

## SSA Non-Attorney Direct Payment Demonstration Project

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**Applicant:**

Christine Parker

cparker@cps.ca.gov

Before You Apply

For tips to make the application process easier, please see the What's New page of the website.

Before you fill out the application online, you should familiarize yourself with the entire application. Use the left side links to view each page, the information requested, and the requirements. In addition, you should have the following available:

- Your employment history for the past five years
- Names and complete social security numbers of the claimants you have represented before SSA in the past 5 years and copies of documents verifying your representational experience, if available.
- Information about your education or equivalent professional experience
- Your personal or business liability insurance policy or insurance binder

Once you begin to complete your application be sure to use the "Continue to the next section" buttons at the bottom of the page to proceed through the application. Do not use the left side links to move forward in the application. You may use the links on the left side to go back to a previous section. If you make a change after returning to a section, you must use the "Continue to the next section" button to record that change.

Check here after reading the above statement.

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**Preliminary Questions**

1. Are you a licensed or practicing attorney?  Yes  No

2a. Do you have a bachelor's degree? (If Yes, please skip question 2b. If No, please answer question 2b.)  Yes  No

2b. Do you have equivalent qualifications? (Only respond if you answered No to question 2a.)  Yes  No

3. Can you pass all aspects of the required background check?  Yes  No

4. Have you ever had a felony conviction?  Yes  No

5. Have you ever been suspended or disqualified from practice before the Social Security Administration?  Yes  No

6. Have you had a judgment or lien assessed against you by a civil court for malpractice and/or fraud?  Yes  No

In addition, you must submit, before the close of the application period, proof that you have adequate professional liability insurance or equivalent insurance (such as business liability insurance). For further information see the application instructions

Sign off

**Applicant:**

Christine Parker  
cparker@cps.ca.gov

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**Privacy Act Statement**

The information requested on this application is authorized by section 303 of the Social Security Protection Act of 2004 (Public Law 108-203). The information provided will be used to further document your application for participation in the demonstration project authorized by section 303 and permit a determination about your eligibility to receive direct payment of fees (from a claimant's past-due benefits) for your representation services. Information requested on this application is voluntary. However, if you do not provide the required information, a decision based on the evidence in your application file can result in a determination that you are ineligible for direct payment of fees. While the information you furnish on this application would almost never be used for any purpose other than making a determination about your eligibility for direct payment of fees, such information may be disclosed by the Social Security Administration (SSA) for the following purposes (1) to assist SSA in determining your eligibility for direct payment of fees; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the demonstration project administered by SSA, and (3) to comply with laws and regulations requiring the exchange of information between SSA and another agency.

Check here after reading the above statement.

[Print](#)

**Complete Application**

Supporting Documentation  
Submit Application

Sign off

**Applicant:**  
Christine Parker  
cparker@cps.ca.gov

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Applicant:

Christine Parker  
cparker@cps.ca.gov

Applicant's Identifying Information

First Name:

Middle Name:

Last Name:

Suffix:

Previous Name(s) Used:

Reason(s) for Previous Names Used:

SSN:

Date of Birth:

Citizenship Status: U.S. Citizen

(if other, specify):

U.S. Residency Status (if non-citizen): U.S. Resident

(if other, specify):

Enter your Employer Identification Number and your Taxpayer Identification Number (if applicable):

Employer Identification Number (EIN):

Taxpayer Identification Number (TIN):

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**Applicant:**  
Christine Parker  
cparker@cps.ca.gov

Contact Information

cparker@cps.ca.gov

Address:

Address2:

City:

State:

Zipcode:

Home Phone:

Work Phone:

Mobile Phone:

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Please provide employer and/or self-employment information for positions held during the past 5 years beginning with the current or most recent. Please account for all periods of unemployment. For periods of unemployment enter the word "unemployed" in the Position/Title field and provide From and To Dates only. You must account for the last 5 continuous years from the date of the application, regardless of its relevance to the demonstration project. Failure to identify all work within the past 5 years will result in your application being denied as incomplete.

No positions have been added

Click here to add a period of employment or self-employment

Make sure this section is complete before  
continuing to the next step

**Complete Application**

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**Applicant:**  
Christine Parker  
cparker@cps.ca.gov

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#### Applicant:

Christine Parker  
cparker@cps.ca.gov

## Work History

Please provide employer and/or self-employment information for positions held during the past 5 years beginning with the current or most recent. Please account for all periods of unemployment. For periods of unemployment enter the word "unemployed" in the Position/Title field and provide From and To Dates only. You must account for the last 5 continuous years from the date of the application, regardless of its relevance to the demonstration project. Failure to identify all work within the past 5 years will result in your application being denied as incomplete.

