# SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699

Click here for Application Instructions

#### SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act A. Background Information Identifying Information Contact Information Work History Additional Information **B. Representation of Claimants** Representation Information C. Education/Experience Colleges/Universites Attended High School Information Professional Experience **D.** Examination Examination Information E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

#### Complete Application

Supporting Documentation Submit Application

Sign off

#### 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.

# SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699

Click here for Application Instructions	Preliminary Questions		
SSA Online Application Before You Apply	Preliminary Questions		
<ul> <li>Preliminary Questions</li> <li>Privacy Act Statement</li> <li>Paperwork Reduction Act</li> </ul>	1. Are you a licensed or practicing attorney?	C Yes	C No
A. Background Information Identifying Information Contact Information Work History	<b>2a.</b> Do you have a bachelor's degree? (If <b>Yes</b> , please skip question 2b. If <b>No</b> , please answer question 2b.)	C Yes	C No
Additional Information 8. Representation of Claimants	2b. Do you have equivalent qualifications? (Only respond if you answered No to question 2a.)	C Yes	C No
Representation Information C. Education/Experience Colleges/Universites Attended	<ol> <li>Can you pass all aspects of the required background check?</li> </ol>	C Yes	C No
High School Information Professional Experience	4. Have you ever had a felony conviction?	C Yes	C No
<ul> <li>D. Examination</li> <li>Examination Information</li> <li>E. Statements</li> <li>Additional Information</li> <li>Misrepresentation Statement</li> <li>Statement of Understanding</li> <li>Penalty of Perjury Statement</li> </ul>	5. Have you ever been suspended or disqualified from practice before the Social Security Administration?	(* Yes	C No
	6. Have you had a judgment or lien assessed against you by a civil court for malpractice and/or fraud?	( Yes	ΓNα
Complete Application Supporting Documentation Submit Application	In addition, you must submit, before the close of the period, proof that you have adequate professional lia or equivalent insurance (such as business liability ins further information see the application instructions	bility insura	ance

Applicant: Christine Parker cparker@cps.ca.gov

TO:919165611824

SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699 Click here for Privacy Act Statement **Application Instructions** Please see below SSA Online Application **Privacy Act Statement** Before You Apply for revised Privacy Preliminary Questions The Information requested on t 303 of the Social Security Prote by section **Privacy Act Statement** ↓ 108-2Ø3). Paperwork Reduction Act 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 A. Background Information Identifying Information Contact Information Work History representation services. Information requested on this application is voluntary. However, if you do not provide the required information, a Additional Information **B. Representation of Claimants** decision based on the evidence in your application file can result in a determination that you are incligible for direct payment of fees. While Representation Information C. Education/Experience the information you furnish on this application would almost never be used for any purpose other than making a determination about your Colleges/Universites Attended High School Information eligibility for direct payment of fees, such information may be disclosed Professional Experience by the Social Security Administration (SSA) for the following purposes (1) to assist SSA in determining your eligibility for direct payment of D. Examination Examination Information fees; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the demonstration project E. Statements Additional Information administered by SSA/ and (3) to comply/with laws and regulations Misrepresentation Statement requiring the exchange of information between SSA and another Statement of Understanding agency. Penalty of Perjury Statement Check here after reading the above statement. **Complete Application** Supporting Documentation Print Submit Application Sign off Save And Continue To The Next Step > Applicant: Christine Parker cparker@cps.ca.gov

1/0/2007

#### OMB No. 0960-0699

Click here for Application Instructions

SSA Non-Attorney Direct Payment Demonstration Project

SSA Online Application Before You Apply Preliminary Questions Privacy Act Statement

- Paperwork Reduction Act
   A. Background Information Identifying Information Contact Information Work History Additional Information
- B. Representation of Claimants Representation Information
- C. Education / Experience Colleges/Universites Attended High School Information Professional Experience
- D. Examination Examination Information

#### E. Statements Additional Information Misropresentation Statement Statement of Understanding Penalty of Perjury Statement

Complete Application Supporting Documentation Submit Application

Sign off

#### Applicant:

Christine Parker cparker@cps.ca.gov

#### Paperwork Reduction Act Statement

#### **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 30 - 60 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED APPLICATION TO CPS HUMAN RESOURCE SERVICES. You may send comments on our time estimate above to: SSA, <u>1338 Annex Building</u> Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.

