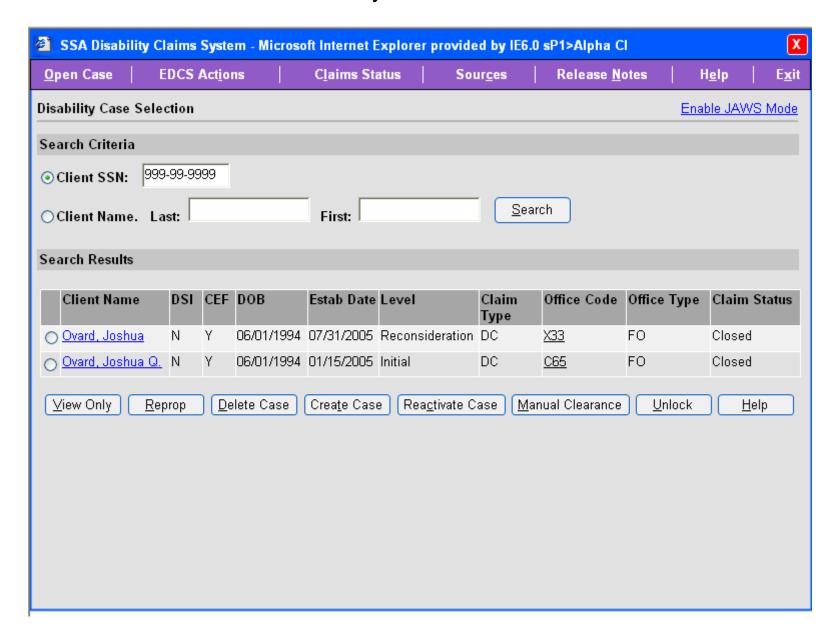
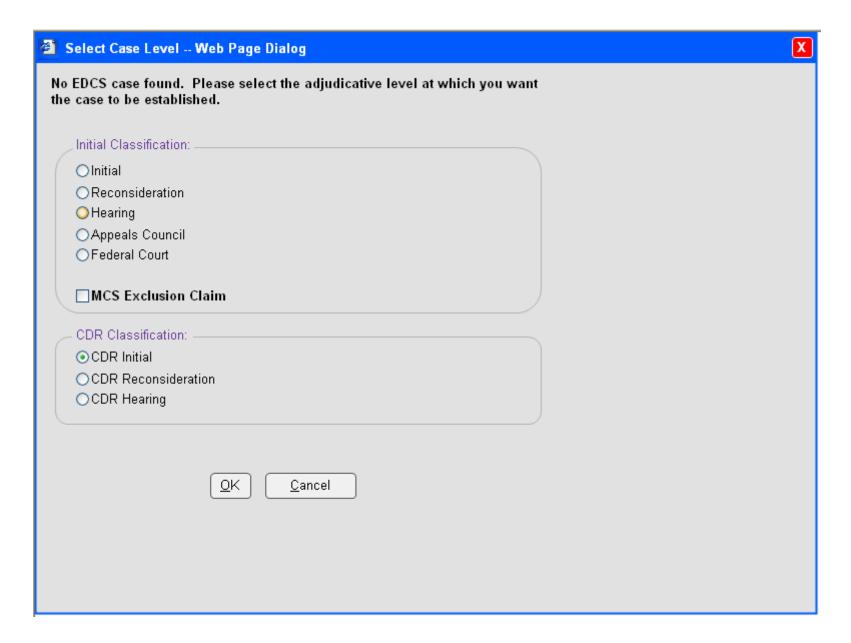
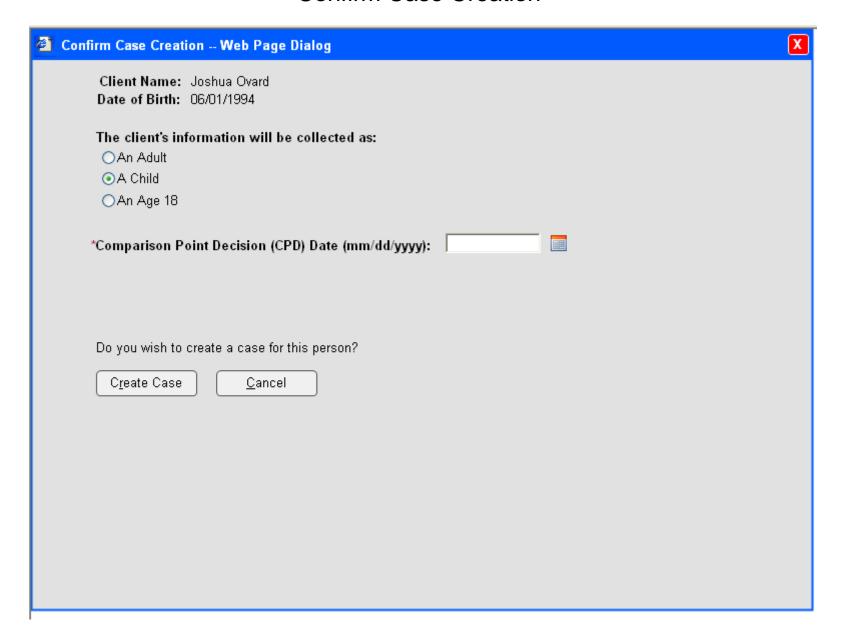
Disability Case Selection