No positions have been added

[Click here to add a period of employment or self-employment](#)

### Enter Position Information

Position/Title:

Position Description:

From Date:

To Date:

Check here if you are currently employed in this position.

Name of Employer:

Employer Address:

City:

State:

Zipcode:

Employer Phone:

Name of Supervisor:

Make sure this section is complete before continuing to the next step



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Applicant:

Christine Parker  
cparker@cps.ca.gov

1. Have you been admitted to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal Court of the United States?

Yes  No

If Yes, please provide the following information:

Name of Court:

2. Have you been, by reason of misconduct, disbarred or suspended from any court or bar to which you were previously admitted to practice?

Yes  No

If Yes, please state whether you were disbarred, suspended, or resigned in lieu of disciplinary proceedings:

Details:

3. Have you been, by reason of misconduct, disqualified, sanctioned, or suspended from participating in any Federal program or appearing before the Social Security Administration or any other Federal Agency?

Yes  No

If Yes, please provide the following information:

Name of program or agency:

Address of program or agency:

Details of disqualification, sanction, or suspension:

Date of disqualification, sanction or suspension:

Date of Reinstatement (if applicable):

4. Are you currently being investigated by reason of misconduct, by the Social Security Administration or any other Federal agency for possible disqualification, sanction or suspension?

Yes  No

If Yes, please provide the following information:

Name of program or agency:

Address of program or agency:

Details of disqualification, sanction, or suspension:

Date of investigation:

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Status of Investigation:

5. Have you had a judgment or lien assessed against you by a civil court for malpractice and/or fraud?  Yes  No

If Yes, explain the circumstances. You may submit additional explanatory documents with your other application materials.

Circumstances:

6. Have you been determined to have fraudulently used or misused any Social Security benefits?  Yes  No

7. Have you been determined to have violated any Social Security program rules (e.g. rules regarding the disclosure of evidence or representative payee rules)?  Yes  No

8. Can you pass all aspects of the required criminal background check, including a Social Security records check?  Yes  No

9. Have you applied for the SSA Non-Attorney Representative Examination before?  Yes  No

If Yes, please provide the following information:

Date of Previous Application(s):

Disposition of Previous Application:

Any Changes to Report Since Previous Application:

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Representation of Claimants Information

**Please provide information for 5 Claimants represented within 24 consecutive months during the past 5 years.**

**You may not list a claimant unless:**

- **You were the appointed representative of the claimant at the time at which SSA decided the case at any administrative level (initial, reconsideration, ALJ hearing, Appeals Council); or**
- **In cases that have not been finally decided, you appeared as the claimant's representative at a hearing before an ALJ.**

No Claimants have been added

[Click here to add a Claimant](#)

Make sure this section is complete before continuing to the next step

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Sign off

**Applicant:**

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cparker@cps.ca.gov



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Colleges/Universities Attended

Please provide information on the accredited Colleges or Universities that you have attended. For each College or University you enter, you must also provide proof in the form of an official transcript showing the stamp or raised seal, or otherwise establishing that it is an official copy. If you have a bachelor's degree or higher, you need only enter and provide proof for the College or University from which you graduated.

No College experience has been added

[Click here to add College Experience](#)

Make sure the section is complete before continuing to the next step

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High School Diploma or G.E.D.

**If you do not have at least one year of undergraduate study at an accredited College or University, you must provide information on your High School Diploma or G.E.D. You must also provide proof in the form of a copy of your high school transcripts, diploma, or G.E.D certificate (or other equivalent documentation).**

High School or G.E.D. Institution:

City:

State:

Date Diploma or Certificate Awarded:

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cparker@cps.ca.gov



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Professional Experience

**If you have a bachelor's degree or higher, skip this section.**

If you do **not** have a bachelor's degree or higher, provide information on relevant professional experience. The amount of relevant professional experience you must show varies with the number of years of undergraduate study you have reported. A certain portion of that experience must be professional level work involving claims under Title II and/or Title XVI. See the Instructions for more information about this requirement. In the Position Description field, you must add enough detail for SSA to determine if the cited experience constitutes relevant professional experience. If you have any questions, contact CPS toll free at (800) 376-5728.