Check here after reading t	he above statement.
Print	Replace text with
	"6401 Security Blvd., Baltimore,
Save And Continue To The	MD 21235-6401."

SSA Non-Attorney Direct Payment Demonstration Project

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lick here for pplication Instructions	. Applic.	ant's Identifying Information
	First Name:	
SA Online Application	rust namer	
Before You Apply	Middle Name:	
Preliminary Questions	magic Marier	
Privacy Act Statement	Last Name:	
Paperwork Reduction Act	Last Name:	
. Background Information	Suffix:	
<ul> <li>Identifying Information</li> </ul>	30/12:	]
Contact Information		
Work History	Previous Name(s) Used:	
Additional Information		
Representation of Claimants	Reason(s) for Previous	
Representation Information	Names Used:	hanna a
C. Education/Experience		
Colleges/Universites Attended		
High School Information Professional Experience	SSN:	
. Examination	. אככ	
Examination Information		1
E. Statements	Date of Birth:	
Additional Information	Citizenship Status:	
Misrepresentation Statement	cruzensnip status:	U.S. Citizen
Statement of Understanding		
Penalty of Perjury Statement	(if other, specify):	
complete Application		
Supporting Documentation	U.S. Residency Status	U.S. Resident
Submit Application	(if non-citizen):	
		r · · · · · · · · · · · · · · · · · · ·
	(If other, specify):	
Sign off		
Sign on	Epter your Employer Ider	itification Number and your Taxpayer
Apolicant	Identification Number (if	
Applicant: Christine Parker		
cparker@cps.ca.gov	Employer Identification	
abar wardt an	Number (EIN):	
	Taxpayer Identification	
	Number (TIN):	•, , ,
		N 1 1 1
	Save And	Continue To The Next Step >

# SSA Non-Attorney Direct Payment Demonstration Project

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Click here for Application Instructions

SSA Online Application Before You Apply Preliminary Questions	-	Contact Information
Privacy Act Statement Paperwork Reduction Act A. Background Information		cparker@cps.ca.gov
Identifying Information Contact Information Work History	Address:	
Additional Information B. Representation of Claimants	Address2:	
Representation Information C. Education/Experience	City:	
Colleges/Universites Attended High School Information	State:	
Professional Experience <b>D. Examination</b> Examination Information	Zipcode:	
E. Statements		·····
Additional Information Misrepresentation Statement	Home Phone:	
Statement of Understanding Penalty of Perjury Statement	Work Phone:	
Complete Application Supporting Documentation Submit Application	Mobile Phone:	
Sign off		Save And Continue To The Next Step >

Applicant: Christine Parker cparker@cps.ca.gov

#### OMB No. 0960-0699

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#### SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

- A. Background Information Identifying Information Contact Information
- Work History Additional Information
- B. Representation of Claimants Representation Information
- C. Education/Experience Colleges/Universites Attended High School Information Professional Experience

# D. Examination

Examination Information **6. Statements** 

Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

#### **Complete Application**

Supporting Documentation Submit Application

Sign off

## 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

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

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TO:919165611824

P:8/25

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OMB No. 0960-0699	
Click here for Application Instructions	Work History
SSA Online Application Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act A. Background Information Identifying Information Contact Information 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. Fallure to identify all work within the past 5 years will result in your application being denied as incomplete.
Additional Information	No positions have been added
<b>B. Representation of Claimants</b> Representation Information <b>C. Education/Experience</b> Colleges/Universites Attended	Click here to add a period of employment or self-employment
High School Information Professional Experience D. Examination	Enter Position Information
Examination Information E. Statements	Position/Title:
Additional Information Misrepresentation Statement	Position Description:
Statement of Understanding Penalty of Perjury Statement	From Date:
Complete Application Supporting Documentation Submit Application	To Date:
Sign off	Name of Employer:
Applicant:	Employer Address:
Christine Parker cparker@cps.ca.gov	
	State:
	Zipcode:
	Employer Phone:
	Name of Supervisor:
	Add This Position
	Cancel

