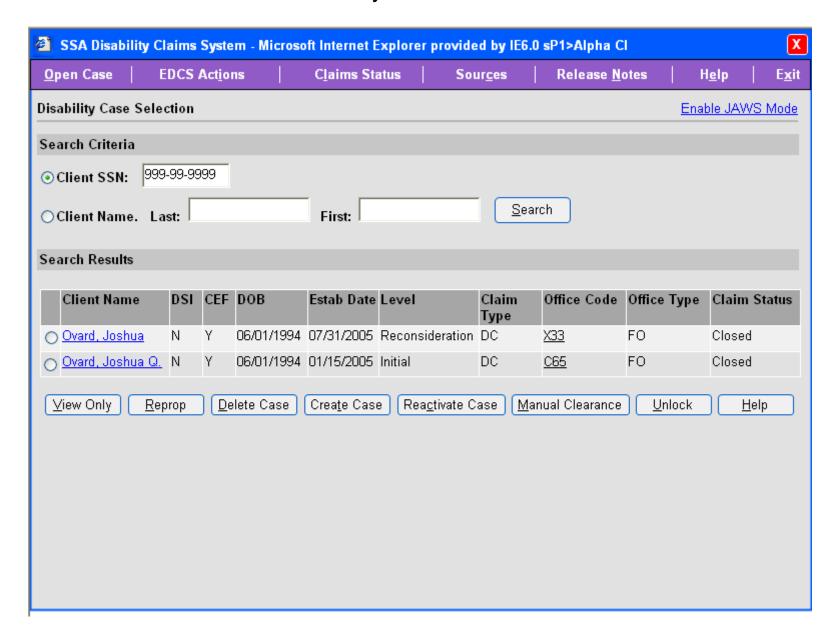
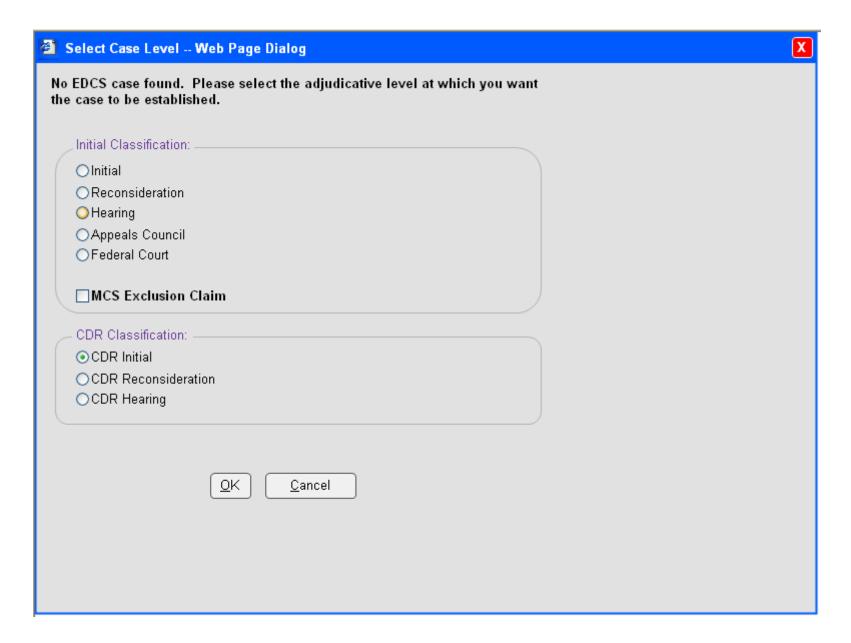
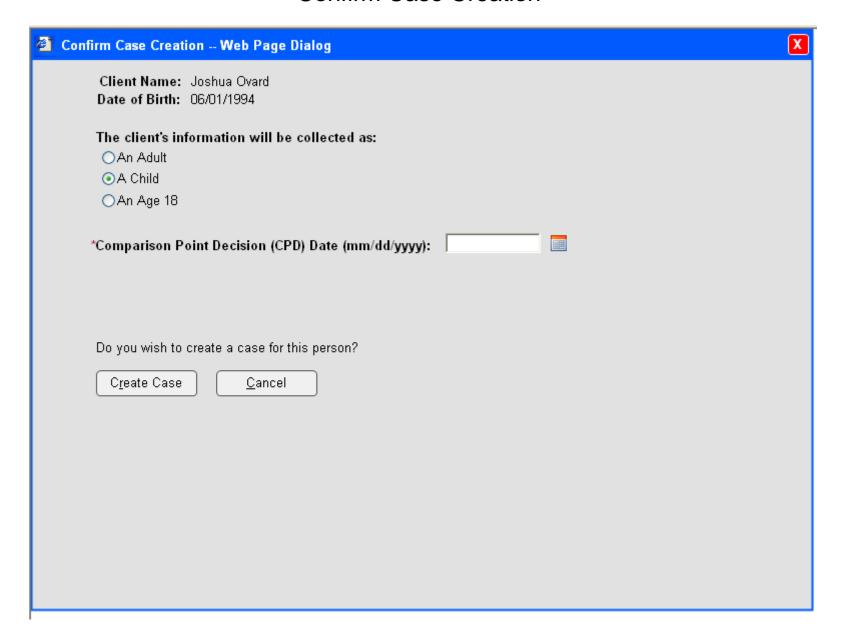
# **Disability Case Selection**