No professional experience has been added

[Click here to add Professional Experience](#)

Make sure the section is complete before continuing to the next step

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**Applicant:**

Christine Parker  
cparker@cps.ca.gov

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cparker@cps.ca.gov

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No professional experience has been added

### Enter Professional Experience Information

This Experience is:  SSA related professional experience

Position/Title:

From Date:

To Date:

Check here if you are currently employed in this position.

Position Description:

Name of Employer:

Employer Address:

City:

State:

Zipcode:

Employer Phone:

Name of Supervisor:

Make sure the section is complete before continuing to the next step

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Applicant:  
Christine Parker  
cparker@cps.ca.gov

Examination Information

Applicants will be asked to select a first and second choice for their examination site (for use if they meet all of the prerequisites and are eligible to sit for the exam). Applicants must select a second choice examination location. This information will be used by SSA in the event the first choice examination site is cancelled. **Please provide your top two (2) choices for your examination location.**

First Choice Location: Austin, Texas

Second Choice Location: Austin, Texas

Please describe any special accommodation you will need at the examination location. Please note that you must provide supporting documentation from a professional qualified to determine your condition.

[Empty text box for special accommodations]

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Substantial Misrepresentation or Material Discrepancy

If I cannot substantiate my application or it is determined that the information I entered is incorrect, I understand that I may be determined ineligible for the Demonstration Project, either to begin with or, if I am found eligible, after I begin to participate in the project.

Check here after reading the above statement.

Print

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Sign off

Applicant:

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cparker@cps.ca.gov

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I understand that I must submit my online application, print a copy, sign the copy in ink, include all supporting documentation along with the application fee, and send or deliver the complete application package to the address below. I also understand that I will be required to complete, sign and submit a release form necessary for the criminal background check with this application.

CPS Human Resource Services  
Attn: SSA Demonstration Project  
241 Lathrop Way  
Sacramento, CA 95815

This application package must be postmarked or receipt-dated (if sent by private express service) by midnight E.D.T. March 1, 2006. If hand-delivered, the application must be received at the above address by 5:00 p.m. P.D.T. March 1, 2006. I further understand that the application fee is generally non-refundable. CPS will not process my application until the completed application package, including all supporting documentation, is received. If this requirement is not met as of midnight E.D.T. March 1, 2006, SSA will process your application as a denial.

Check here after reading the above statement.

Print

Sign off

Applicant:

Christine Parker  
cparker@cps.ca.gov

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**Penalty of Perjury Statement**

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and 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.

Check here after reading the above statement.

Print

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**Applicant:**  
Christine Parker  
cparkcr@cps.ca.gov

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#### Applicant:

Christine Parker  
cparker@cps.ca.gov

### Supporting Documentation

**Please provide information about your Personal Professional Liability Insurance or equivalent insurance (such as Business Liability Insurance).** You must provide a copy of your insurance policy or binder of insurance.

Type of Policy:

Coverage:

Policy Number:

Expiration Date:

Agent:

Agent Phone:

Insurance Company:

Address:

City:

State:

Zipcode:

The policy must provide coverage in States in which you do business, and in all States in which you represent claimants before SSA.

In which state(s) do you represent claimants before SSA?

In which state(s) are you insured to practice before SSA?



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Supporting Documentation

**▶ Submit Application**

Sign off

**Applicant:**

Christine Parker  
cparker@cps.ca.gov

**Please review your entire online application before submitting it.** Once you press "Submit Application", your application will be **locked** and you will not be able to make any changes. You will then be able to display and print a hard-copy version of the online application. Sign and date the printed application in the area provided. Mail your printed application and all supporting documents to:

CPS Human Resource Services  
Attn: SSA Demonstration Project  
241 Lathrop Way Suite A  
Sacramento, CA 95815

**Complete Application Package:**

Applicants are required to print out, sign (in ink), and submit their **complete application package** and background check release form in accordance with the directions provided in the **Statement of Understanding**. A complete application package consists of the completed application form and:

- A copy of your Personal Professional Liability Insurance or equivalent insurance (such as Business Liability Insurance). You must provide a copy of your insurance policy or binder of insurance;
- If applicable, an official college and/or university transcript(s) showing the stamp or raised seal of the institution, or otherwise establishing that it is an official copy;
- If applicable, a copy of your high school transcript, diploma, or GED certificate (or other equivalent documentation);
- If you did not fill out the additional information in the Representation of Claimants section for any claimant you listed as an individual you represented before SSA, you must send a copy of one of the required notices as indicated in that section;
- Application fee payment of \$1000. Online credit card payment is the preferred method.

Submit Application