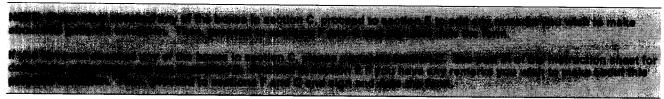
### MEDICAL REPORT ON CHILD WITH ALLEGATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

FO	CODE:

	HUMAN IMMUNODEFICIENCY VI	RUS (HI	V) INF	ECTION			
	The individual named below has filed an application this form, your patient may be able to receive early p medical information.)	for a perio ayments.	d of dis (This is	ability and/or not a reques	disability payment t for an examinati	nts. If you complet on, but for existin	te g
	MEDICAL RELEASE INFORMATION  [] Form SSA-827. "Authorization to Release Medical Information to the Social Security Administration," attached.						
	I hereby authorize the medical source named below t agency any medical records or other information regainfection.	o release o arding the c	r disclos hild's tre	se to the Socia eatment for hu	al Security Administ man immunodeficie	ration or State ency virus (HIV)	
	CLAIMANT'S PARENT'S OR GUARDIAN'S SIGNATURI	E (Required	d only if	Form SSA-82	7 is NOT attached)	DATE	661
thoriza	claimant's parent's or guardian's signaturi ation to Disclose Information t	o the	Soc	ial Secui	rity Admin	stration (	53 A
	A. IDENTIFYING INFORMATION						
	CLAIMANT'S NAME CLAIMANT		Γ'S SSN		CLAIMANT'S PHONE NUMBER		
					( ) -	-	
	CLAIMANT'S ADDRESS	CLAIMANT	'S DAT	OF BIRTH	MEDICAL SOUR	CE'S NAME	
		/					
	B. HOW WAS HIV INFECTION DIAGNOSED?	4.00					
	Laboratory testing confirming HIV infection			Other clinical and diagnosis	and laboratory find s(es) indicated in th	ings, medical histor e medical evidence	Ɗ, ∋
	C. OPPORTUNISTIC AND INDICATOR DISEASE	S: Please	check	if applicabl	e.		
	BACTERIAL INFECTIONS			10. ☐ COCCIDIOIDOMYCOSIS, at a site other than			
	1. MYCOBACTERIAL INFECTION (e.g., caused by		the lungs or lymph nodes				
	M. avium-intracellulare, M. kansasii, or M. tuberculosis), at a site other than the lungs. skin, or cervical or hilar lymph	•	11. CRYPTOCOCCOSIS, at a site other than the lungs (e.g., cryptococcal meningitis)				
	nodes				SMOSIS, at a site other than the lungs or		
	2. PULMONARY TUBERCULOSIS, resistant to treatment		lymph nodes  13. MUCORMYCOSIS				
	<ol> <li>NOCARDIOSIS</li> <li>SALMONELLA BACTEREMIA, recurrent non-typhoid</li> <li>SYPHILIS OR NEUROSYPHILIS (e.g., meningovascular syphilis) resulting in neurologic or other sequelae</li> <li>In a child less than 13 years of age, MULTIPLE OR RECURRENT PYOGENIC BACTERIAL INFECTION(S) of the following types: sepsis, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ or body cavity (excluding otitis media or superficial skin or mucosal abscesses) occurring 2 or more times in 2 year</li> </ol>		_				
			14. PNEUMOCYSTIS PNEUMONIA OR EXTRAPULMONARY PNEUMOCYSTIS INFECTION PROTOZOAN OR HELMINTHIC INFECTIONS				
			15. CRYPTOSPORIDIOSIS, ISOSPORIASIS, OR MICROSPORIDIOSIS, with diarrhea lasting for 1 month or longer				
			16. 🔲	STRONGYLO	OIDIASIS, extra-int	estinal	
	7. MULTIPLE OR RECURRENT BACTERIAL INFECTION(S), including pelvic inflammatory of		17. TOXOPLASMOSIS of an organ other than the spleen, or lymph nodes		other than the liver	r,	
	requiring hospitalization or intravenous antibiot treatment 3 or more times in 1 year		VIR		VIRAL INFECT	rions	
	FUNGAL INFECTIONS 8.  ASPERGILLOSIS		18. 🔲			E, at a site other th	ıan
			the liver, spleen, or lymph nodes  19. HERPES SIMPLEX VIRUS causing mucocutaneous			us	
	<ol> <li>CANDIDIASIS involving the esophagus, trachea, bronchi, or lungs, or at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes</li> </ol>		13. [_]	infection (e.g month or long skin or muco	., oral, genital, perio ger; or infection at a us membranes (e.g esophagitis, or end	anal) lasting for 1 a site other than the <sub>L</sub> , bronchitis,	