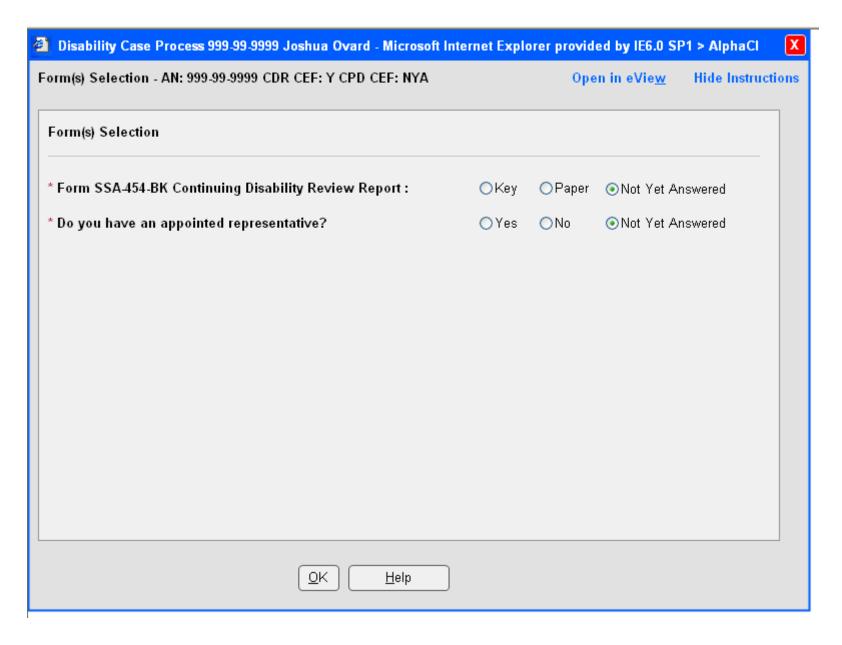
### Select Case Level



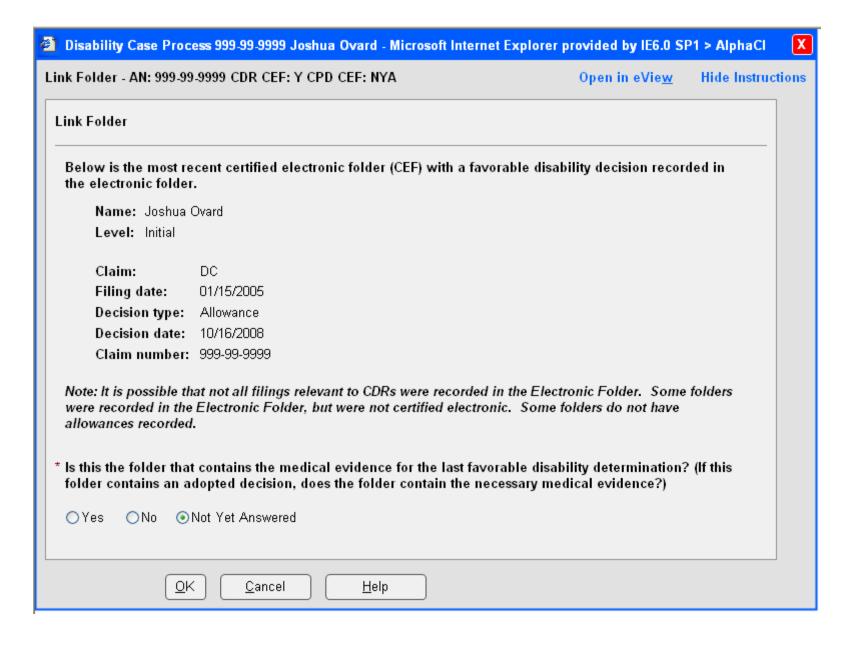
# **Confirm Case Creation**



### Form Selection



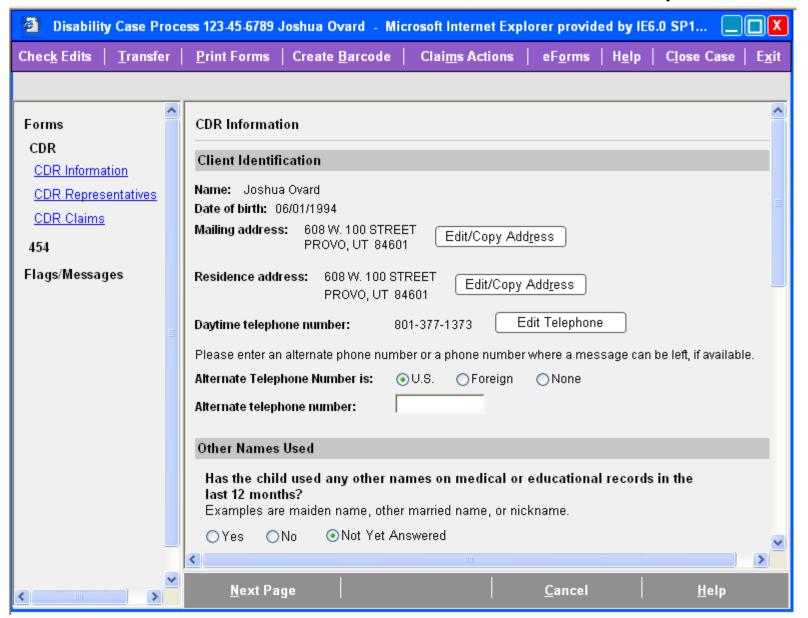
### Link Folder



May 13, 2009 5

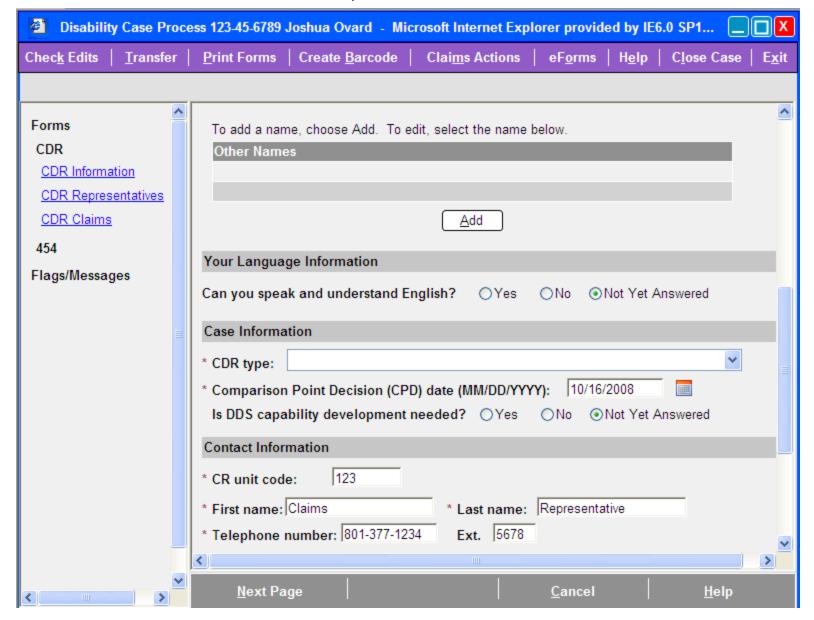
### CDR Information, Part 1 of 2

User has indicated claimant used other names, but has not entered any



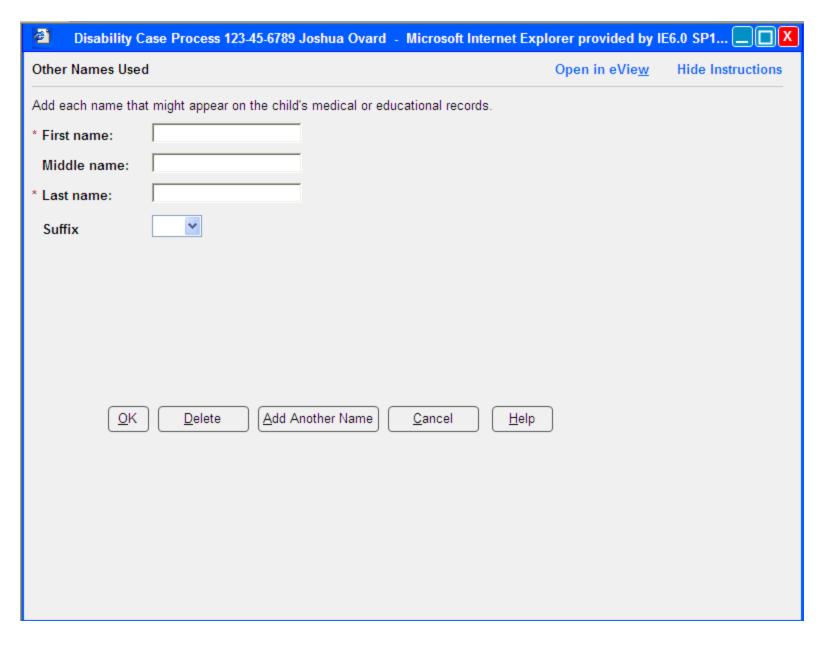
### CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered



