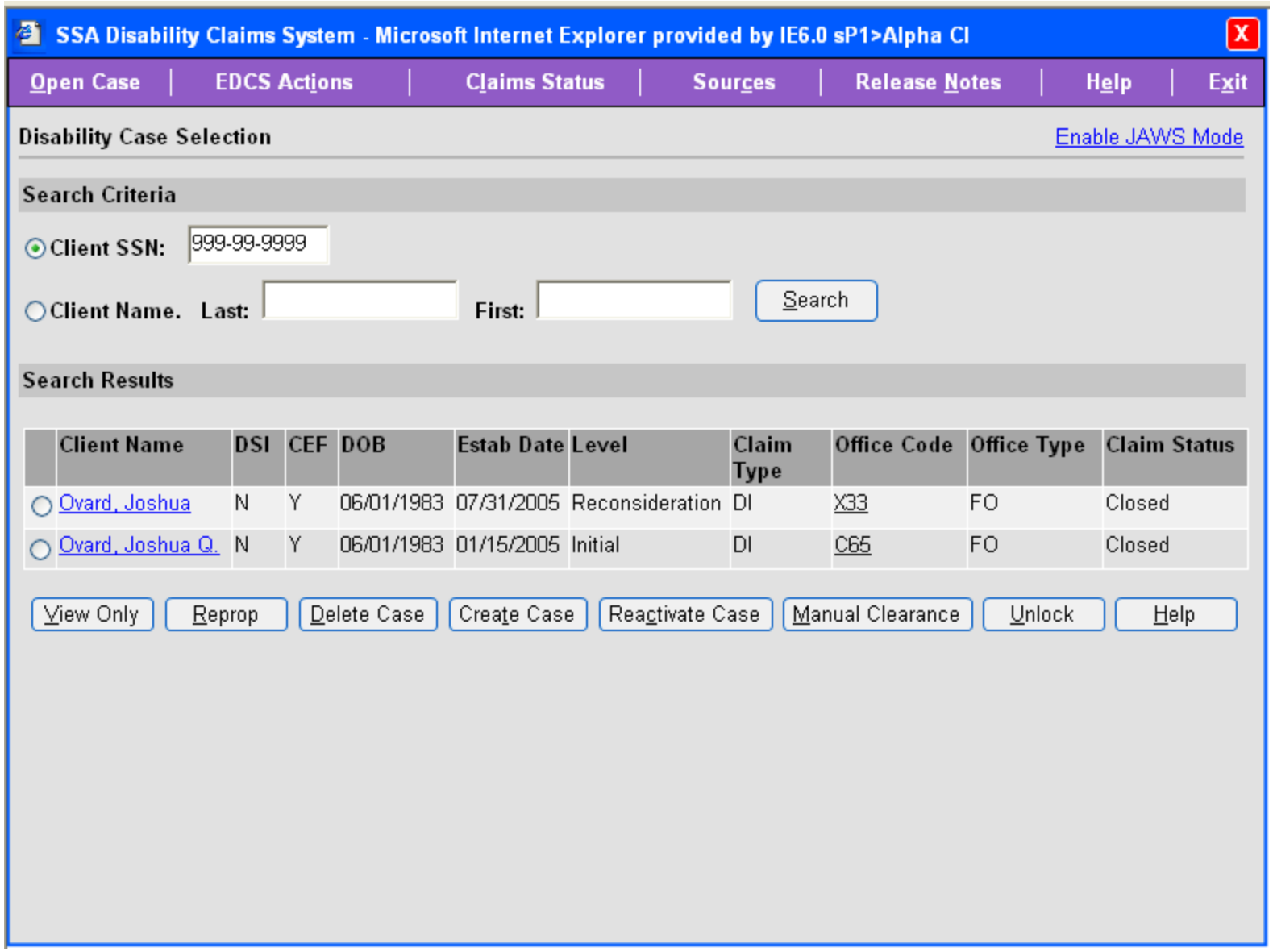
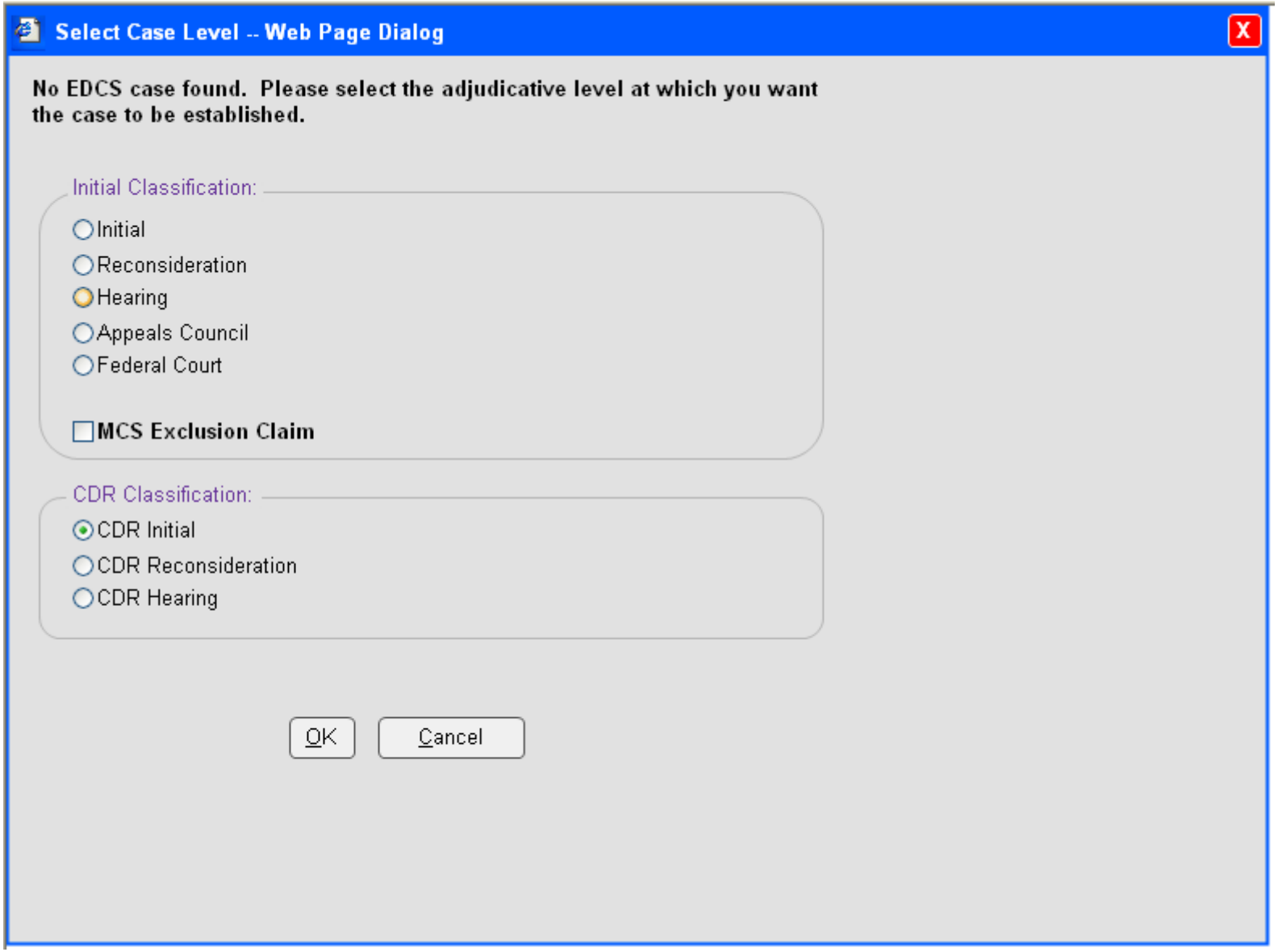