20.	HERPES ZOSTER, disseminated or with multidermatomal eruptions that are resistant to	32. IMPAIRED BRAIN GROWTH (acquired microcephaly or brain atrophy)			
<b>,</b> ,	treatment	33. PROGRESSIVE MOTOR DYSFUNCTION affecting gait and station or fine and gross motor skills			
21	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY	GROWTH DISTURBANCE WITH:			
22.	HEPATITIS, resulting in chronic liver disease manifested by appropriate findings (e.g., persistent ascites, bleeding esophageal varices, hepatic encephalopathy)	34. INVOLUNTARY WEIGHT LOSS (OR FAILURE TO GAIN WEIGHT AT AN APPROPRIATE RATE FOR AGE) RESULTING IN A FALL OF 15 PERCENTILES from established growth curve (on standard growth charts) that persists for 2 months or longer			
	MALIGNANT NEOPLASMS	35. INVOLUNTARY WEIGHT LOSS (OR FAILURE TO			
	CARCINOMA OF THE CERVIX, invasive, FIGO stage II and beyond	GAIN WEIGHT AT AN APPROPRIATE RATE FOR AGE) RESULTING IN A FALL TO BELOW THE THIRD PERCENTILE from established growth curve (on standard growth charts) that persists for 2 months			
24.	KAPOSI'S SARCOMA, with extensive oral lesions; or involvement of the gastrointestinal tract, lungs, or other visceral organs; or involvement of the skin or mucous membranes with extensive fungating or ulcerating lesions not responding to treatment	or longer			
		36. INVOLUNTARY WEIGHT LOSS GREATER THAN 10 PERCENT OF BASELINE that persists for 2 months or longer			
25.	<b>LYMPHOMA</b> of any type (e.g., primary lymphoma of the brain. Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkins lymphoma, Hodgkin's disease)	37. GROWTH IMPAIRMENT, with fall of greater than 15 percentiles in height which is sustained; or fall to, or persistence of, height below the third percentile			
26.	SQUAMOUS CELL CARCINOMA OF THE ANAL CANAL OR ANAL MARGIN	DIARRHEA			
	SKIN OR MUCOUS MEMBRANES	38. DIARRHEA lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding			
27.	CONDITIONS OF THE SKIN OR MUCOUS MEMBRANES, with extensive fungating or	CARDIOMYOPATHY			
	ulcerating lesions not responding to treatment (e.g., dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease)	39. CARDIOMYOPATHY (chronic heart failure, or cor pulmonale, or other severe cardiac abnormality not responsive to treatment)			
	HEMATOLOGIC ABNORMALITIES	PULMONARY CONDITIONS			
	<b>ANEMIA</b> (hematocrit persisting at 30 percent or less), requiring one or more blood transfusions on an average of at least once every 2 months	40. LYMPHOID INTERSTITIAL PNEUMONIA/PULMONARY LYMPHOID HYPERPLASIA (LIP/PLH complex), with respiratory symptoms that significantly interfere with age-appropriate activities, and that cannot be			
29	GRANULOCYTOPENIA, with absolute neutrophil counts repeatedly below 1,000 cells/mm³ and	controlled by prescribed treatment			
	documented recurrent systemic bacterial infections occurring at least 3 times in the last 5 months	NEPHROPATHY			
30.	THROMBOCYTOPENIA, with platelet counts 40,000/mm <sup>3</sup> or less despite prescribed therapy, or recurrent upon withdrawal of treatment; or platelet counts repeatedly below 40,000/mm <sup>3</sup> with at least one spontaneous hemorrhage, requiring transfusion in the last 5 months; or intracranial	41. NEPHROPATHY, resulting in chronic renal failure			
		INFECTIONS RESISTANT TO TREATMENT OR REQUIRING HOSPITALIZATION OR INTRAVENOUS TREATMENT 3 OR MORE TIMES IN 1 YEAR			
	bleeding in the last 12 months	42. SEPSIS			
	EUROLOGICAL MANIFESTATIONS OF HIV IFECTION (e.g., HIV ENCEPHALOPATHY, ERIPHERAL NEUROPATHY) RESULTING IN:	43. MENINGITIS			
		44. PNEUMONIA (non-PCP)			
31.	LOSS OF PREVIOUSLY ACQUIRED, OR MARKED DELAY IN ACHIEVING, DEVELOPMENTAL	45. SEPTIC ARTHRITIS			
	MILESTONES OR INTELLECTUAL ABILITY	46. ENDOCARDITIS			
	(including the sudden onset of a new learning disability)	47. SINUSITIS, radiographically documented			