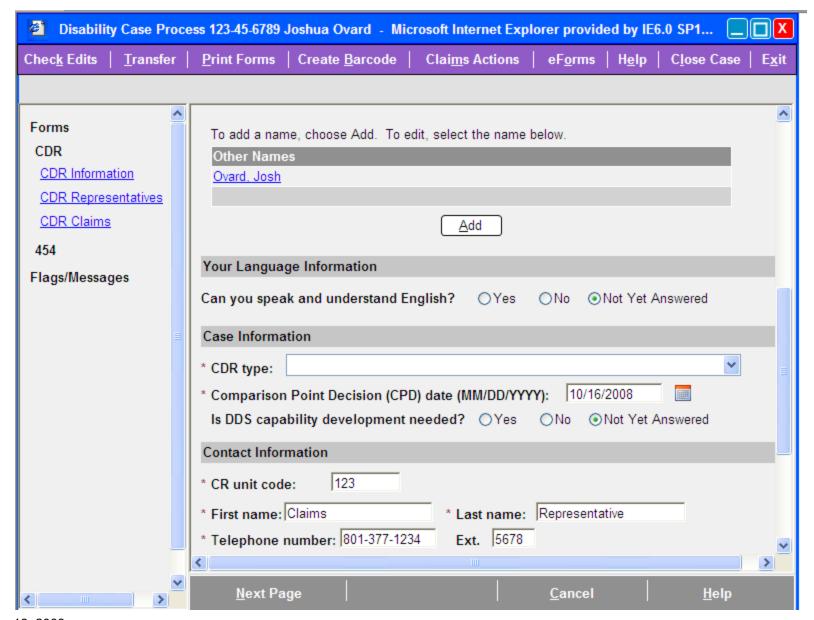
May 13, 2009 7

### Other Names Used



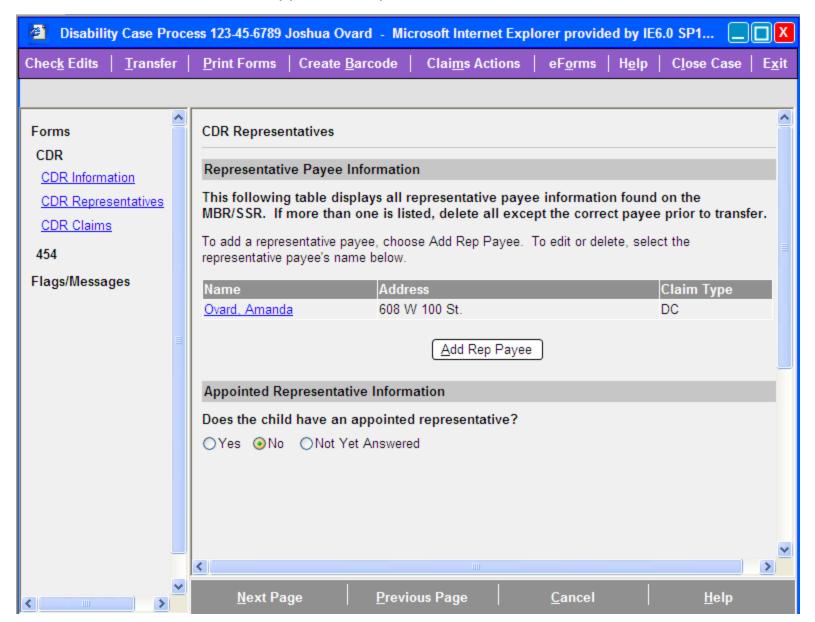
### CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