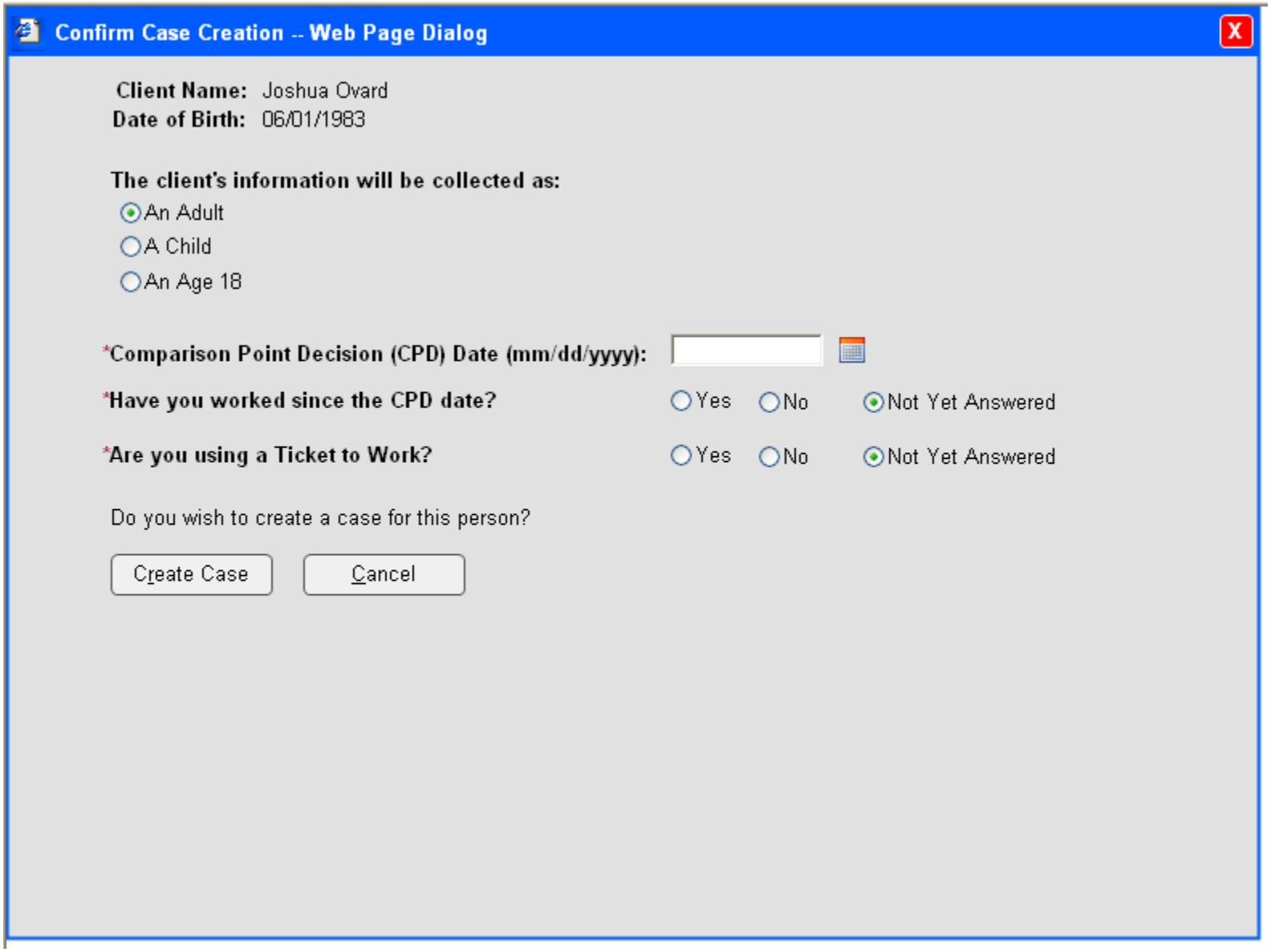
Disability Case Selection



