

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

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Privacy Act Statement

Please see below for revised Privacy Act Statement.

The information requested on this application for participation in the demonstration project authorized by section 303 of the Social Security Protection Act (Public Law 108-203) 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.

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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, ~~1338 Annex Building~~ Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.

Check here after reading the above statement.

Print

Replace text with
"6401 Security
Blvd., Baltimore,
MD 21235-6401."

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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:

(if other, specify):

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

(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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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
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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:

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Applicant:

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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:

[Text input field]

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:

[Text input field]

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):

[Text input field]

Disposition of Previous Application:

[Text input field]

Any Changes to Report Since Previous Application:

[Text input field]

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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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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

Enter Claimant Information

Claimant's First Name:

Claimant's Last Name:

Claimant's Full SSN:

You will not be required to provide the additional information below if 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 decision, or an Appeals Council decision.

Date Appointed:

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? No Yes

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

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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](#)

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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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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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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

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:

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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.

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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.

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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.

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Sign off

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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.

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Applicant:
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cparkcr@cps.ca.gov

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Applicant:

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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?

Save And Continue To The Next Step >

SSA Non-Attorney Direct Payment Demonstration Project

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OMB No. 0960-0699

Submit Application

**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/Universities 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

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

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 use 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 www.socialsecurity.gov or at your local Social Security office.