#### D. OTHER MANIFESTATIONS OF HIV INFECTION

	but without the specified findings described above, or any other manifestation(s) of HIV infection; please specified manifestation(s):
Y (	OF THE FOLLOWING FUNCTIONAL LIMITATION(S). COMPLETE ONLY THE ITEMS FOR THE CHILD'S PR UP.
<b>)</b> .	BIRTH TO ATTAINMENT OF AGE 1 - Any of the following:
	1. COGNITIVE/COMMUNICATIVE FUNCTIONING generally acquired by children no more than one-half the child's chronological age (e.g., in infants 0-6 months, markedly diminished variation in the production or imitation of sounds and severe feeding abnormality, such as problems with sucking, swallowing, or chewing); or
	2. MOTOR DEVELOPMENT generally acquired by children no more than one-half the child's chronological age; or
	3. APATHY, OVER-EXCITABILITY, OR FEARFULNESS, demonstrated by an absent or grossly excessive response to visual stimulation, auditory stimulation, or tactile stimulation; or
	4. FAILURE TO SUSTAIN SOCIAL INTERACTION on an ongoing, reciprocal basis as evidenced by inability 6 months to participate in vocal, visual, and motoric exchanges (including facial expressions); or failure by 9 months to communicate basic emotional responses, such as cuddling or exhibiting protest or anger; failure to attend to the caregiver's voice or face or to explore an inanimate object for a period of time appropriate to the infant's age; or
	5. ATTAINMENT OF DEVELOPMENT OR FUNCTION generally acquired by children no more than two-thin of the child's chronological age in two or more areas (i.e., cognitive/communicative, motor, and social).
:.	AGE 1 TO ATTAINMENT OF AGE 3 - Any of the following:
	1. GROSS OR FINE MOTOR DEVELOPMENT at a level generally acquired by children no more than one-h the child's chronological age; or
	2. COGNITIVE/COMMUNICATIVE FUNCTION at a level generally acquired by children no more than one-half the child's chronological age; or
;	3. SOCIAL FUNCTION at a level generally acquired by children no more than one-half the child's chronological age; or
	4. ATTAINMENT OF DEVELOPMENT OR FUNCTION generally acquired by children no more than two-thir of the child's chronological age in two or more areas covered by 1, 2, or 3.
	AGE 3 TO ATTAINMENT OF AGE 18 - Limitation in at least two of the following areas:
•	<ol> <li>Marked impairment in age-appropriate COGNITIVE/COMMUNICATIVE FUNCTION (considering historica and other information from parents or other individuals who have knowledge of the child, when such information is needed and available); or</li> </ol>
	2. Marked impairment in age-appropriate <b>SOCIAL FUNCTIONING</b> (considering information from parents or other individuals who have knowledge of the child, when such information is needed and available); or
;	3. Marked impairment in <b>PERSONAL FUNCTIONING</b> as evidenced by marked restriction of age-appropriate activities of daily living (considering information from parents or other individuals who have knowledge of the child, when such information is needed and available); or
	4. DEFICIENCIES OF CONCENTRATION, PERSISTENCE, OR PACE resulting in frequent failure to complete tasks in a timely manner.