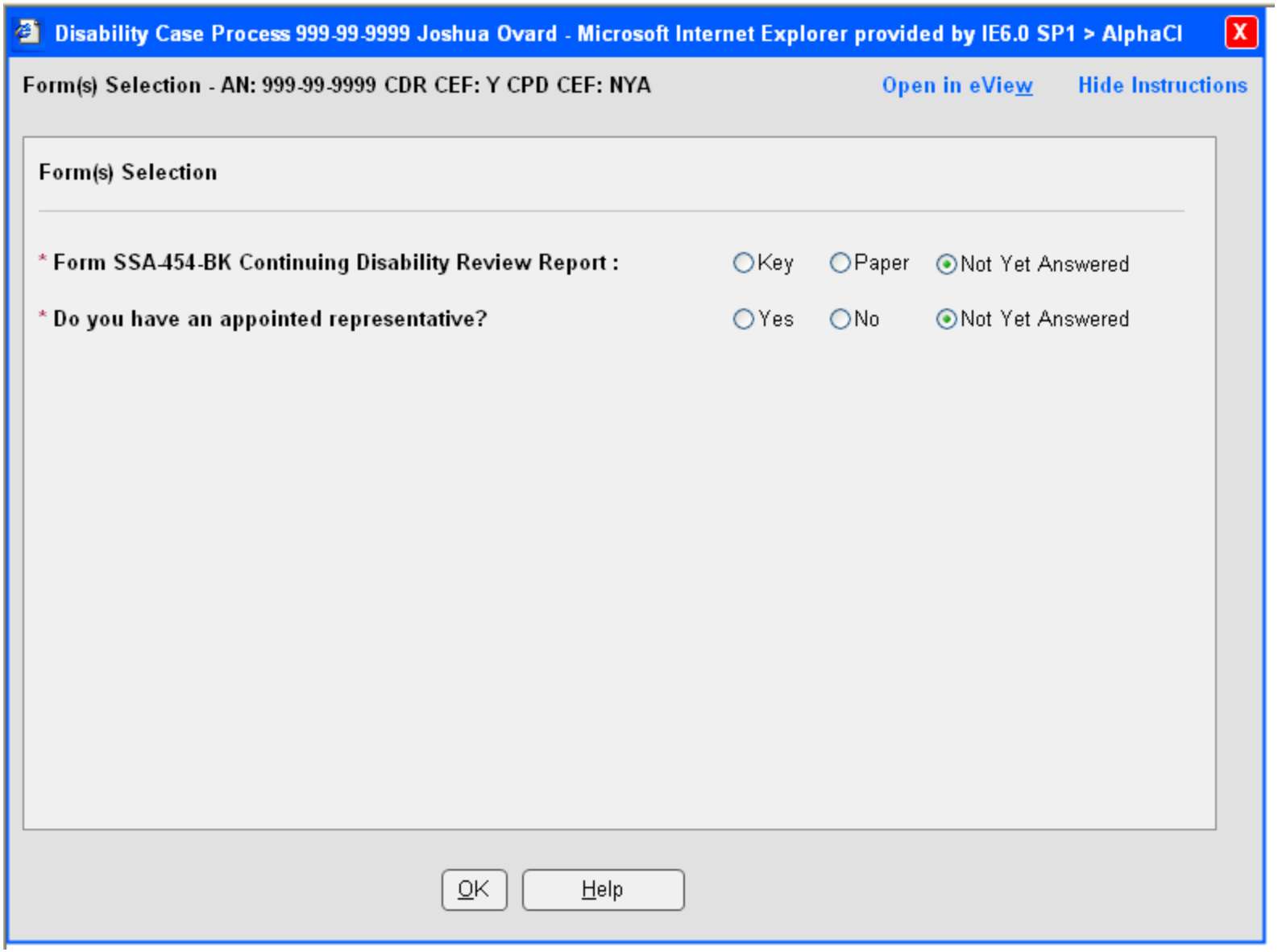
Select Case Level



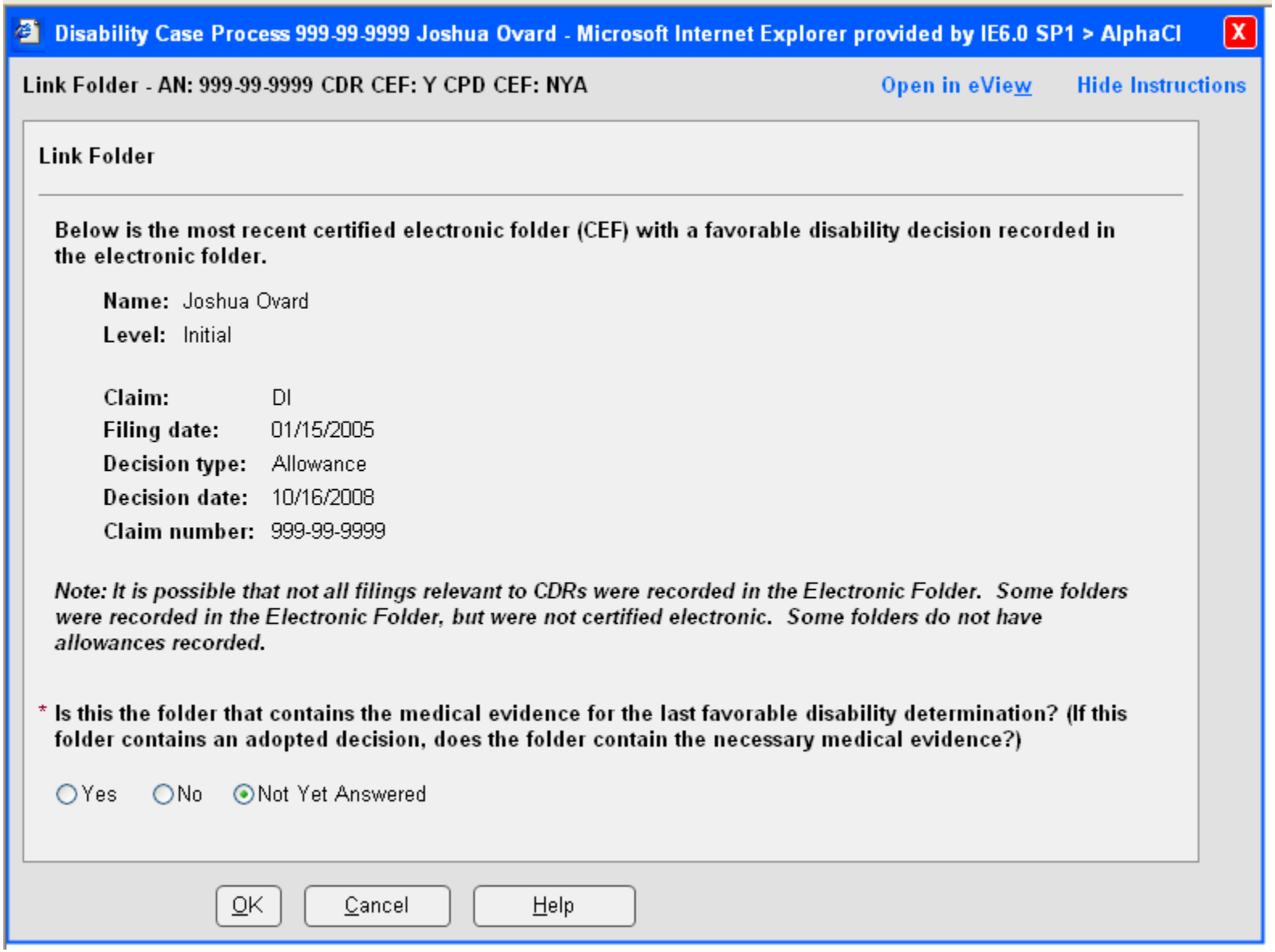
Confirm Case Creation



Form Selection

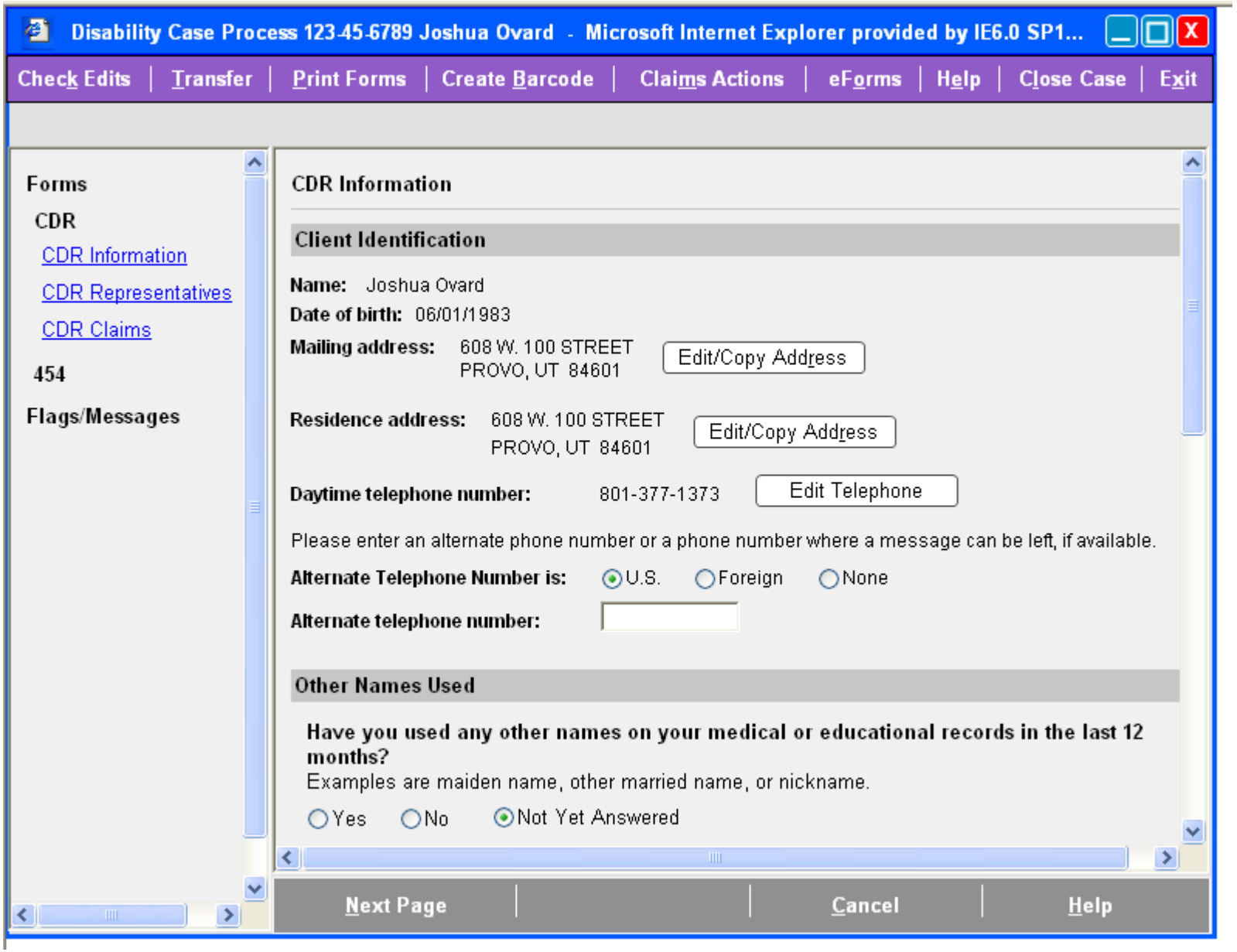


Link Folder


Disability Case Process 999-99-9999 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1 > AlphaCI
Link Folder - AN: 999-99-9999 CDR CEF: Y CPD CEF: NYA
Open in eView
Hide Instructions
Link Folder
Below is the most recent certified electronic folder (CEF) with a favorable disability decision recorded in the electronic folder.
Name: Joshua Ovard
Level: Initial
Claim: DI
Filing date: 01/15/2005
Decision type: Allowance
Decision date: 10/16/2008
Claim number: 999-99-9999
Note: It is possible that not all filings relevant to CDRs were recorded in the Electronic Folder. Some folders were recorded in the Electronic Folder, but were not certified electronic. Some folders do not have allowances recorded.
* Is this the folder that contains the medical evidence for the last favorable disability determination? (If this folder contains an adopted decision, does the folder contain the necessary medical evidence?)
Yes
No
Not Yet Answered
OK
Cancel
Help