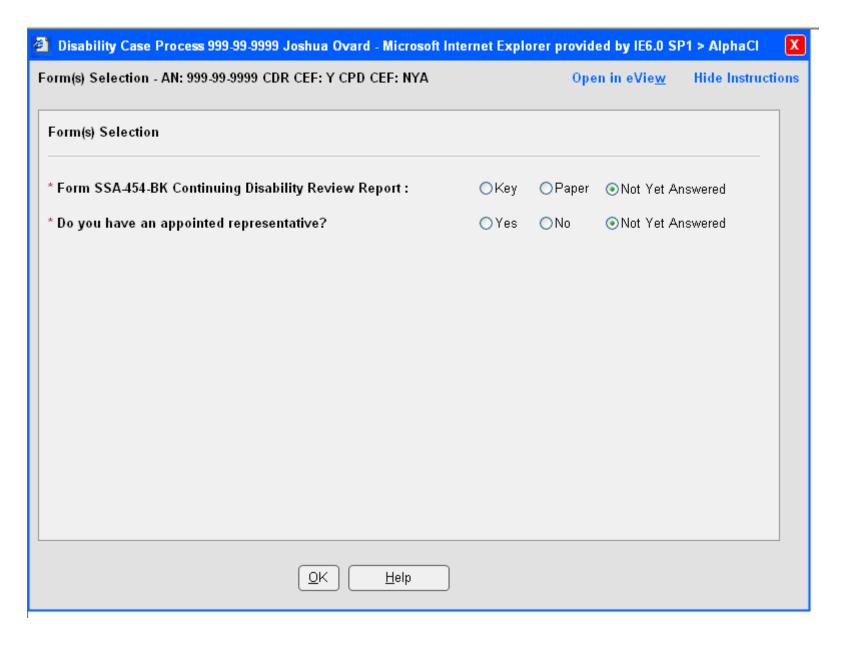
Select Case Level



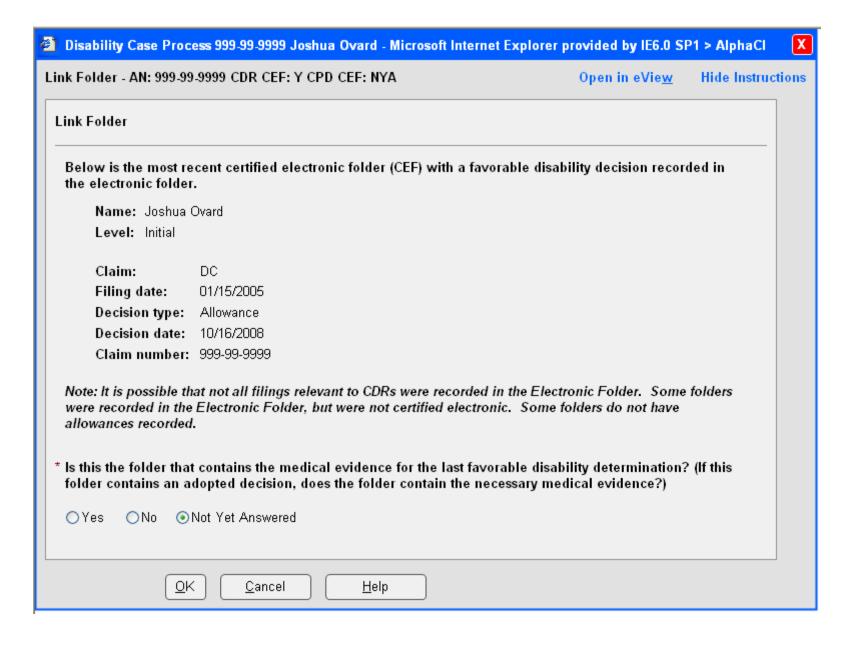
Confirm Case Creation



Form Selection



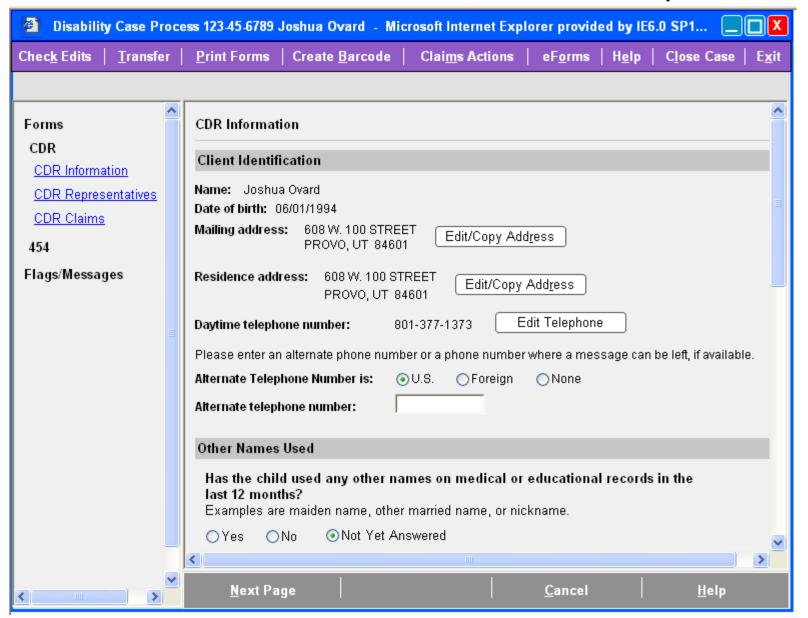
Link Folder



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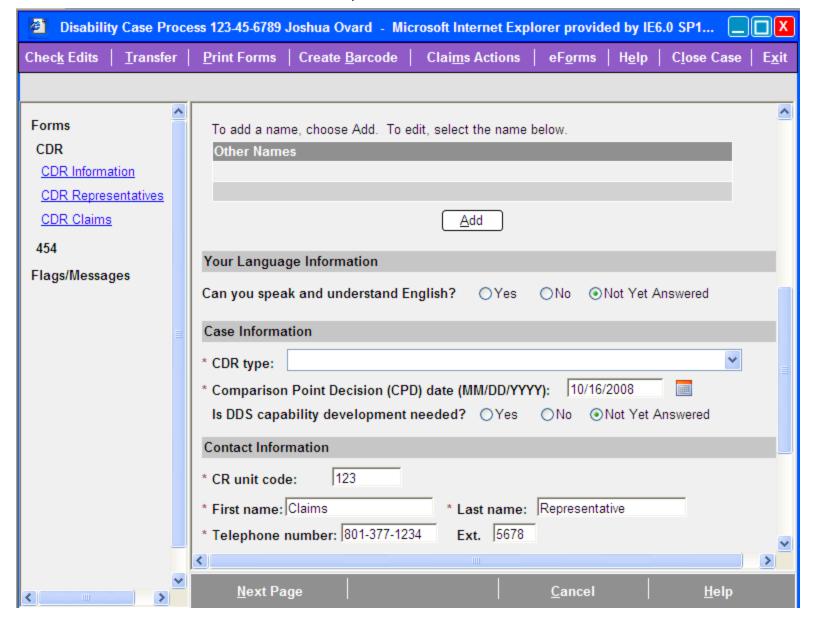
CDR Information, Part 1 of 2

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



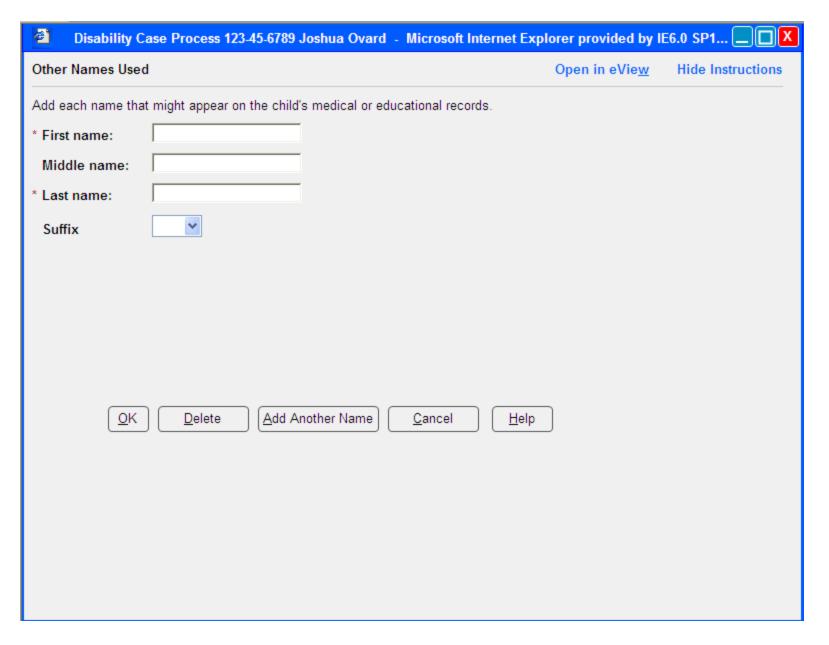
CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered