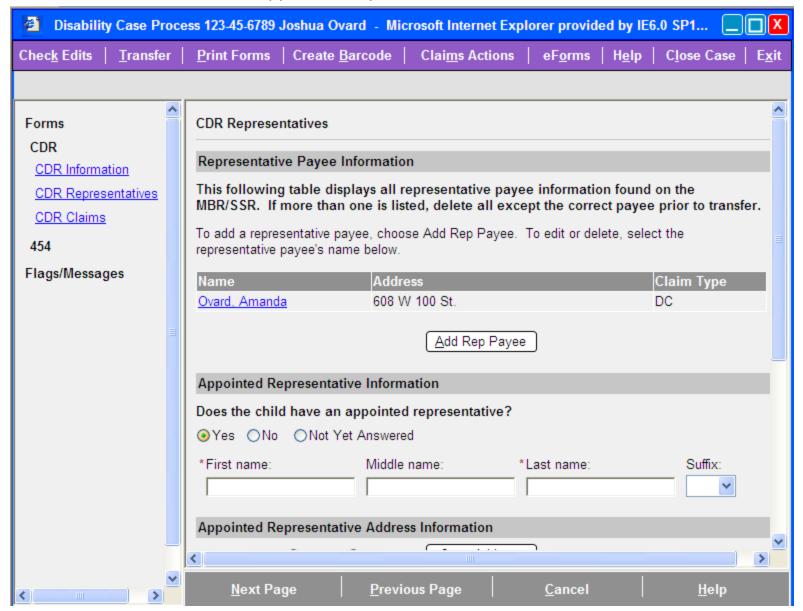
# **CDR** Representatives

### Appointed Representative = No



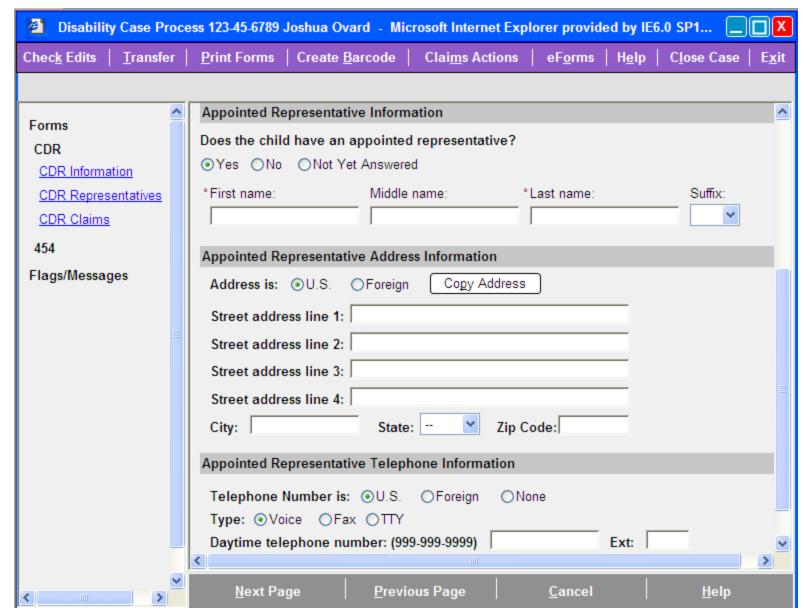
# CDR Representatives, Part 1 of 2

Appointed Representative = Yes

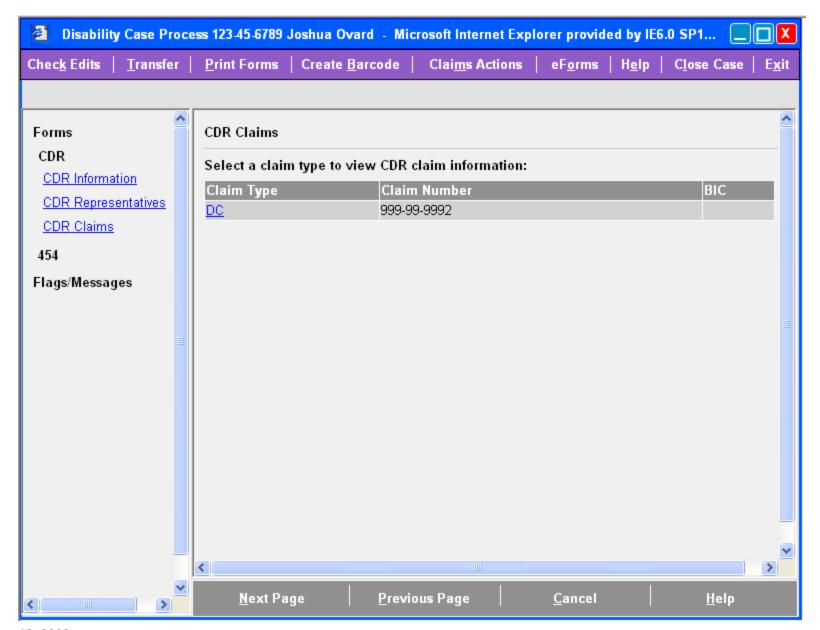


# CDR Representatives, Part 2 of 2

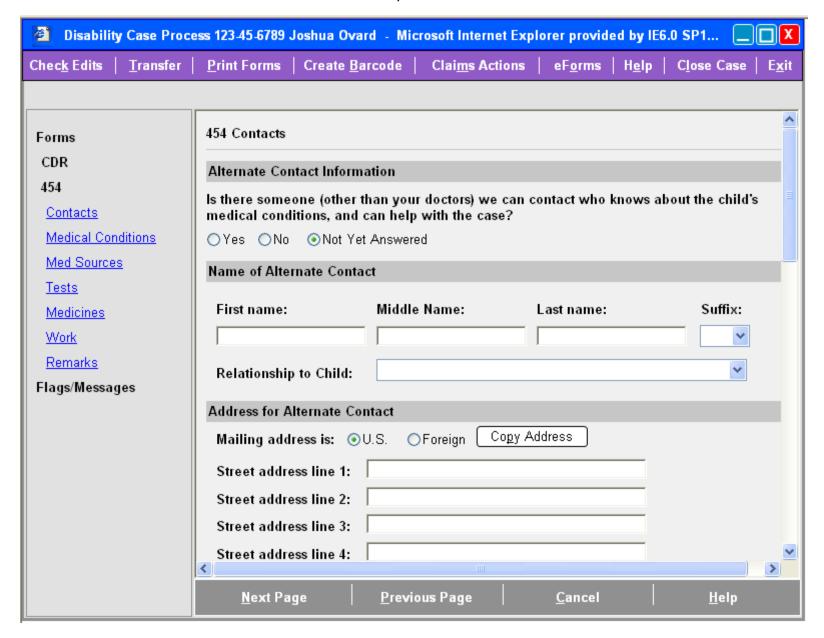
Appointed Representative = Yes



### **CDR Claims**

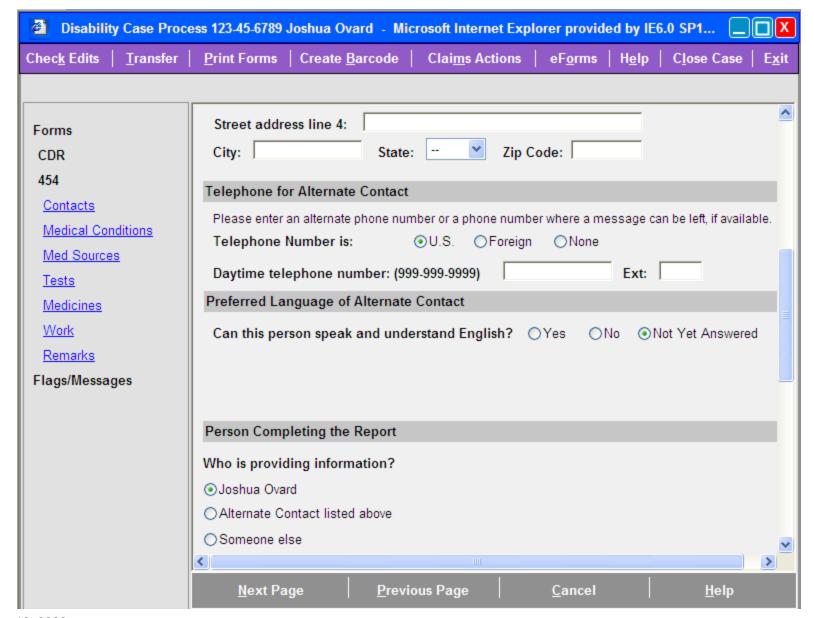


# Contacts, Part 1 of 3

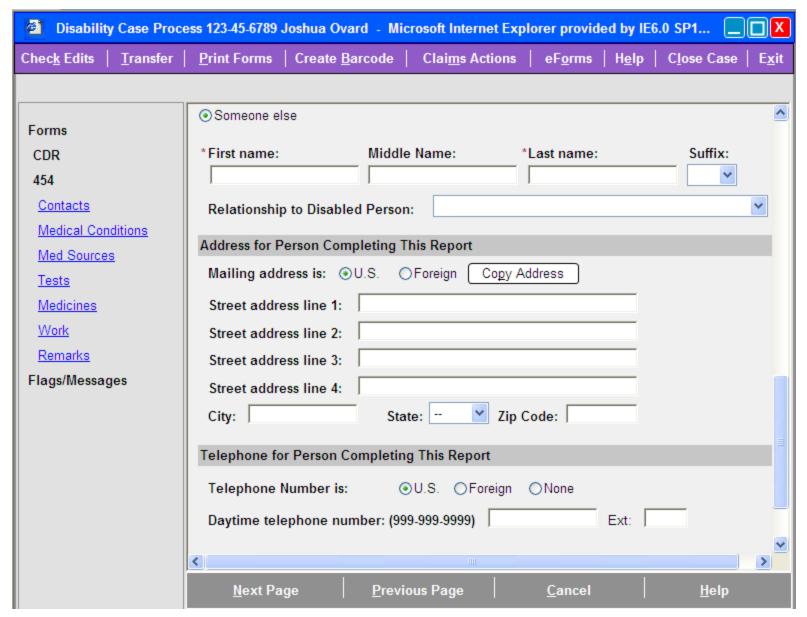


# Contacts, Part 2 of 3

#### Person Completing Report = Claimant

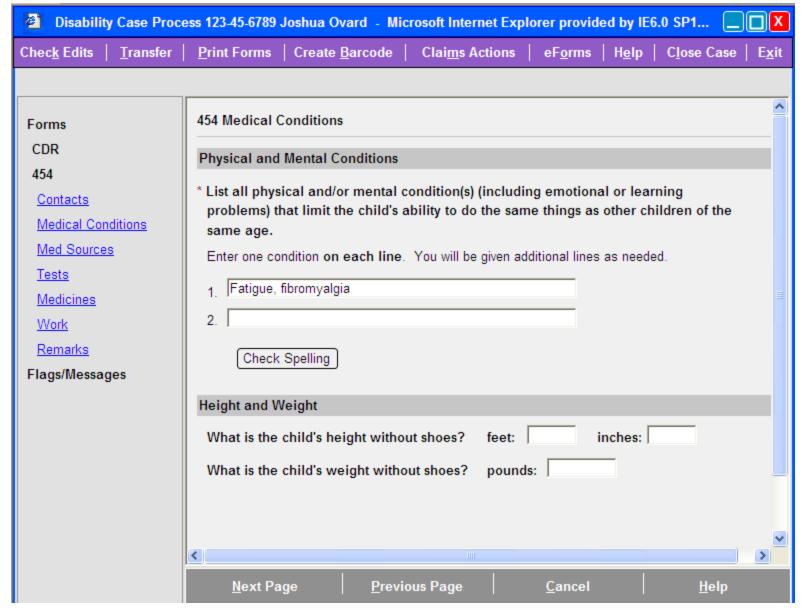


# Contacts, Part 3 of 3 Person Completing Report = Someone Else



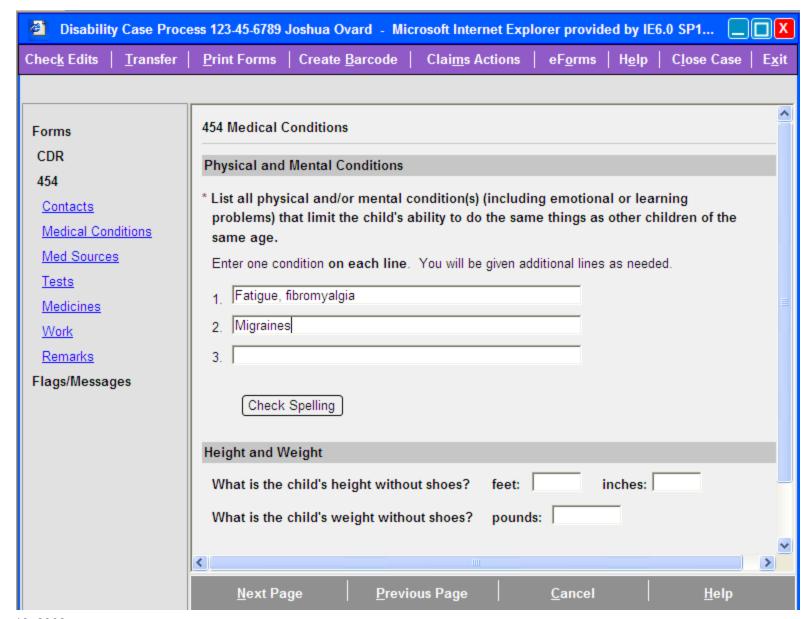
### **Medical Conditions**

Medical Conditions Propagated from mainframe, no new conditions entered

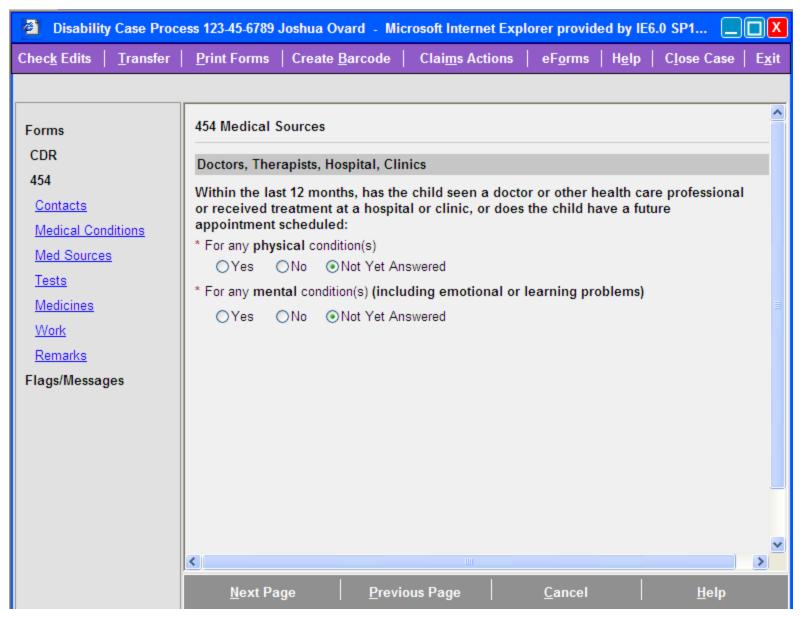


### **Medical Conditions**

Medical Conditions Propagated from mainframe, plus one new conditions entered

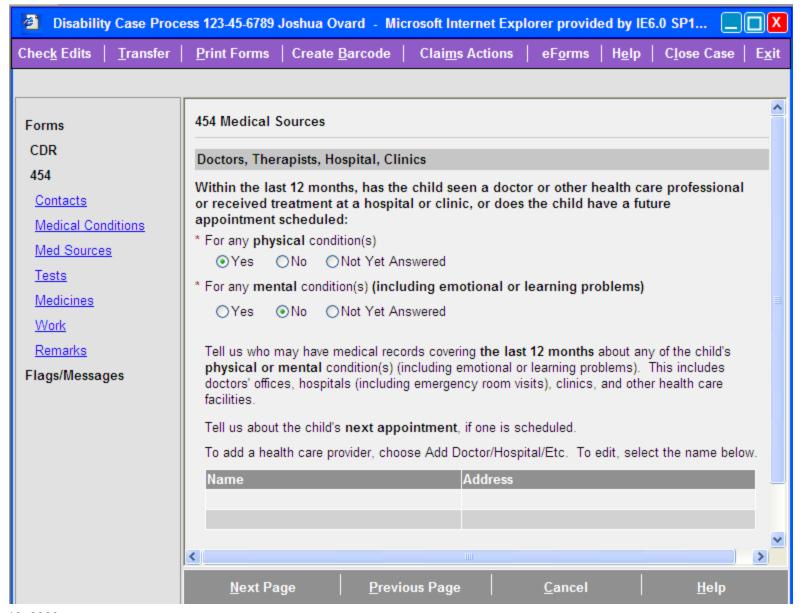


# Medical Sources Initial view



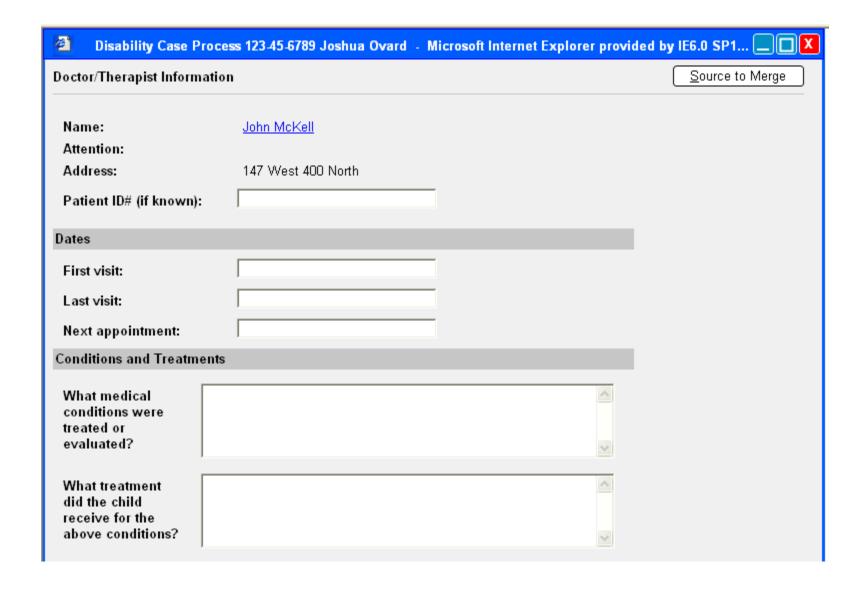
#### **Medical Sources**

User has indicated claimant has medical sources, but has not entered any



May 13, 2009 20

