

**DISABILITY HEARING OFFICER'S REPORT OF DISABILITY HEARING
(DC)**

DHU CODE NUMBER

Paperwork/Privacy Act Notice- The Social Security Administration is authorized to collect the information on this form under Section 1631(e)(1)(A) and (B) of the Social Security Act, as amended (42 U.S.C. 1383). Giving us this information is mandatory.

The information on this form will aid Disability Hearing Officers in conducting hearings and in preparing disability decisions. It will be made part of the claims folder and be subject to its rules concerning disclosure.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction 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. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

I. IDENTIFYING INFORMATION

1.	CLAIMANT'S NAME (Enter any change in address/telephone number)		
2.	SOCIAL SECURITY NUMBER - -	3.	<input type="checkbox"/> DC <input type="checkbox"/> BC
4.	NAME OF PERSON TESTIFYING FOR CLAIMANT, IF ANY, AND PERSON'S RELATIONSHIP TO CLAIMANT		

II. BACKGROUND INFORMATION

1.	FILE REVIEWED BY CLAIMANT/REPRESENTATIVE/PARENT, ETC. <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain) _____		
2.	HEARING PLACE	3.	HEARING DATE/TIME HEARING BEGAN
4.	PRESENT AT HEARING WERE:	5.	MONTH/YEAR OF CESSATION
6.		REASON FOR DETERMINATION UNDER APPEAL	
7.	DATE OF COMPARISON POINT DECISION (CPD)	8.	BASIS FOR CPD
9.	CLAIMANT'S BIRTH DATE	AGE	HEIGHT WEIGHT
10.	EDUCATION-GRADE	SPECIAL ED	OTHER (Special classes, etc.) (Specify below)
11.	ABILITY TO READ/WRITE/SPEAK/UNDERSTAND ENGLISH AT AGE-APPROPRIATE LEVEL <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)		

Carrie B.

STATEMENTS OF MEDICAL INFORMATION
(Review sources/treatment/impairment with claimant)

5. Claimant's comments on previously submitted medical evidence:

6. List any other doctors' reports, hospitalizations, and surgeries (performed and/or recommended) not contained in the claims file and which relate to the claimant's alleged disability; include explanation (if any) of why this evidence indicates no improvement and/or current disability:

7. Claimant's medication (type, prescribed dosage, reason for usage, frequency of use): Explain any changes in medication since the CPD. Effects/results of medication (including side effects, if any):

8. Other prescribed treatments/therapies (speech, language, physical, diet, inhalants, bed rest, prosthesis, counseling, etc.) since the CPD. Effects/results of other treatments (including side effects, if any):

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STATEMENTS OF NON-MEDICAL SOURCES

9. List any other sources to include educational, therapist, caseworker, etc., not contained in the claims file which relate to the disability. Include explanation (if any) of why this evidence indicates no improvement and/or current disability:

STATEMENTS OF LIMITATIONS

10. (Cognition) Briefly describe any difficulty the claimant has in age-appropriate development and cognitive functioning. Describe any changes since the CPD:

11. (Communication) Briefly describe any difficulty the claimant has in age-appropriate communicative development and functioning. Describe any changes since the CPD:

12. (Motor Abilities) Briefly describe any difficulty the claimant has in age-appropriate motor development and functioning. Describe any changes since the CPD:

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13. (Social Abilities) Briefly describe any difficulty the claimant has in age-appropriate social development and functioning. Describe any changes since the CPD:

COMPLETE ITEMS 14, 15, AND 16 AS APPROPRIATE

14. (Responsiveness to stimuli - Birth to Age 1) Briefly describe any difficulty the claimant has in terms of the ability to make appropriate physical and emotional responses to visual, auditory, or tactile stimulation. Describe any changes since the CPD:

15. (Personal Behavioral - Age 1 to Age 18) Briefly describe any difficulty the claimant has in age-appropriate personal/behavioral development and functioning. Describe any changes since the CPD:

16. (Concentration, Persistence and Pace - Age 3 to Age 18) Briefly describe any difficulty the claimant has in age-appropriate concentration, persistence, and pace. Describe any changes since the CPD:

Carroll B...

SUPPLEMENTAL EDUCATIONAL/VOCATIONAL INFORMATION

19. Review and verify educational history and describe any changes since the CPD:

20. Is the claimant involved in physical, occupational and/or speech and language therapy, special counseling, tutoring?
Describe any changes since the CPD:

21. Has the claimant had any education, training or involvement with vocational rehabilitation (VR) since the CPD?
 Yes
 No (Include any education, training or VR the claimant received, is receiving, or plans to receive.) Explain:

22. Has the claimant ever worked or is he/she currently working? Explain:

WITNESS STATEMENT

23.	A.1. NAME	A.2. RELATIONSHIP TO CLAIMANT	A.3. Excluded (check) <input type="checkbox"/>
	A.4. Why does witness think the claimant hasn't improved since the CPD or cannot function independently, appropriately, effectively? Basis for this opinion is (personal observation, what claimant, parent, etc., has said, etc.):		

B.1. NAME	B.2. RELATIONSHIP TO CLAIMANT	B.3. Excluded (check) <input type="checkbox"/>
B.4. Why does witness think the claimant hasn't improved since the CPD or cannot function independently, appropriately, effectively? Basis for this opinion is (personal observation, what claimant, parent, etc., has said, etc.):		

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24. CLOSING STATEMENT (for additional space, use continuation sheet):

Multiple horizontal lines for writing a closing statement.

DISABILITY HEARING OFFICER'S OBSERVATION OF CLAIMANT AND NOTES

25. Check each item to indicate if any difficulty observed:

	Yes	No		Yes	No
Breathing.....	<input type="checkbox"/>	<input type="checkbox"/>	Reading.....	<input type="checkbox"/>	<input type="checkbox"/>
Seeing.....	<input type="checkbox"/>	<input type="checkbox"/>	Comprehending.....	<input type="checkbox"/>	<input type="checkbox"/>
Speaking.....	<input type="checkbox"/>	<input type="checkbox"/>	Responding.....	<input type="checkbox"/>	<input type="checkbox"/>
Hearing.....	<input type="checkbox"/>	<input type="checkbox"/>	Concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>
Sitting.....	<input type="checkbox"/>	<input type="checkbox"/>	Remembering.....	<input type="checkbox"/>	<input type="checkbox"/>
Walking.....	<input type="checkbox"/>	<input type="checkbox"/>	Relating to people.....	<input type="checkbox"/>	<input type="checkbox"/>
Standing.....	<input type="checkbox"/>	<input type="checkbox"/>	Unusual behavior.....	<input type="checkbox"/>	<input type="checkbox"/>
Use of hands			Deformities.....	<input type="checkbox"/>	<input type="checkbox"/>
or arms.....	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
Writing.....	<input type="checkbox"/>	<input type="checkbox"/>			

If any of the above items are checked "yes", describe the exact difficulty involved:

Multiple horizontal lines for describing difficulties.

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