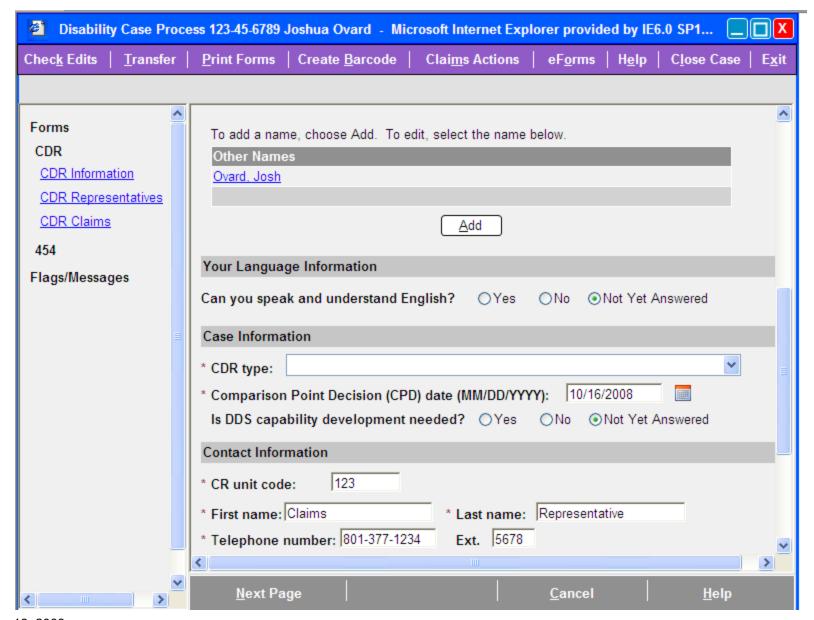
May 13, 2009 7

Other Names Used



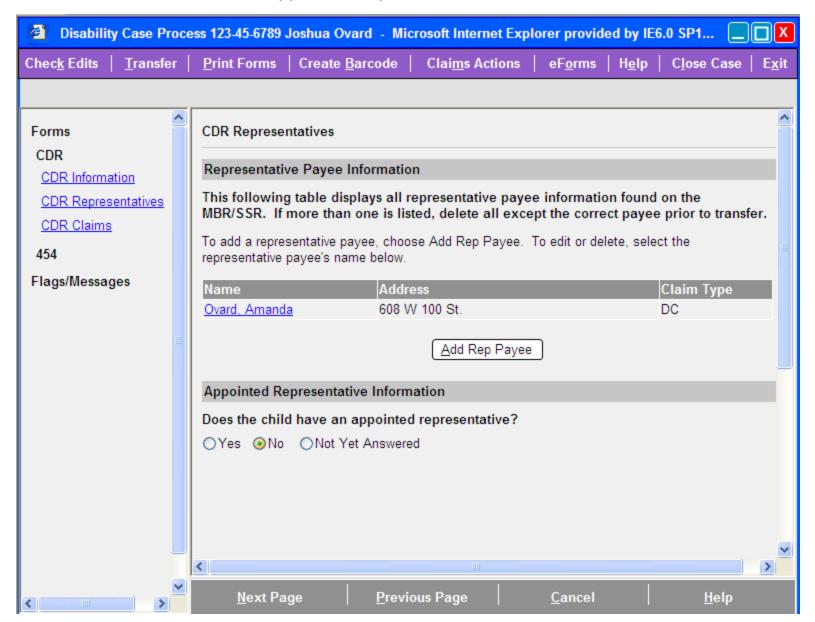
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



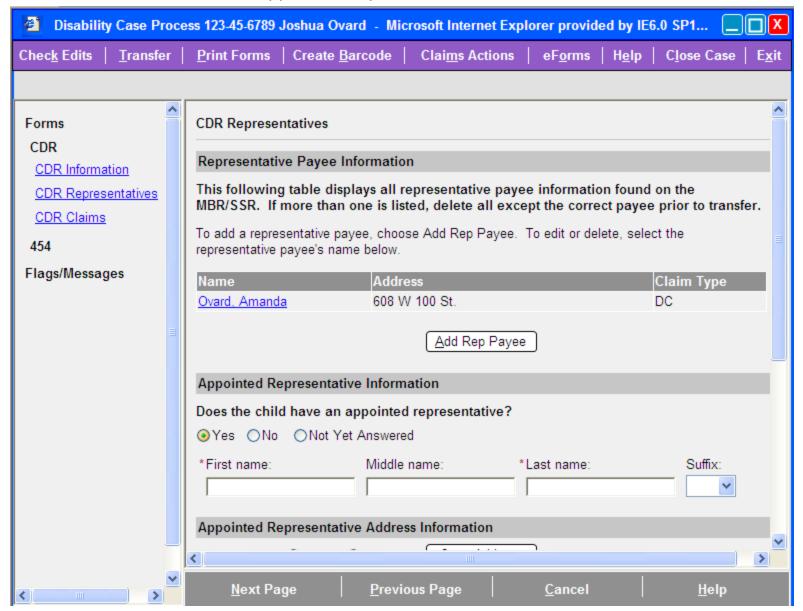
CDR Representatives

Appointed Representative = No



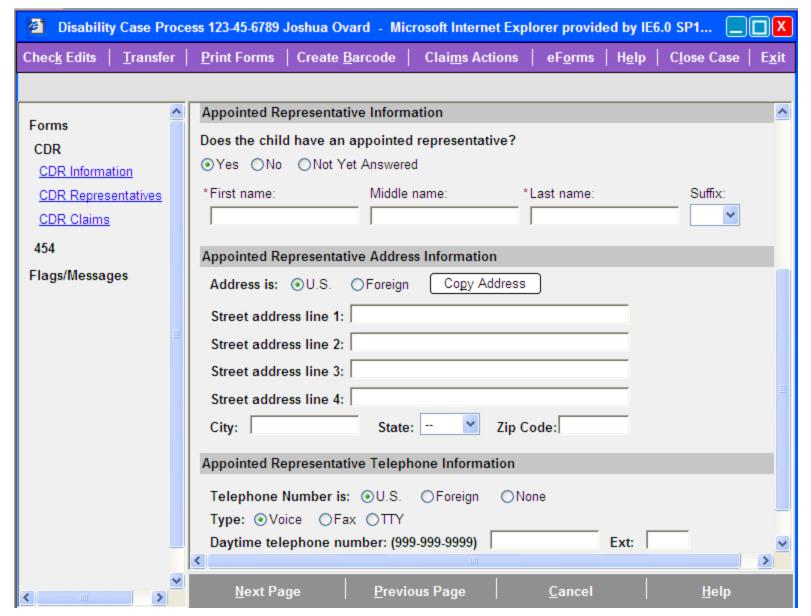
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

