 days of the denial letter. A request for an appeal may be accepted beyond the limit for “good cause.” For instance, an individual who is homeless, in a hospital, or incarcerated, may not have received a denial letter. A letter to SSA from the service provider requesting that the appeal be accepted for “good cause” and explaining the reason why may lead to an acceptance of the request for appeal after the usual deadline date.

Levels of Appeal: The levels of appeal are currently as follows. With the implementation of the Quick Disability Determination (QDD) process, this may change.

- **RECONSIDERATION:** Available in most states, but not all. New York and Michigan do not have the reconsideration level. This is a paper review done at the DDS by a different adjudicator/examiner.
- **HEARING:** Done before an Administrative Law Judge. Nationally, hearings are taking about two years on average to schedule. This emphasizes the need to attempt to “do it right” on initial application.
- **APPEALS COUNCIL:** If the person is denied at hearing, he/she may appeal to the Appeals Council, a reviewing body of SSA. At this stage, the person may also file a new claim.
- **FEDERAL COURT:** This is the last appeal level, not typically used.

RECONSIDERATION FORMS:

- SSA-561-U2 or SSA-561-U2-SP Request for Reconsideration (English or Spanish version)
- Internet 3441 Disability Report - Appeal Submitted on _____ (If internet access is not possible, this may be completed on paper and submitted.)
- SSA-827 Authorization to Disclose Information to SSA (printed and signed) for any additional medical sources

HEARING FORMS

- SSA 501 Request for Hearing
- Internet 3441 Disability Report – Appeal – Submitted on _____ (If internet access is not possible, this may be completed on paper and submitted.)
- SOAR Withdrawal of Representation (if needed) (Keep copy)
- SSA 827 Authorization to Disclose Information to SSA (printed, signed and witnessed)



SOAR Withdrawal of Representation Memo
(New Representative Known)

DATE:

TO: Social Security Administration

FROM:

RE: Name of Applicant:
Applicant's SSN:
Applicant's DOB:

I am currently the appointed representative for the above referenced applicant. I can no longer serve as this individual's representative and ask that my name be removed from your records as the representative.

As far as I know,

Name Address Phone Number

is planning on submitting a new 1696 to become this applicant's representative.

If you have any questions, please contact me at:

Thank you.

Print Name

Date

Signature



SOAR Withdrawal of Representation Memo
(New Representative Not Known)

DATE:

TO: Social Security Administration

FROM:

RE: Name of Applicant:
Applicant's SSN:
Applicant's DOB:

I am currently the appointed representative for the above referenced applicant. I can no longer serve as this individual's representative and ask that my name be removed from your records as the representative.

I do not know if this applicant will be submitting a form to have a new representative appointed.

If you have any questions, please contact me at

Thank you.

Print Name

Date

Signature



**SOAR
(SSI/SSDI Outreach, Access, and Recovery)**

Consent for Release of Information

Sign this form only if you want the Social Security Administration to give information or records about you to _____ (service provider).

TO: Social Security Administration fax _____ Local SSA Office _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

___ No Record ___ Supplemental Security Income ___ Social Security Disability Income

___ Terminated Record ___ SSI Date Terminated _____
MMDDYY

Current Claim Status

___ **SSI Claim Pending:**

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

___ **SSDI Claim Pending:**

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

___ **SSI Claim Denied:**

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

___ **SSDI Claim Denied:**

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

(Circle One)

Denial Reason: Medical Non-Medical Other

Denial Reason: Medical Non-Medical

Other _____

Allowance

___ **SSI: Eligibility date** _____ ___ **SSDI: Eligibility date** _____

SSA Claims information was provided by: _____

(SSA Liaison)

Date of Response _____

Telephone Number: _____

SSA Field Office Code: _____

Service Provider _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

I authorize SSA to release the dates and status of my Social Security Disability Insurance and/or Supplemental Security Income application(s), to:

(Service Provider) (fax #)

This consent for release of information is in effect from _____ to _____ (not to exceed 1 year).
(MMDDYY) (MMDDYY)

I want this information released because I am pursuing entitlement to Social Security disability programs.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information that I provided on this form and that it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____ Relationship: _____
(Below, show signatures, names, and addresses of two people if signed by mark.)

Date: _____

Witness #1

Witness #2

(Print Name)

(Print Name)

(Signature)

(Signature)

(Address)

(Address)

(City, State, and Zip code)

(City, State, and Zip code)