# Add Doctor/Therapist, Part 1 of 2



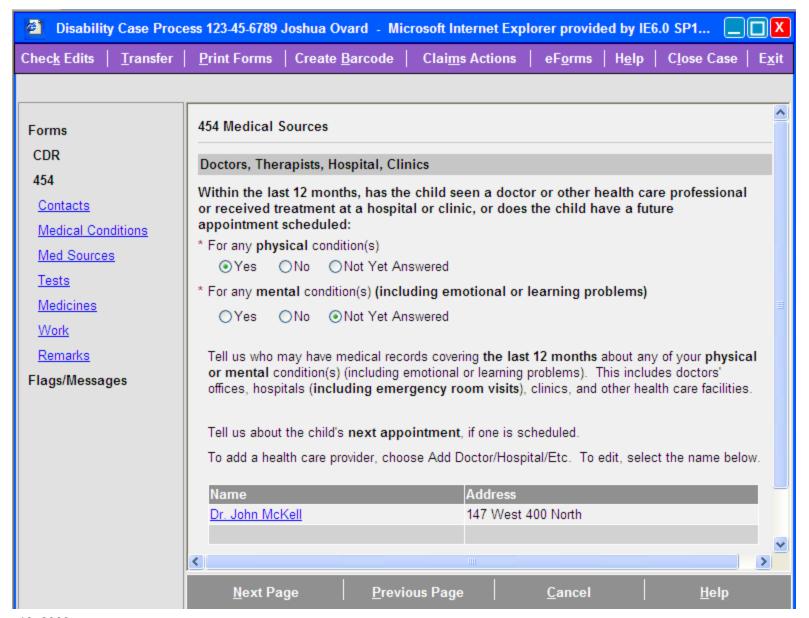
# Add Doctor/Therapist, Part 2 of 2

Tests
List any tests this provider performed or sent the child to within the last 12 months, or scheduled the child to take in the future.
To add a test, choose Add Test. To edit, select the name of the test below.  Test Date Ordered By
Add <u>T</u> est
Medicines
List all medicines the child is now taking, or has taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.  Medicine Prescribed By Reason
Add Medicine
Physical and Mental Conditions
List all physical and/or mental condition(s) (including emotional or learning problems) that limit the child's ability to do the same things as other children of the same age.
To add a condition, choose Add Condition. To edit, select the name of the condition below.  Name  Fatigue, Fibromyalgia
Migraines
Add or Edit Conditions
OK Delete Add Another Source Cancel Help

May 13, 2009 22

#### **Medical Sources**

User has indicated claimant has medical sources and entered a doctor



May 13, 2009 23

# Add Hospital/Clinic, Part 1 of 3

Disability Case Proce	ss 123-45-6789 Joshua Ovard	- Microsoft Internet Explorer provid	led by IE6.0 SP1 🔲 🔲 🔀