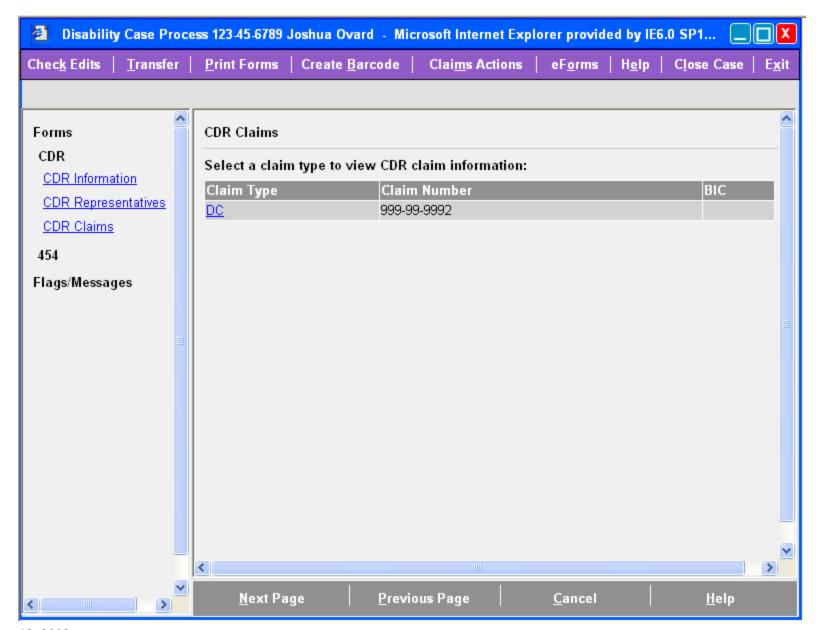


CDR Representatives, Part 2 of 2

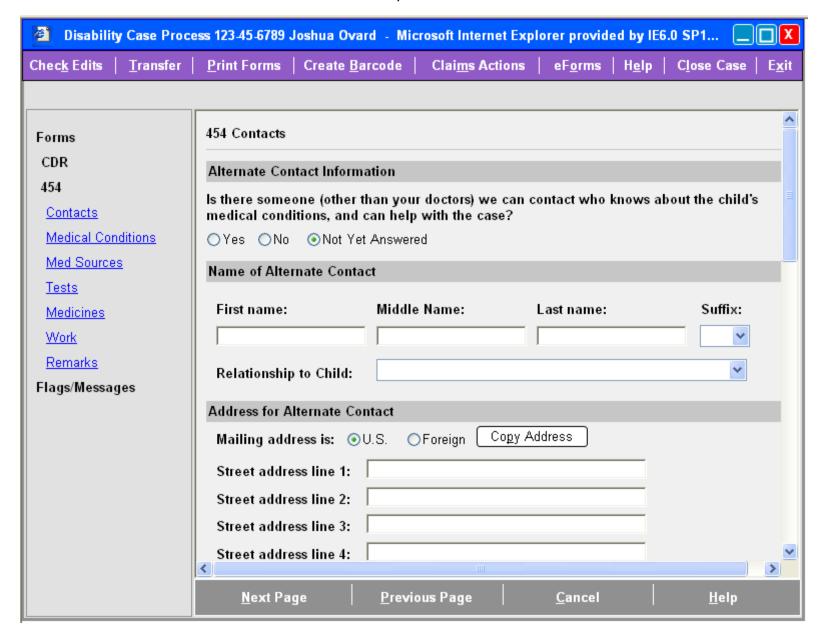
Appointed Representative = Yes



CDR Claims

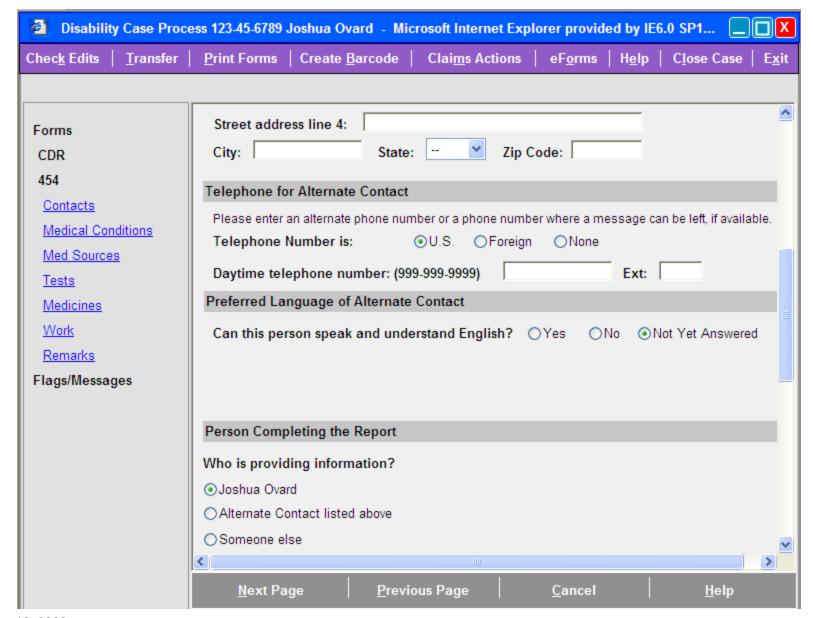


Contacts, Part 1 of 3

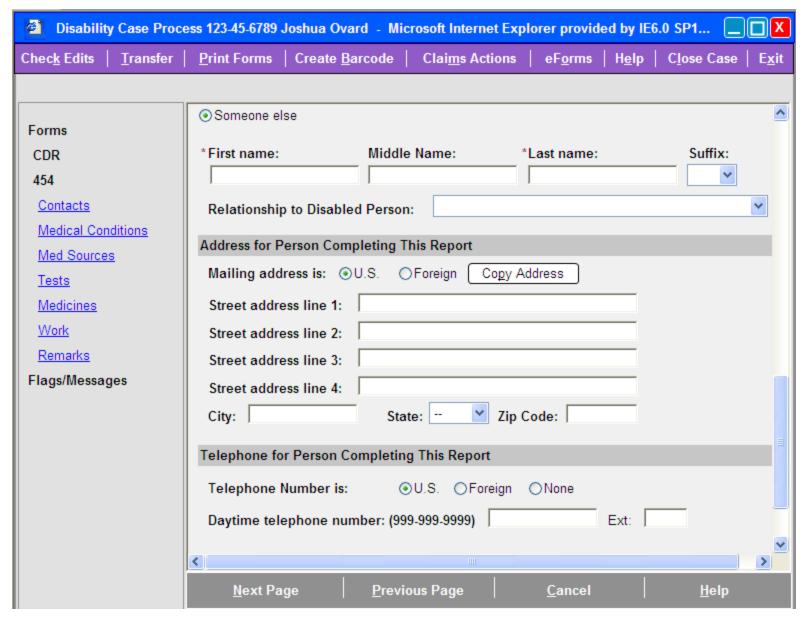


Contacts, Part 2 of 3

Person Completing Report = Claimant

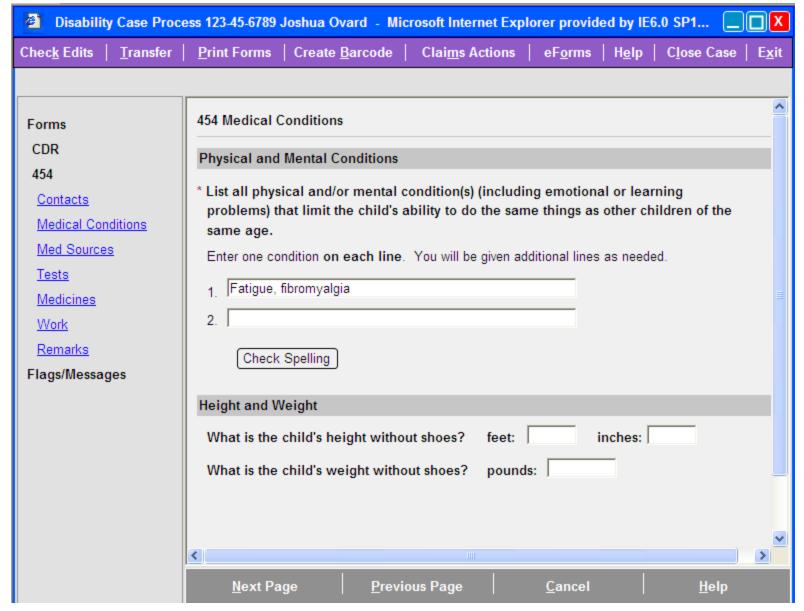


Contacts, Part 3 of 3 Person Completing Report = Someone Else



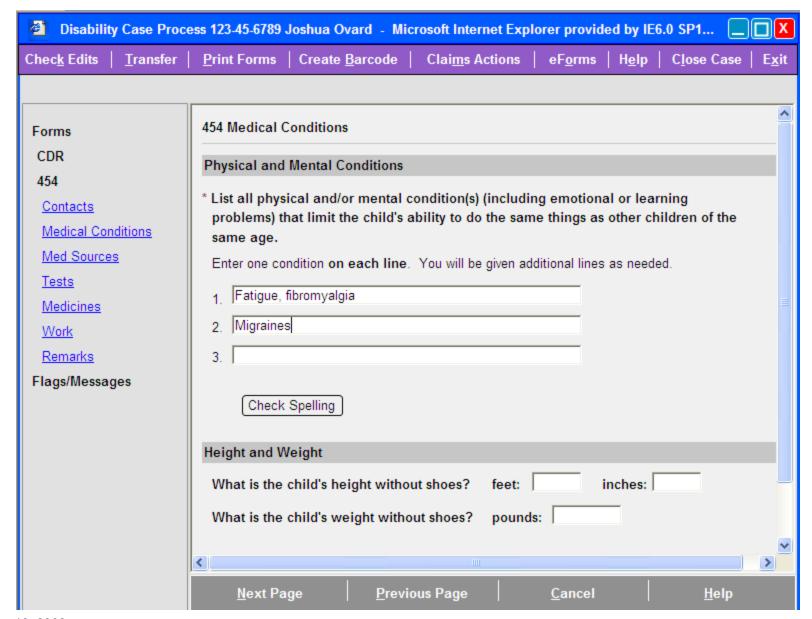
Medical Conditions

Medical Conditions Propagated from mainframe, no new conditions entered

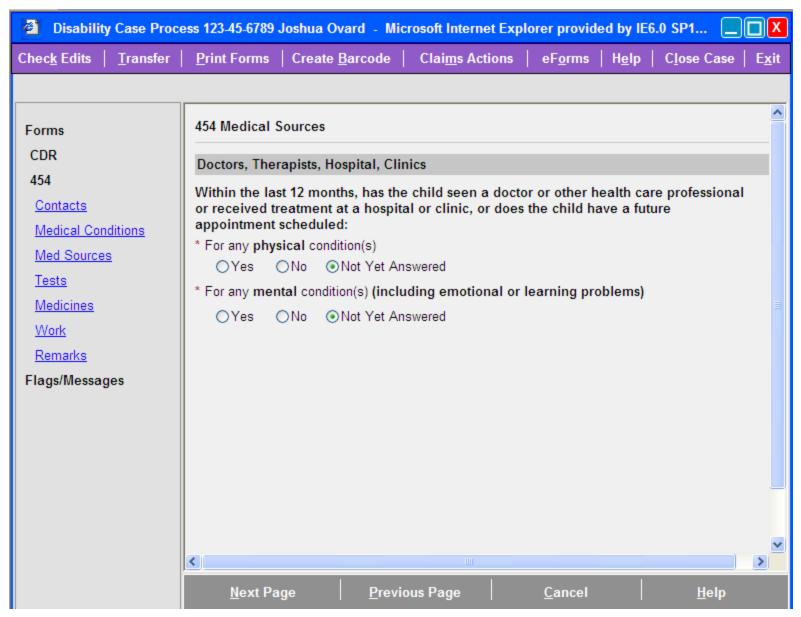


Medical Conditions

Medical Conditions Propagated from mainframe, plus one new conditions entered