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

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# SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699	
Click here for Application Instructions	Additional Information
SSA Online Application Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act	<ol> <li>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 C Yes C No Supreme Court or a lower Federal Court of the United States?</li> </ol>
A. Background Information Identifying Information Contact Information	If Yes, please provide the following information:
Work History	Name of Court:
<ul> <li>Additional Information</li> <li>Representation of Claimants</li> <li>Representation Information</li> </ul>	
C. Education/Experience Colleges/Universites Attended High School Information Professional Experience	2. Have you been, by reason of misconduct, disbarred or suspended from any court or bar to C Yes C No which you were previously admitted to practice?
D. Examination Examination Information	If Yes, please state whether you were disbarred, suspended, or resigned in lieu of disciplinary proceedings:
E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement	Details:
Complete Application Supporting Documentation Submit Application	<ol> <li>Have you been, by reason of misconduct, disqualified, sanctioned, or suspended from participating in any Federal program or appearing C Yes C No before the Social Security Administration or any other Federal Agency?</li> </ol>
	If Yes, please provide the following information:
Applicant: Christine Parker	Name of program or agency:
cparker@cps.ca.gov	Address of program or agency:
	Details of disqualification, sanction, or suspension:
	Date of disqualification, sanction
	Date of Reinstatement (If applicable):
	<ol> <li>Are you currently being investigated by reason of misconduct, by the Social Security Administration or C Yes C No any other Federal agency for possible disqualification, sanction or suspension?</li> </ol>
	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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# SSA Non-Attorney Direct Payment Demonstration Project

Status of Investigation:	e <sup>rte</sup> r-
5. Have you had a judgment or lien assessed against you by a civil court for malpractice and/or	( 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 C Yes used or misused any Social Security benefits?	( No
<ul> <li>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?</li> </ul>	( No
8. Can you pass all aspects of the required criminal background check, including a Social Security C Yes records check?	( No
9. Have you applied for the SSA Non-Attorney C Yes Representative Examination before?	€ No
If Yes, please provide the following information:	
Date of Previous Application(s):	
Disposition of Previous Application:	
Any Changes to Report Since Previous Application:	ين کې مېکې

Save And Continue To The Next Step >

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#### OMB No. 0960-0699

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#### SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

A. Background Information Identifying Information Contact Information Work History Additional Information

- **B. Representation of Claimants**
- Representation Information
- C. Education/Experience
- Colleges/Universites Attended High School Information Professional Experience **D. Examination**
- Examination Information

#### E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

Complete Application

Supporting Documentation Submit Application

Sign off

#### Applicant:

Christine Parker cparker@cps.ca.gov

#### 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

SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699	
Click here for Application Instructions	Representation of Claimants Information
SSA Online Application Before You Apply	Please provide Information for 5 Claimants represented within 24 consecutive months during the past 5 years.
Preliminary Questions Privacy Act Statement Paperwork Reduction Act	You may not list a claimant unless:
A. Background Information Identifying Information Contact Information Work History Additional Information	<ul> <li>You were the appointed representative of the claimant at the time at which SSA decided the case at any administrative level (initial, reconsideration, ALI hearing, Appeals Council); or</li> </ul>
<ul> <li>B. Representation of Claimants</li> <li>Representation Information</li> <li>C. Education/Experience</li> </ul>	<ul> <li>In cases that have not been finally decided, you appeared as the claimant's representative at a hearing before an ALJ.</li> </ul>
Colleges/Universites Attended High School Information Professional Experience <b>D. Examination</b>	No Claimants have been added
Examination Information E. Statements Additional Information	Enter Claimant Information
Misrepresentation Statement Statement of Understanding	Claimant's First Name:
Penalty of Perjury Statement	Claimant's Last Name:
Complete Application Supporting Documentation Submit Application	Claimant's Full SSN:
Sign off	you can provide a copy of any one of the following that you received as an appointed representative of this claimant during the relevant 24 month period: a notice of either an initial determination, a reconsideration determination, an ALJ hearing that was held, an ALJ
Applicant:	decision, or an Appeals Council decision.
Christine Parker cparker@cps.ca.gov	Date Representation
	Ended:
	Appeal Level:
	Date of Hearing:
	Did you receive a notice of an initial or reconsideration determination, an ALJ hearing, or an ALJ or Appeals Council decision? If so, enter the latest such notice you received and the date you received it.
	Type of Notice:
	Notice Date:
	Are you attaching copies of documents to prove your representational experience? <ul> <li>No</li> <li>Yes</li> </ul>
	experience? • No • Yes
	Cancel
	Make sure this section is complete before continuing to the next step

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Save And Continue To The Next Step >

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## SSA Online Application

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- A. Background Information Identifying Information Contact Information Work History Additional Information
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- C. Education/Experience
- Colleges/Universites Attended High School Information Professional Experience
- D. Examination Examination Information