Hospital/Clinic Information			
Name of facility or office: Attention: Address:	Utah General Hospital 6701 Main Street		
	who treated the child at Utah G	Sonoral Hospital	
Treatur care professional w	no dealed the child at olah c	ienerai nospitai.	
Patient ID# (if known):			
Dates at this Facility			
Did the child have any inp	atient stays? ⊙Yes	○No ○Not Yet Answered	
Date In:	Date O	ut:	
Date In:	Date O	ut:	
Date In:	Date O	ut:	
Did the child have any outpo	atient visits? • Yes	○No ○Not Yet Answered	
First visit:			
Last visit:			
Next appointment:			

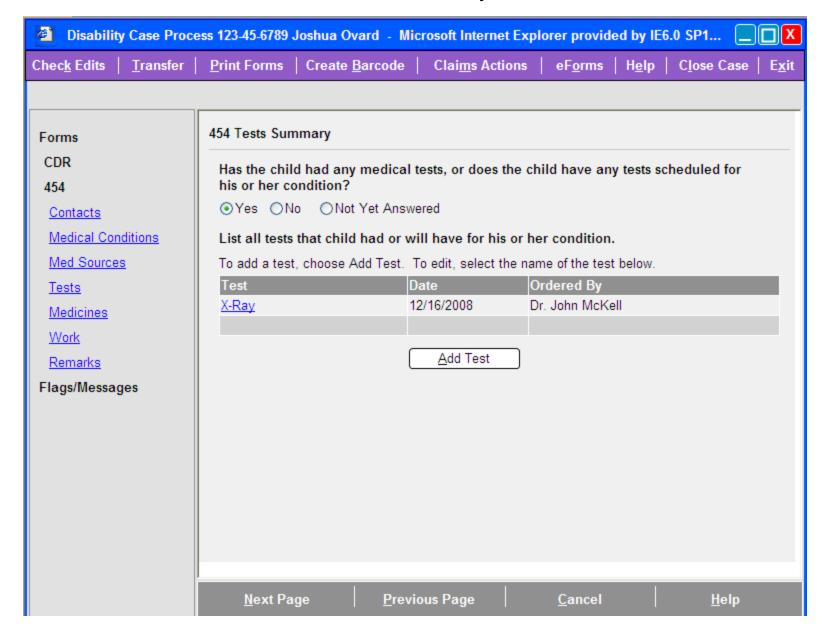
# Add Hospital/Clinic, Part 2 of 3

Did the child have any emergency room visits? ⊙ Yes ○No ○Not Yet Answer	ed
Date of visit:	
Date of visit:	
Date of visit:	
Conditions and Treatments	
What medical conditions were treated or evaluated?	<u>^</u>
What treatment did the child receive for the above conditions?	<u>^</u>
Tests	
List any tests <b>this provider</b> performed or sent the child to <b>within the last 12 months</b> , or scheduled the child to take in the future.	
To add a test, choose Add Test. To edit, select the name of the test below.  Test Ordered By	
Add <u>T</u> est	