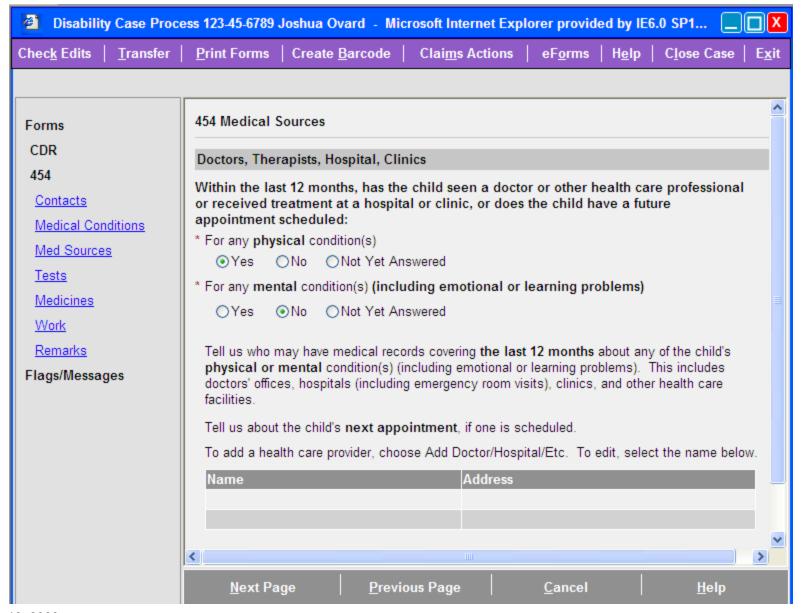


Medical Sources Initial view



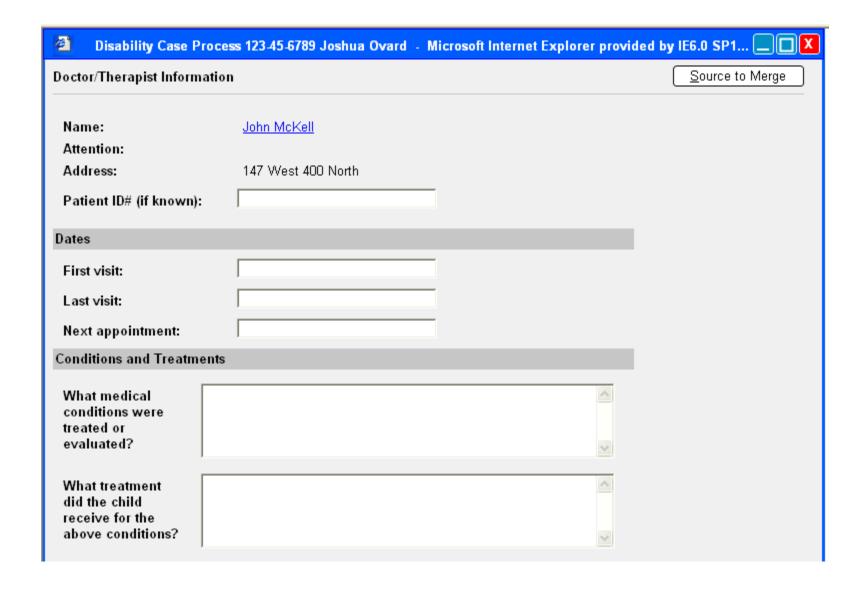
Medical Sources

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



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Add Doctor/Therapist, Part 1 of 2



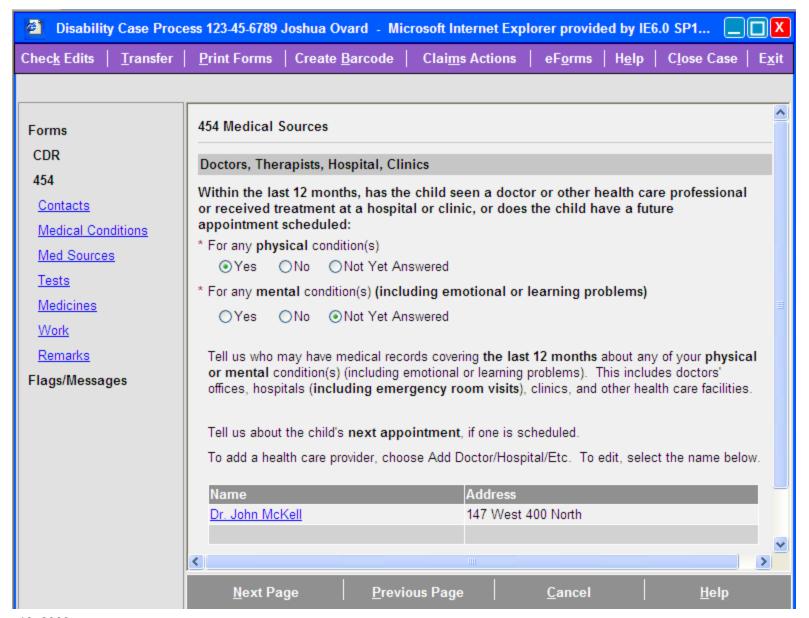
Add Doctor/Therapist, Part 2 of 2

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

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Medical Sources

User has indicated claimant has medical sources and entered a doctor



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Add Hospital/Clinic, Part 1 of 3