E.	REMARKS:	(Please use this space if you lack sufficient room in section D or to provide any other comments you wish about your patient.)				
			·			
F	MEDICAL S	OURCE'S NAME AND ADDRESS (Print or type)	TELEPHONE NUMBER (Area Code)			
٠.	MEDIOAE 3	OUNCE 3 NAME AND ADDRESS (Fill of type)	( ) -			
			DATE			
			<u>L</u>			
sta giv	tements or fo es a false or	penalty of perjury that I have examined all the informat orms, and it is true and correct to the best of my knowled r misleading statement about a material fact in this info e and may be sent to prison, or may face other penalties, or	ge. I understand that anyone who knowingly rmation, or causes someone else to do so,			
			· · · · · · · · · · · · · · · · · · ·			
<b>S</b> .	SIGNATURE	EAND TITLE (e.g., physician, R.N.) OF PERSON COMI	PLETING THIS FORM			
FO		FIELD OFFICE DISPOSITION:				
US	IGIAL (1)					
ON	\$P\$1.7%,所以为此时,则 + 12-15。 *	DISABILITY DETERMINATION SERVICES DISPOSITION:				

## MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4815-F6 (Medical Report On Child With Allegation Of Human Immunodeficiency Virus (HIV) Infection)

A claim has been filed for your patient, identified in section A of the attached form, for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE**: Please detach this instruction sheet and use it to complete the attached form.

#### I. PURPOSE OF THIS FORM:

### IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.

This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

#### II. WHO MAY COMPLETE THIS FORM:

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

#### III. MEDICAL RELEASE:

An SSA medical release (an SSA-827) signed by your patient's parent or guardian should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient's parent or guardian.

#### IV. HOW TO COMPLETE THE FORM:

- If you receive the form from your patient's parent or guardian and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- ALWAYS COMPLETE SECTION B.
- COMPLETE SECTION C, IF APPROPRIATE. If you check at least one of the items in section C, go right to section E.
- ONLY COMPLETE SECTION D IF YOU HAVE NOT CHECKED ANY ITEM IN SECTION C. See the special
  information below which will help you to complete section D.
- COMPLETE SECTION E IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).
- ALWAYS COMPLETE SECTIONS F AND G. NOTE: This form is not complete until it is signed.

#### V. HOW TO RETURN THE FORM TO US:

- · Mail the completed, signed form, as soon as possible, in the return envelope provided.
- If you received the form from your patient without a return envelope, give the completed, signed form back to your patient's
  parent or guardian for return to the SSA field office.

#### VI. SPECIAL INFORMATION TO HELP YOU COMPLETE SECTION D HOW WE USE SECTION D:

- Section D asks you to tell us what other manifestations of HIV your patient may have. It also asks you to give us an idea of
  how your patient's ability to function has been affected. Complete only the areas of functioning applicable to the child's
  age group.
- We do not need detailed descriptions of the functional limitations imposed by the illness; we just need to know whether
  your patient's ability to function has been affected to the extent described.
- For children age 3 to attainment of age 18, the child must have a "marked" restriction of functioning in two areas to be eligible for these payments. See below for an explanation of the term "marked."

#### SPECIAL TERMS USED IN SECTION D

#### WHAT WE MEAN BY "MANIFESTATIONS OF HIV INFECTION": (See Item 48.a)

"Manifestations of HIV infection" may include:

Any condition listed in section C, but without the findings specified there (e.g., oral candidiasis not meeting the criteria shown in item 27 of the form, diarrhea not meeting the criteria shown in item 38 of the form); or any other condition that is not listed in section C (e.g., oral hairy leukoplakia, hepatomegaly).

#### WHAT WE MEAN BY "MARKED": (See Item 48.d - Applies only to Children Age 3 to 18)

- When "marked" is used to describe functional limitations, it means more than moderate, but less than extreme. "Marked"
  does not imply that your patient is confined to bed, hospitalized, or placed in a residential treatment facility.
- A marked limitation may be present when several activities or functions are impaired or even when only one is impaired.
   An individual need not be totally precluded from performing an activity to have a marked limitation, as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively compared to children the same age who do not have impairments.

Continued	l on the	reverse	

### Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 223(d), and 1633(e)(1) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to make a determination on a claimant's disability claim.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate or timely decision on the named individual's disability claim.

We rarely use the information you supply for any purpose other than for determining eligibility. 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;
- To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and 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 or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at <a href="www.ssa.gov">www.ssa.gov</a> or at your local Social Security office.

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 control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)**. Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

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

#### **Privacy Act Statement**

#### Collection and Use of Personal Information

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A complete list of routine uses for this information is available in our System of Record Notice entitled, the Master Beneficiary Record (60-0090). Additional information about this and other systems of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

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