

SSA-827 eAuthorization

Interview

Interview Type: In Office Telephone

Individual authorized to sign SSA-827

Jami Erin Denne
 Beverly Patterson
 Add Name
 Not Yet Answered

Figure 1. Initial screen for child claimant

SSA-827 eAuthorization

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Individual authorized to sign SSA-827

Jami Erin Denne
 Beverly Patterson
 Add Name
 Not Yet Answered

Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks.

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?
- Do you agree to authorize disclosure of your information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?

Yes No Not yet answered

Figure 2. Child claimant signing on own behalf

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Individual authorized to sign SSA-827

Jami Erin Denne
 Beverly Patterson
 Add Name
 Not Yet Answered

*This person is less than 12 years old. Do you want this person to sign the SSA-827? Yes No Not yet answered

Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks.

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?
- Do you agree to authorize disclosure of your information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?
 Yes No Not yet answered

Figure 3. Child claimant signing on own behalf and less than 12 years old.

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Individual authorized to sign SSA-827

Jami Erin Denne
 Beverly Patterson
 Add Name
 Not Yet Answered

Basis for authority to sign

Parent of minor
 Guardian
 Other Personal Representative "Examples: Aunt, GrandParent, Case Worker"
 Not Yet Answered

Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of Jami's medical records and other information related to Jami's ability to perform tasks.

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- Do you understand that the SSA-827 that you have read will be used to request all of Jami's medical records and other information related to Jami's ability to perform tasks?
- Do you agree to authorize disclosure of Jami's information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?

Yes No Not yet answered

Figure 4. Third-party (who was already enter into EDCS) signing for child claimant

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Individual authorized to sign SSA-827

Jami Erin Denne
 Beverly Patterson
 Add Name
 Not Yet Answered

Basis for authority to sign

Parent of minor
 Guardian
 Other Personal Representative "Examples: Aunt, GrandParent, Case Worker"
 Not Yet Answered

*First name: Middle name: *Last name: Suffix:

Address Information

Address is: U.S. Foreign

Street address line 1:
Street address line 2:
Street address line 3:
Street address line 4:

City: State: ZIP Code:

Telephone Information

Telephone number is: U.S. Foreign None

Daytime telephone number: (999-999-9999) Ext:

Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of Jami's medical records and other information related to Jami's ability to perform tasks.

Obtain Claimant's Affirmation of Intent to sign the SSA-827

- Do you understand that the SSA-827 that you have read will be used to request all of Jami's medical records and other information related to Jami's ability to perform tasks?
- Do you agree to authorize disclosure of Jami's information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?
 Yes No Not yet answered

Figure 5. Third-party (adding new person) signing for child claimant