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

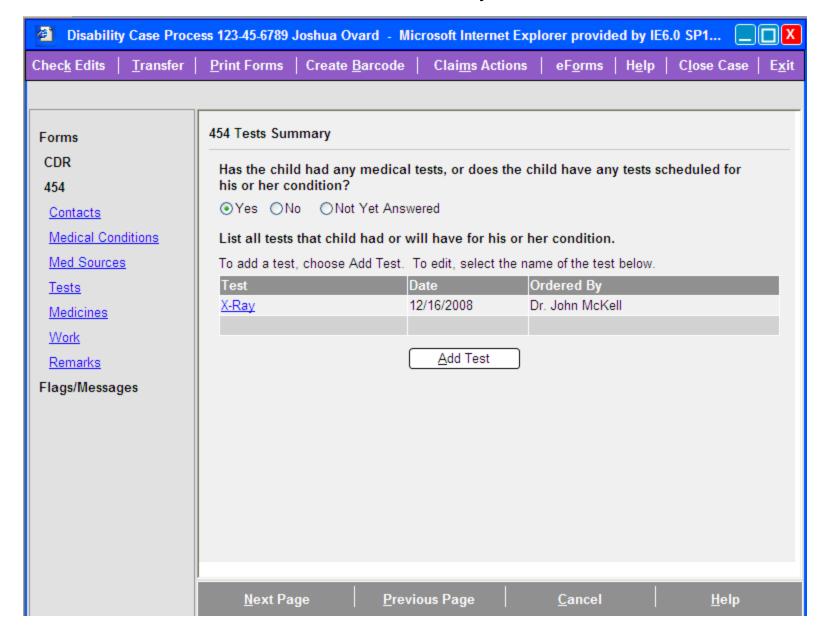
Add Hospital/Clinic, Part 2 of 3

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

Add Hospital/Clinic, Part 3 of 3

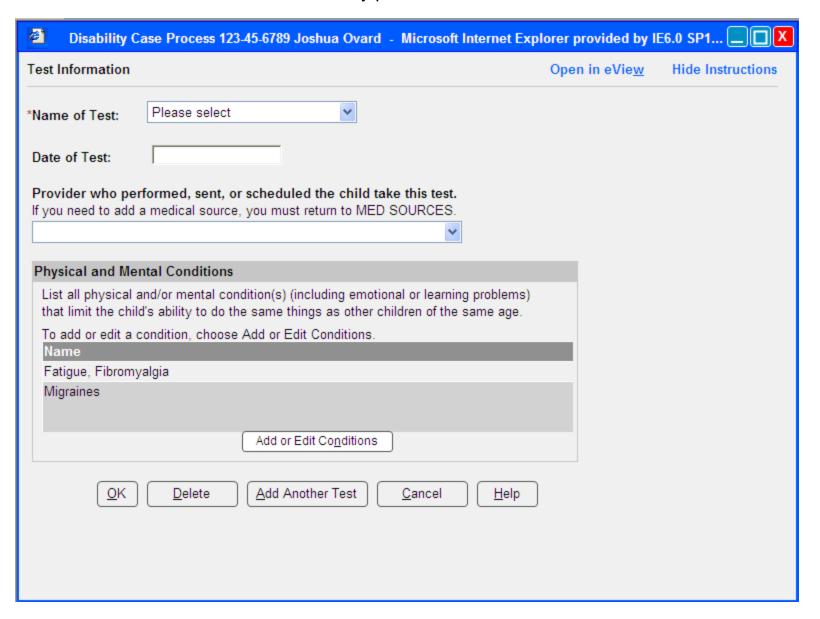
Medicines
List any prescription or non-prescription medicines the child is now taking, or has taken in the last 12 months, prescribed or suggested by this provider.
To add a medicine, choose Add Medicine. To edit, select the name of the medicine below. Medicine Prescribed By Reason
Add Medicine
Physical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