#### E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

**Complete Application** 

Supporting Documentation Submit Application 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

Save And Continue To The Next Step >

Sign off

Applicant:

Christine Parker cparker@cps.ca.gov

# SSA Non-Attorney Direct Payment Demonstration Project

OMB No. 0960-0699		i
Click here for Application Instructions	Colleges/Universities Attended	1
<b>SSA Online Application</b> Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act <b>A. Background Information</b> Identifying Information Contact Information Work History	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.	
Additional Information B. Representation of Claimants Representation Information C. Education/Experience	No College experience has been added	
<ul> <li>Colleges/Universites Attended High School Information Professional Experience</li> <li>Examination</li> </ul>	Enter College Experience Information	
Examination Examination Information E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement	Name of College/University:	
Complete Application Supporting Documentation Submit Application	Dates Attended:	
Slgn off	.	
<b>Applicant:</b> Christine Parker cparker@cps.ca.gov	Add This Experience	
	Make sure the section is complete before continuing to the next step	

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SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

A. Background Information Identifying Information Contact Information Work History Additional Information

- B. Representation of Claimants Representation Information
- C. Education/Experience Colleges/Universites Attended
- High School Information Professional Experience
- D. Examination Examination Information

E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

**Complete Application** 

Supporting Documentation Submit Application 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 Diploma or G.E.D.

G.E.D. Institution:	
City:	
State:	
Date Diploma or Certificate Awarded:	

Save And Continue To The Next Step >

Sign off

Applicant: Christine Parker cparker@cps.ca.gov

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#### SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

- A. Background Information Identifying Information Contact Information Work History Additional Information
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- **Professional Experience**
- **D. Examination** Examination Information

E. Statements Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

#### Complete Application

Supporting Documentation Submit Application

Sign off

### Applicant:

Christine Parker cparker@cps.ca.gov

#### 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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# SSA Non-Attorney Direct Payment Demonstration Project

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Click here for Application Instructions	Professional Experience
SSA Online Application Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act A. Background Information Identifying Information Contact Information Work History Additional Information B. Representation of Claimants Representation Information C. Education / Experience Colleges/Universites Attended	If you have a bachelor's degree or higher, skip this section. If you do <b>not</b> 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 regulrement. In the Position Description field, you must add enough detall 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.
High School Information  Professional Experience  D. Examination	No professional experience has been added
Examination Information <b>E. Statements</b> Additional Information	Enter Professional Experience Information
Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement	This Experience is: SSA related professional experience
Complete Application Supporting Documentation	Position/Title:
Submit Application	To Date:
Sign off	Check here if you are currently employed in this position.
<b>Applicant:</b> Christine Parker eparker@eps.ca.gov	Position Description:
	Name of Employer:
	Employer Address:
	City:
	Zipcode:
	Employer Phone:
	Add This Experience
	Make sure the section is complete before continuing to the next step

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Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

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- C. Education/Experience Colleges/Universites Attended High School Information Professional Experience
- D. Examination
- Examination Information
- E. Statements
- Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

#### **Complete Application**

Supporting Documentation Submit Application

Sign off

#### Applicant:

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

Examination Information

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.



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- **D. Examination** Examination Information
- E. Statements
- Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement
- Complete Application

Supporting Documentation Submit Application

Sign off

Applicant:

Christine Parker cparker@cps.ca.gov Please enter any additional information in the box below:

Additional Information

#### OMB No. 0960-0699

Click here for Application Instructions

SSA Online Application Before You Apply Proliminary Questions		
Privacy Act Statement Paperwork Reduction Act		1
A. Background Information Identifying Information Contact Information	Substantial Misrepresentation or Material Discrepancy	
Work History Additional Information <b>B. Representation of Claimants</b> Representation Information	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.	
C. Education/Experience Colleges/Universites Attended High School Information Professional Experience	Check here after reading the above statement.	
D. Examination Examination Information	Check here and reading the above statement.	
<ul> <li>E. Statements</li> <li>Additional Information</li> <li>Misrepresentation Statement</li> <li>Statement of Understanding</li> <li>Penalty of Perjury Statement</li> </ul>	Prinț	
<b>Complete Application</b> Supporting Documentation Submit Application	Save And Continue To The Next Step >	1

Sign off

Applicant: Christine Parker cparker@cps.ca.gov

## SSA Non-Attorney Direct Payment Demonstration Project

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SSA Online Application Before You Apply