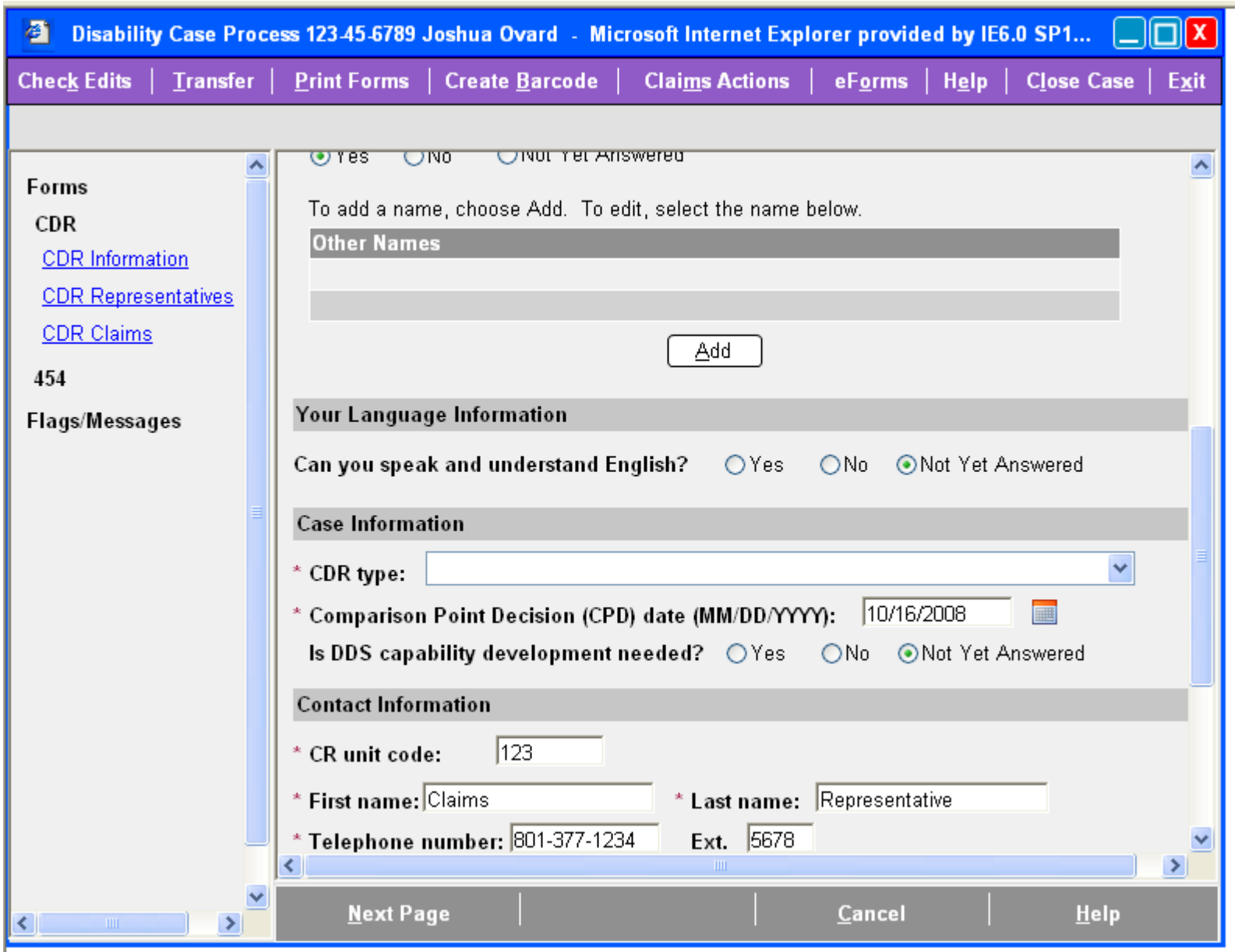
CDR Information, Part 1 of 2

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