Tests Summary



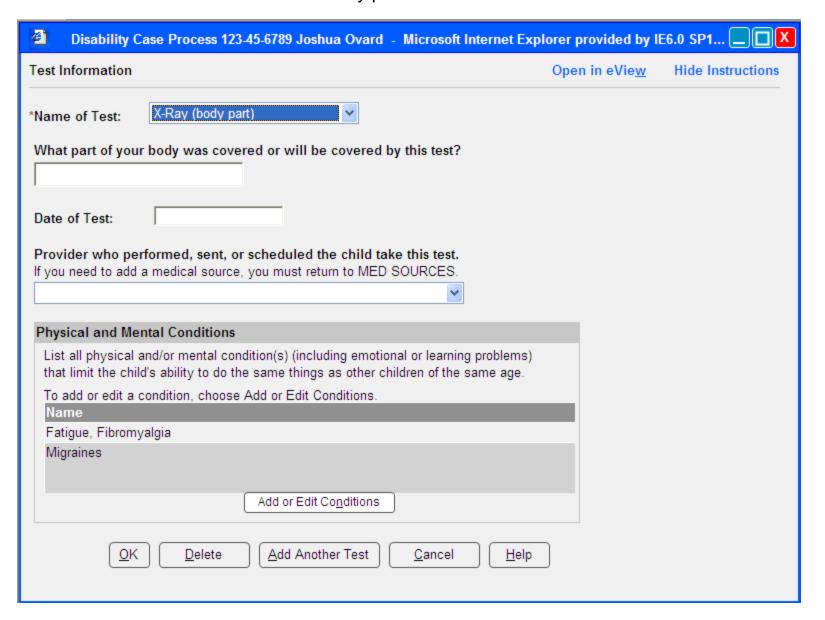
Test Information

No body part involved

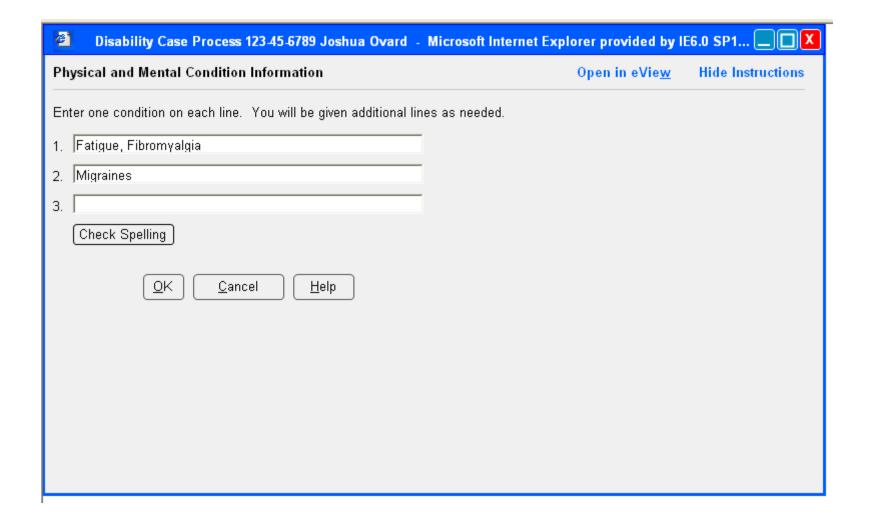


Test Information

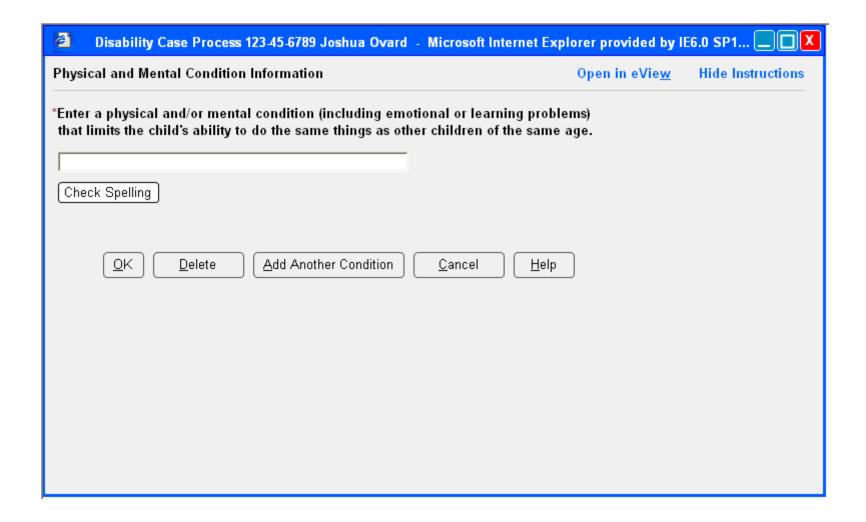
Body part involved



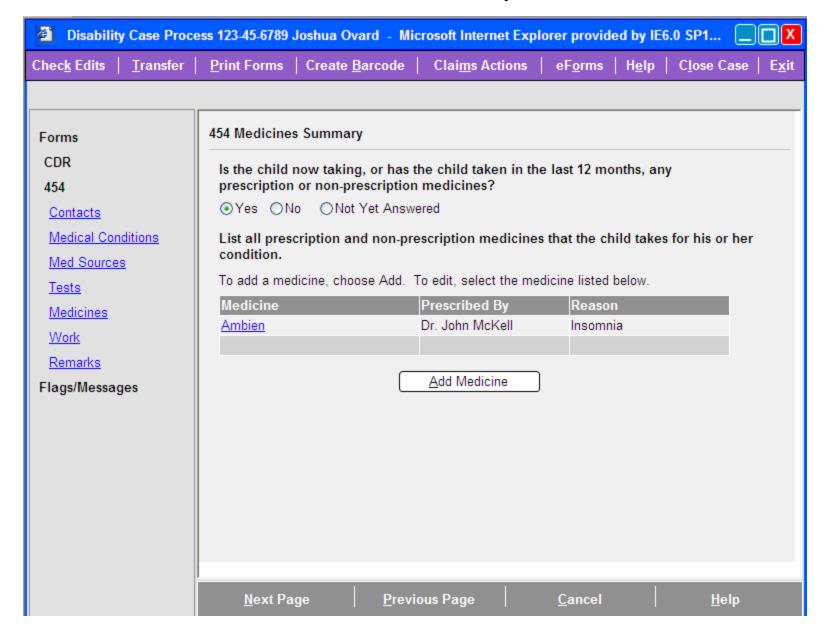
Physical and Mental Condition Information – Plan A



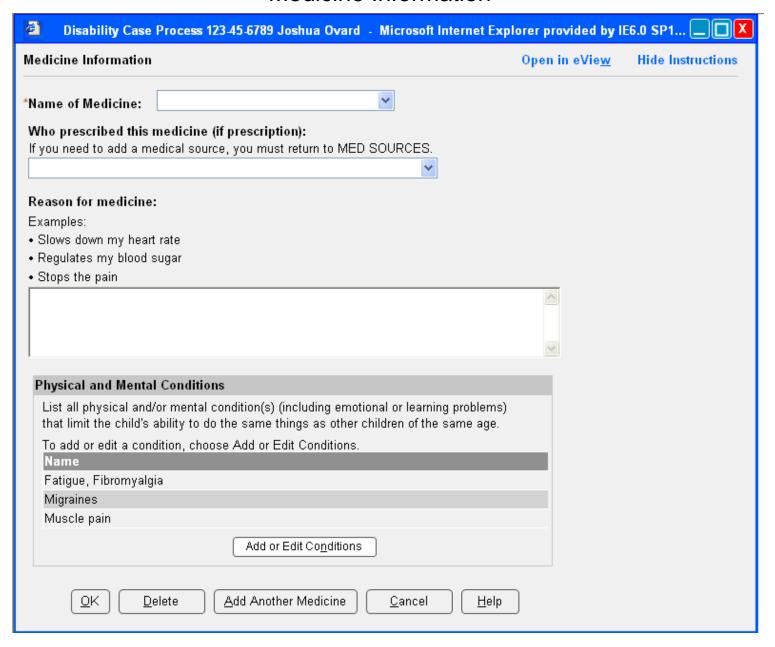
Physical and Mental Condition Information – Plan B



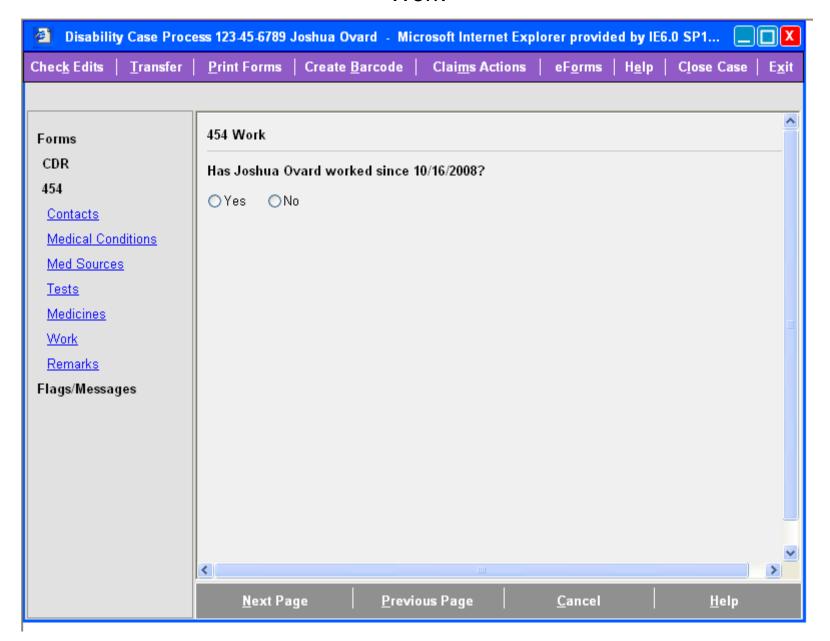
Medicines Summary



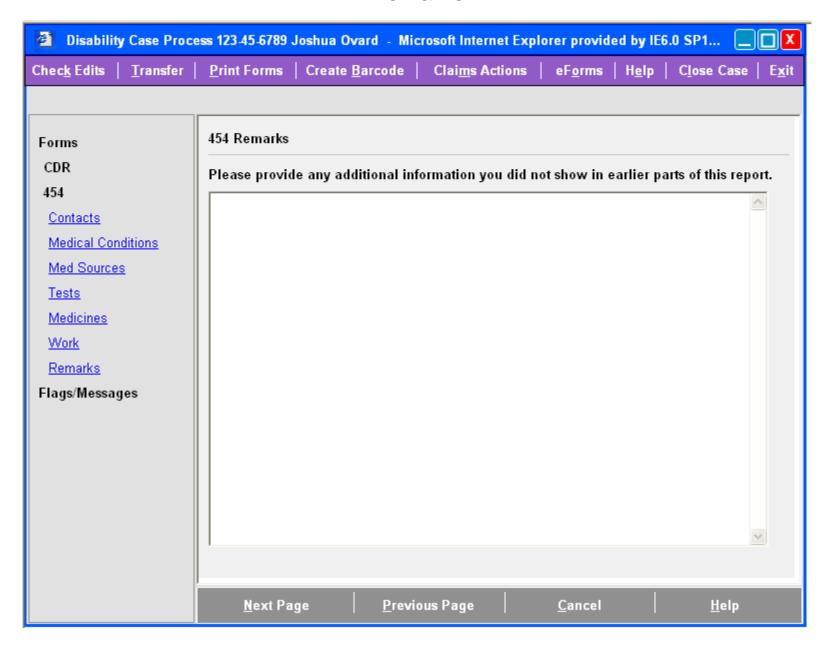
Medicine Information



Work



Remarks



SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent an accurate or timely decision on the named claimant's claim.

We rarely use the information you supply for any purpose other than to make a decision on the named claimant's claim. However, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs. (e.g., to the Bureau of Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits (60-0103), Claims Folders System (60-0089), Master Beneficiary Record (60-0090), and Electronic Disability Claim File (60-0320). Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.