Preliminary Questions Privacy Act Statement Paperwork Reduction Act

A. Background Information Identifying Information Contact Information Work History Additional Information

- **B. Representation of Claimants** Representation Information
- C. Education/Experience Colleges/Universites Attended High School Information Professional Experience D. Examination
- Examination Examination Examination Information
- Additional Information Misrepresentation Statement
- Statement of Understanding Penalty of Perjury Statement

#### Complete Application

Supporting Documentation Submit Application

Sign off

Applicant: Christine Parker cparker@cps.ca.gov Statement of Understanding

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 recelpt-dated (If sent by private express service) by midnight E.D.T. March 1, 2006. If handdelivered, 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

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SSA Non-Attorney Direct Payment Demonstration Project

### SSA Online Application

Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

- A. Background Information Identifying Information Contact Information Work History Additional Information
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- **C. Education/Experience** Colleges/Universites Attended High School Information Professional Experience
- D. Examination Examination Information
- E. Statements Additional Information Misrepresentation Statement Statement of Understanding

Penalty of Perjury Statement

#### Complete Application

Supporting Documentation Submit Application

Save And Continue To The Next Step >

Penalty of Perjury Statement

I declare under penalty of perjury that I have examined all the

forms, and it is true and correct to the best of my knowledge. I

other penalties, or both.

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information on this form, and on any accompanying statements or

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

Print

Check here after reading the above statement.

Sign off

## Applicant:

Christine Parker cparker@cps.ca.gov

# SSA Non-Attorney Direct Payment Demonstration Project

Page 1 of 1

lick here for	Supporting Documentation			
Application Instructions				
	Please provid	e information about your Personal Professional		
SSA Online Application	Liability Insu	ance or equivalent insurance (such as Busines		
	Liability Insurance). You must provide a copy of your insurance			
Before You Apply	policy or binder	of insurance.		
Preliminary Questions				
Privacy Act Statement				
Paperwork Reduction Act A. Background Information	Type of			
Identifying Information	Policy:			
Contact Information				
Work History	Coverage:			
Additional Information				
B. Representation of Claimants	Policy			
Representation Information	Number:			
C. Education/Experience				
Colleges/Universites Attended	Expiration			
High School Information	Date:			
Professional Experience				
). Examination		<u>,                                     </u>		
Examination Information	Agent:			
. Statements		<b>_</b>		
Additional Information	Agent Phone:			
Misrepresentation Statement				
Statement of Understanding	Insurance			
Penalty of Perjury Statement	Company:	۱, <u>ا</u>		
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Complete Application	Address:	L		
<ul> <li>Supporting Documentation</li> </ul>	<b>.</b>			
Submit Application	City:			
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	State:			
Sign off	Zipcode:			
	zipcode.			
Applicant:				
Christine Parker		; provide coverage in States in which you do busines		
cparker@cps.ca.gov	and in all State:	s in which you represent claimants before SSA.		
	In which	state(s) do you represent claimants before SSA?		
	Ta urbieb	state(s) are you insured to practice before SSA?		
	to which	state(s) are you insured to practice perpre SSA?		
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		Save And Continue To The Next Step >		

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# SSA Non-Attorney Direct Payment Demonstration Project

P:25/25

OMB No. 0960-0699

Click here for Application Instructions

SSA Online Application Before You Apply Preliminary Questions Privacy Act Statement Paperwork Reduction Act

A. Background Information Identifying Information Contact Information Work History Additional Information

- **B. Representation of Claimants** Representation Information
- C. Education/Experience Colleges/Universites Attended High School Information Professional Experience D. Examination
- Examination Information E. Statements

Additional Information Misrepresentation Statement Statement of Understanding Penalty of Perjury Statement

#### Complete Application

- Supporting Documentation
- Submit Application

Sign off

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

Submit Application

# 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:

CP5 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

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# Reporting Changes That Affect Your Social Security Payment – Form SSA-1425 Privacy Act Statement Collection and Use of Personal Information

Sections 202, 203, and 205 of the Social Security Act, as amended (42 U.S.C. 402, 403, and 405) authorizes us to collect this information. We will us the information you provide to assist us in determining your continuing eligibility to benefits or your benefit amount. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on your claim or could result in the loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records(e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at <u>www.socialsecurity.gov</u> or at your local Social Security office.