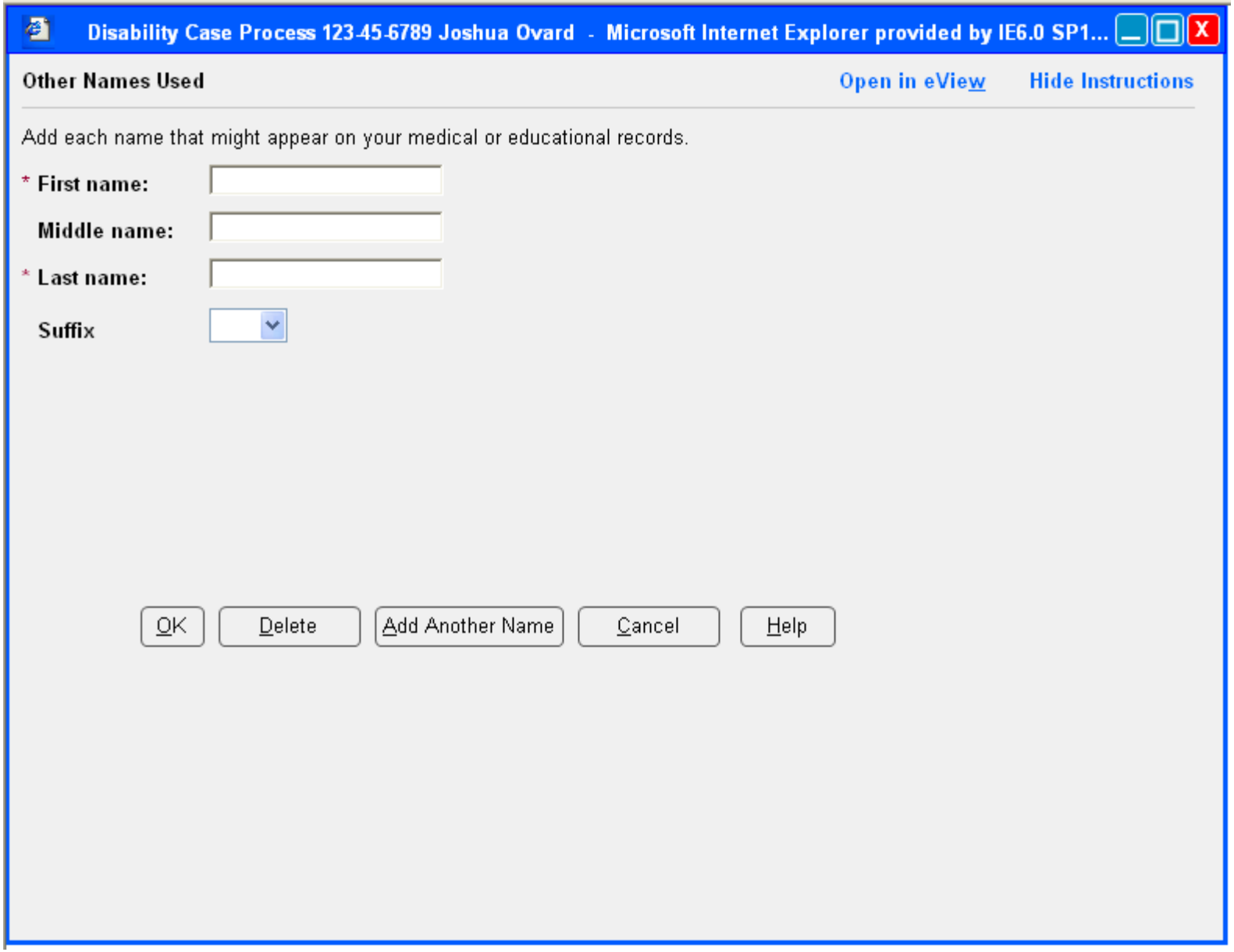


CDR Information, Part 2 of 2

Other Names = Yes, but no other names entered