# Add Hospital/Clinic, Part 3 of 3

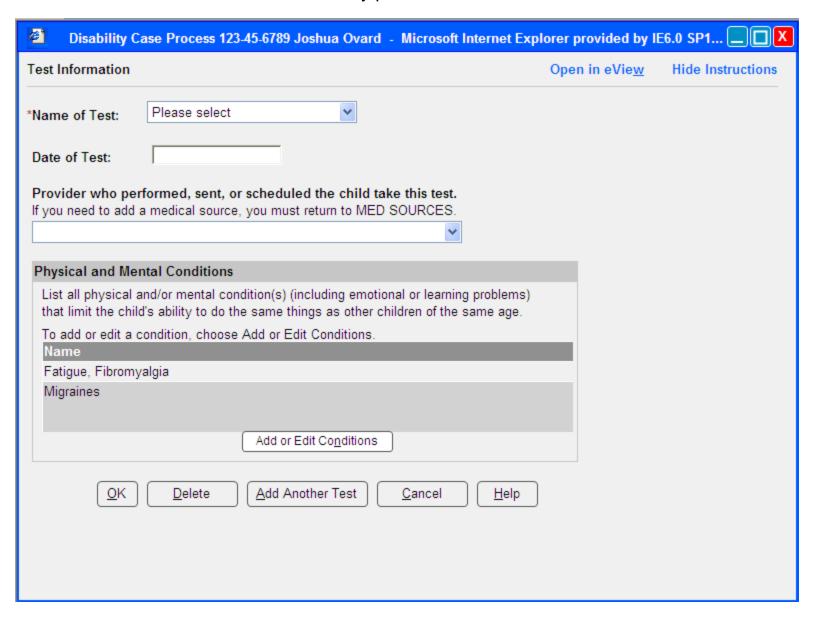
Medicines
List any prescription or non-prescription medicines the child is now taking, or has taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below.  Medicine Prescribed By Reason
Add Medicine
Physical and Mental Conditions
List all physical and/or mental condition(s) (including emotional or learning problems) that limit the child's ability to do the same things as other children of the same age.
To add a condition, choose Add Condition. To edit, select the name of the condition below.  Name
Fatigue, Fibromyalgia
Migraines
Add or Edit Conditions
OK Delete Add Another Source Cancel Help