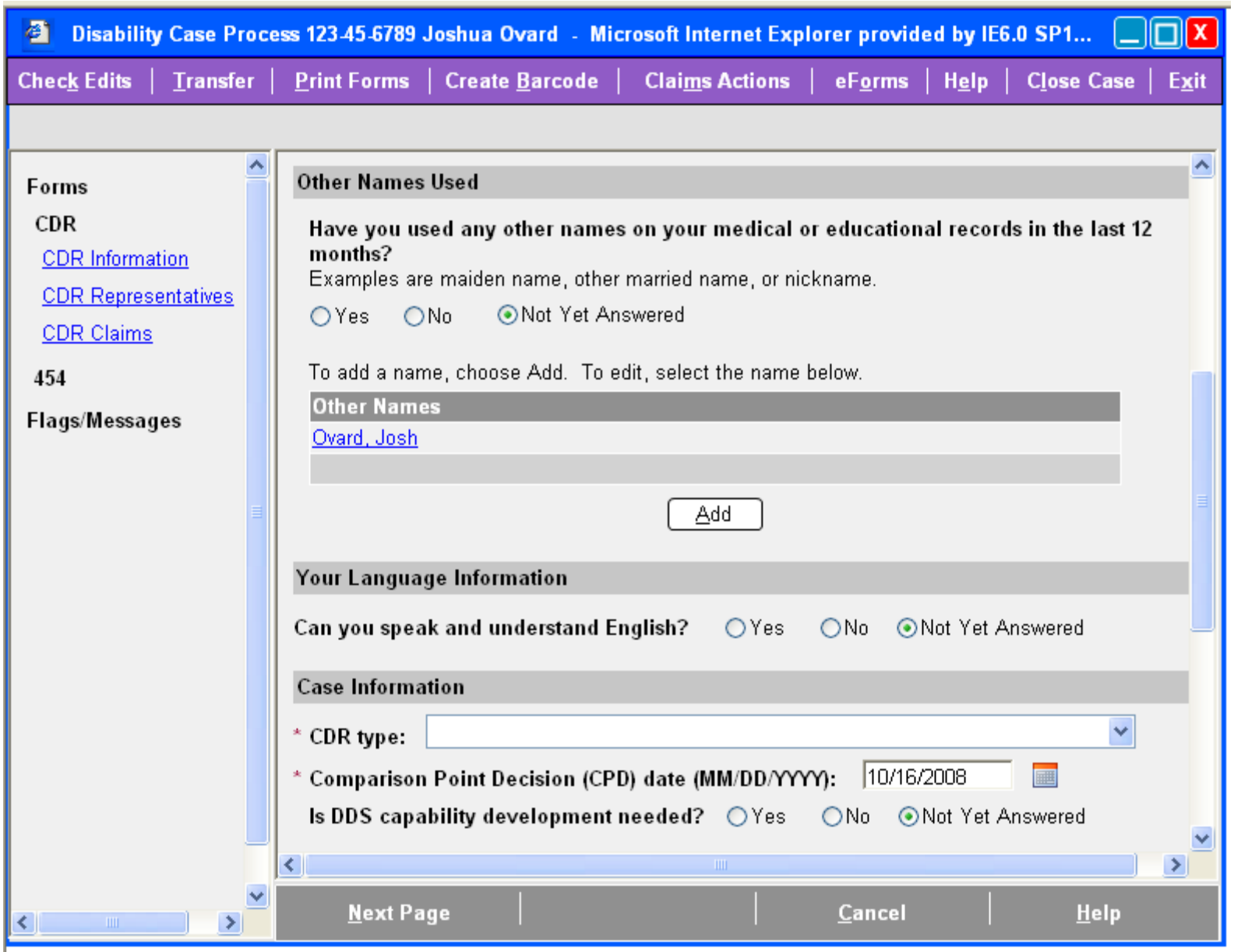


Other Names Used



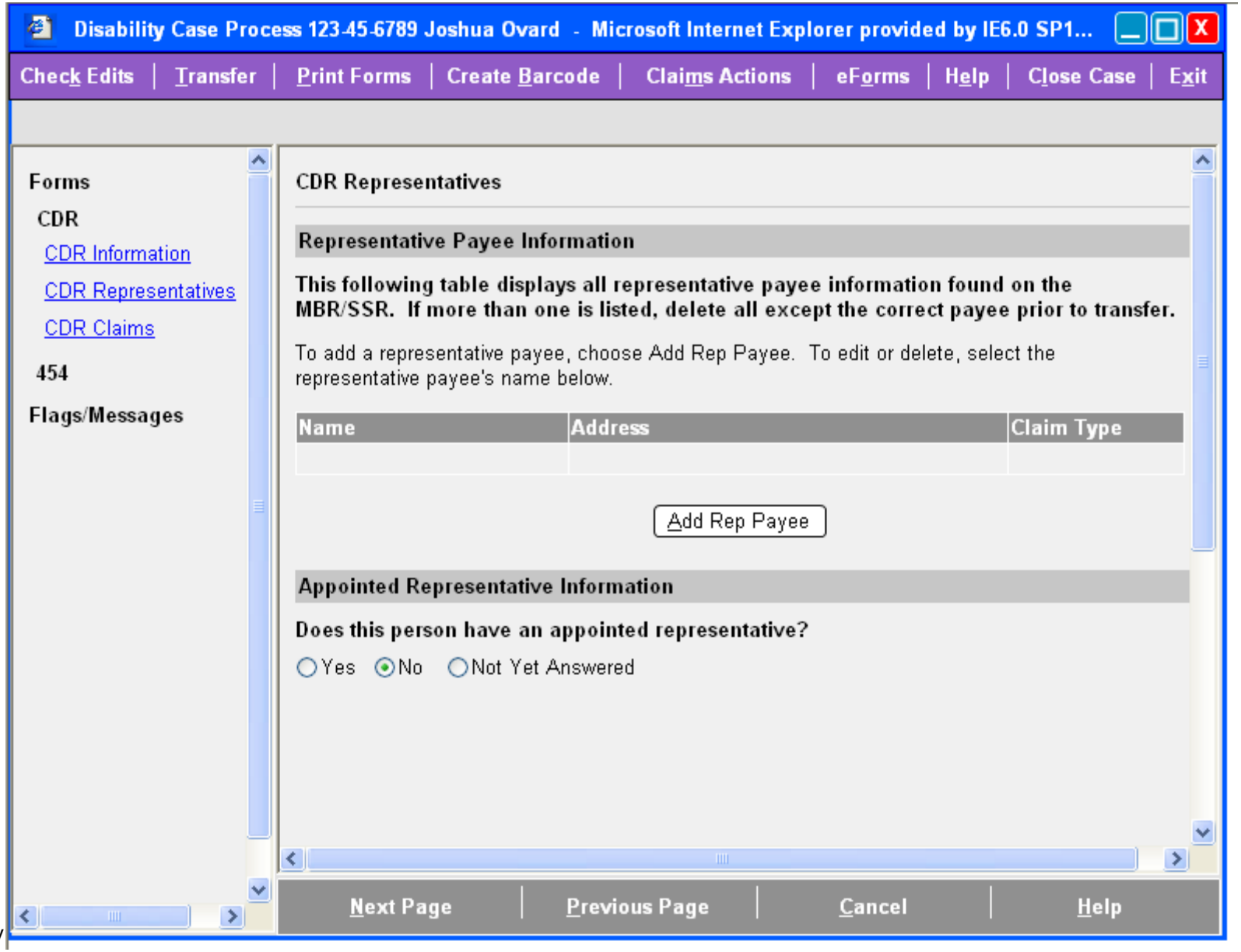
CDR Information, Part 2 of 2