# **Tests Summary**



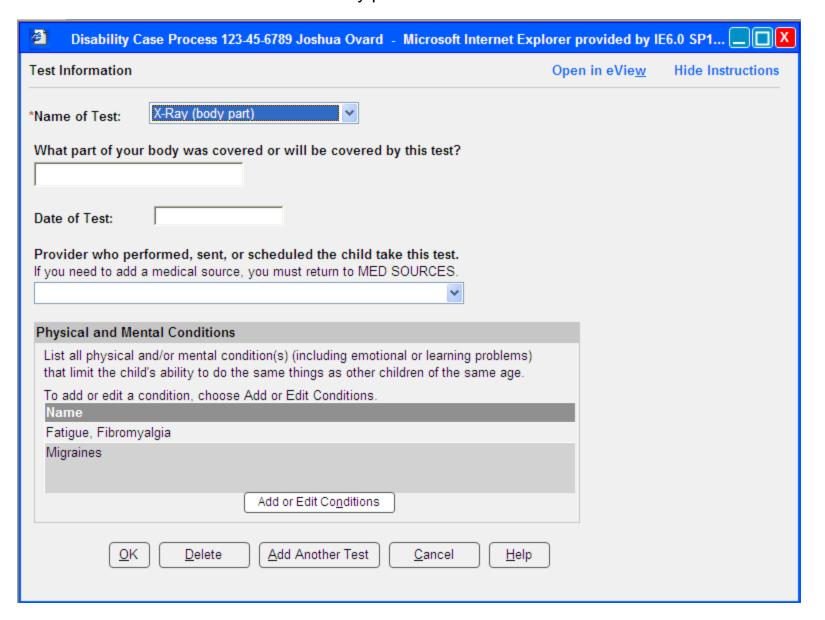
### **Test Information**

#### No body part involved

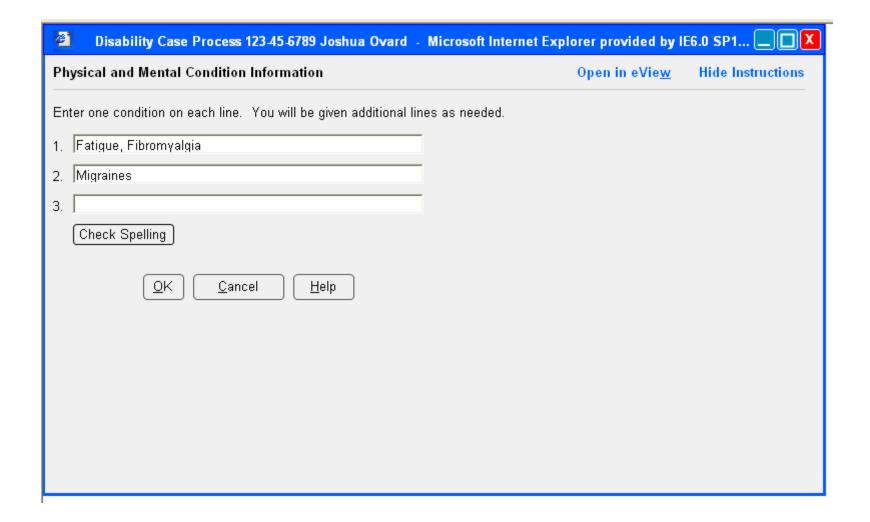


### **Test Information**

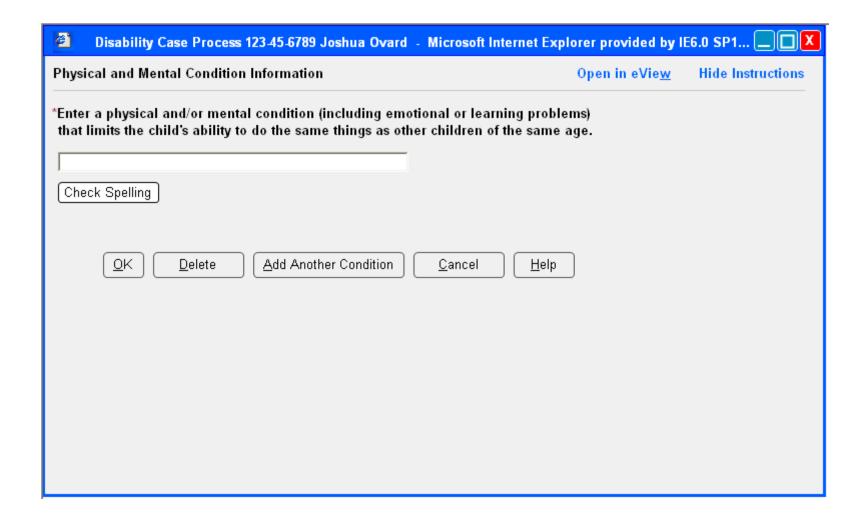
#### Body part involved



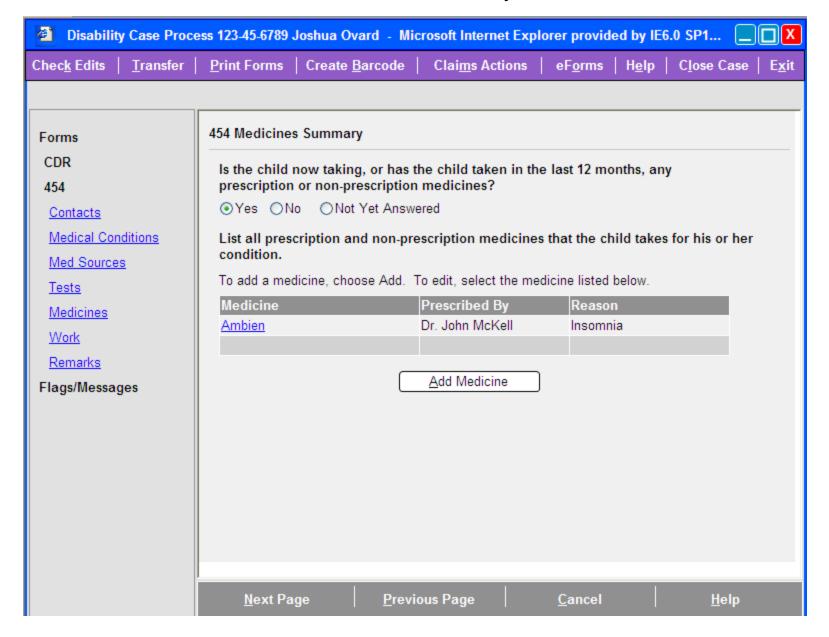
# Physical and Mental Condition Information – Plan A



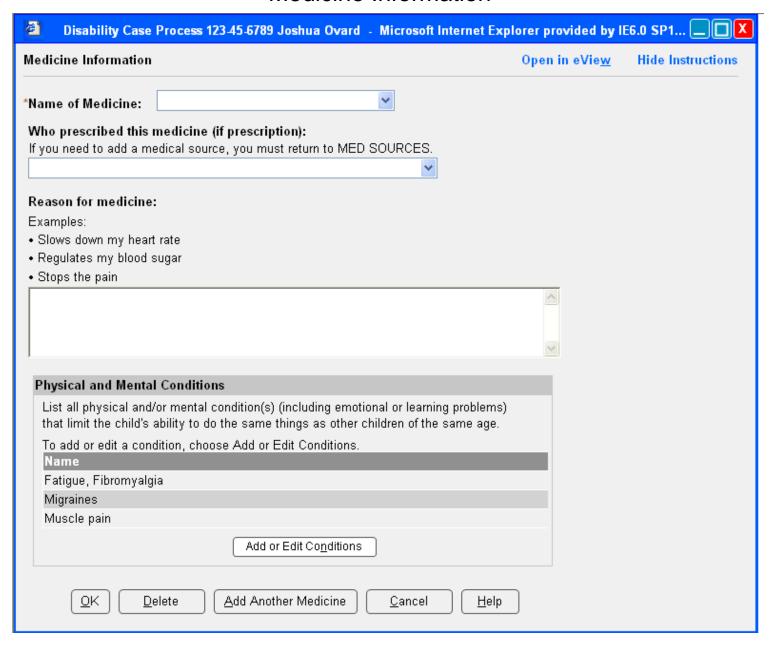
# Physical and Mental Condition Information – Plan B



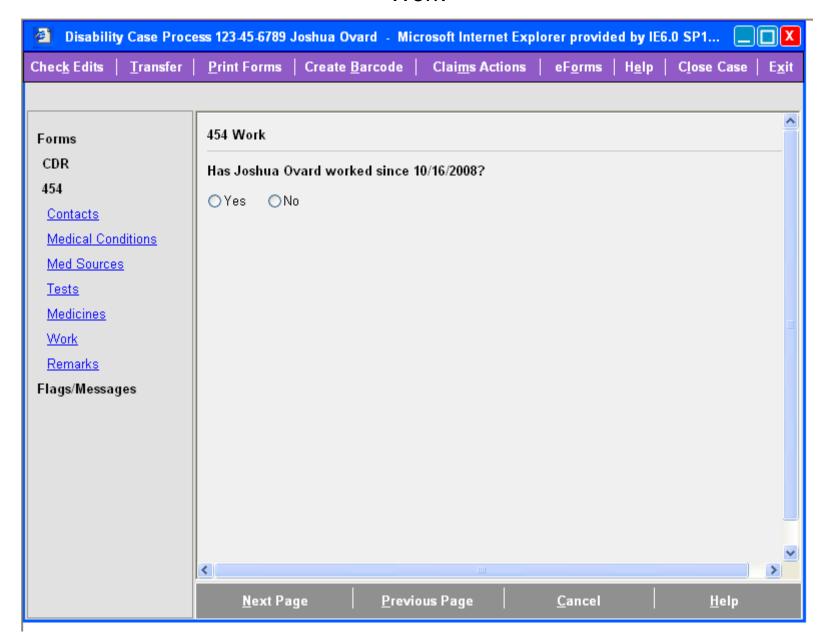
# **Medicines Summary**



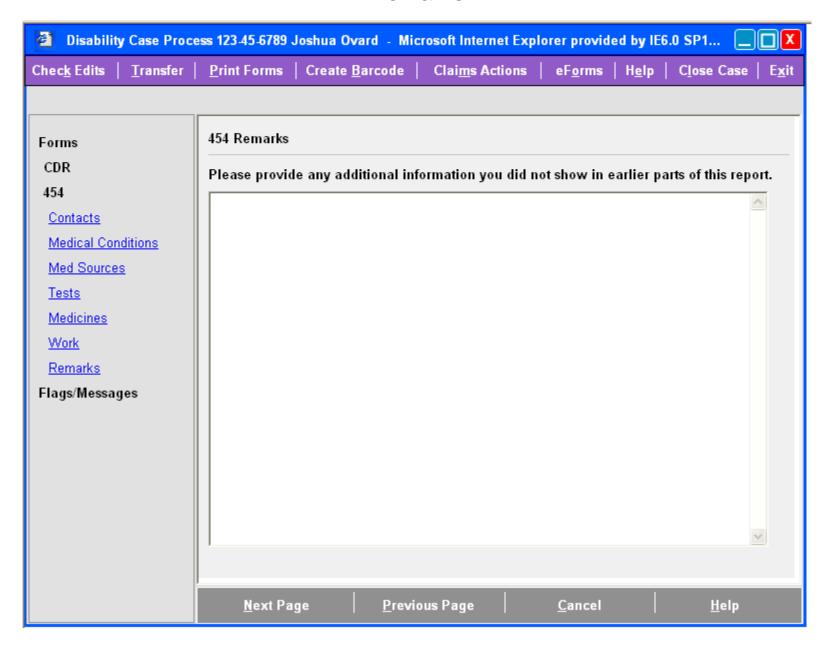
### **Medicine Information**



### Work



### Remarks



#### SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

# Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 221(i), 223(d), 1614(a), 1631(e), and 1633(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting Social Security Administration (SSA) in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency acting in accord with sections 221 or 1633 of the Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

# SSA will insert the following revised PRA Statement into the form as soon as possible:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction</u> Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a>. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.