Other Names = Yes, with another name entered



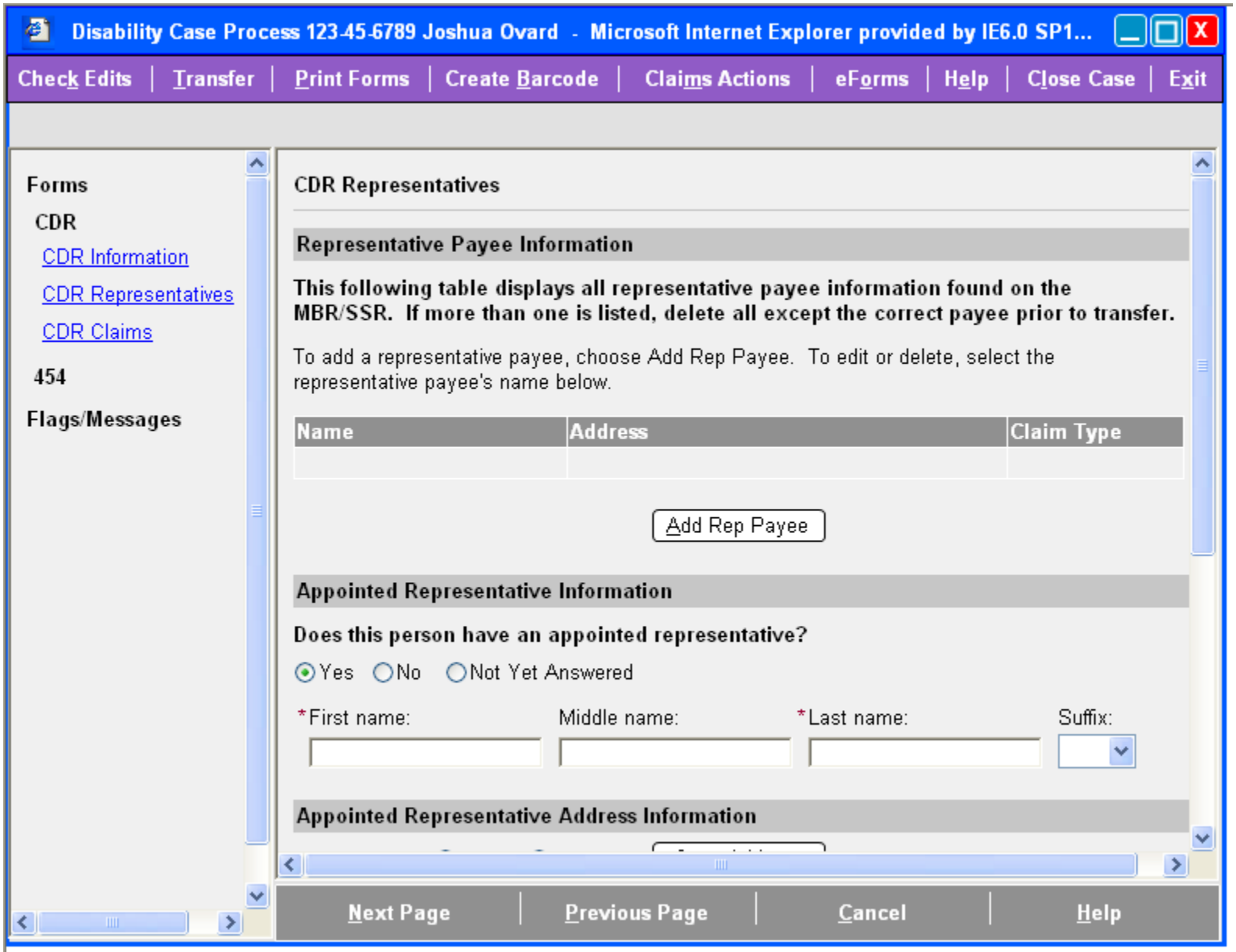
CDR Representatives

Appointed Representative = No



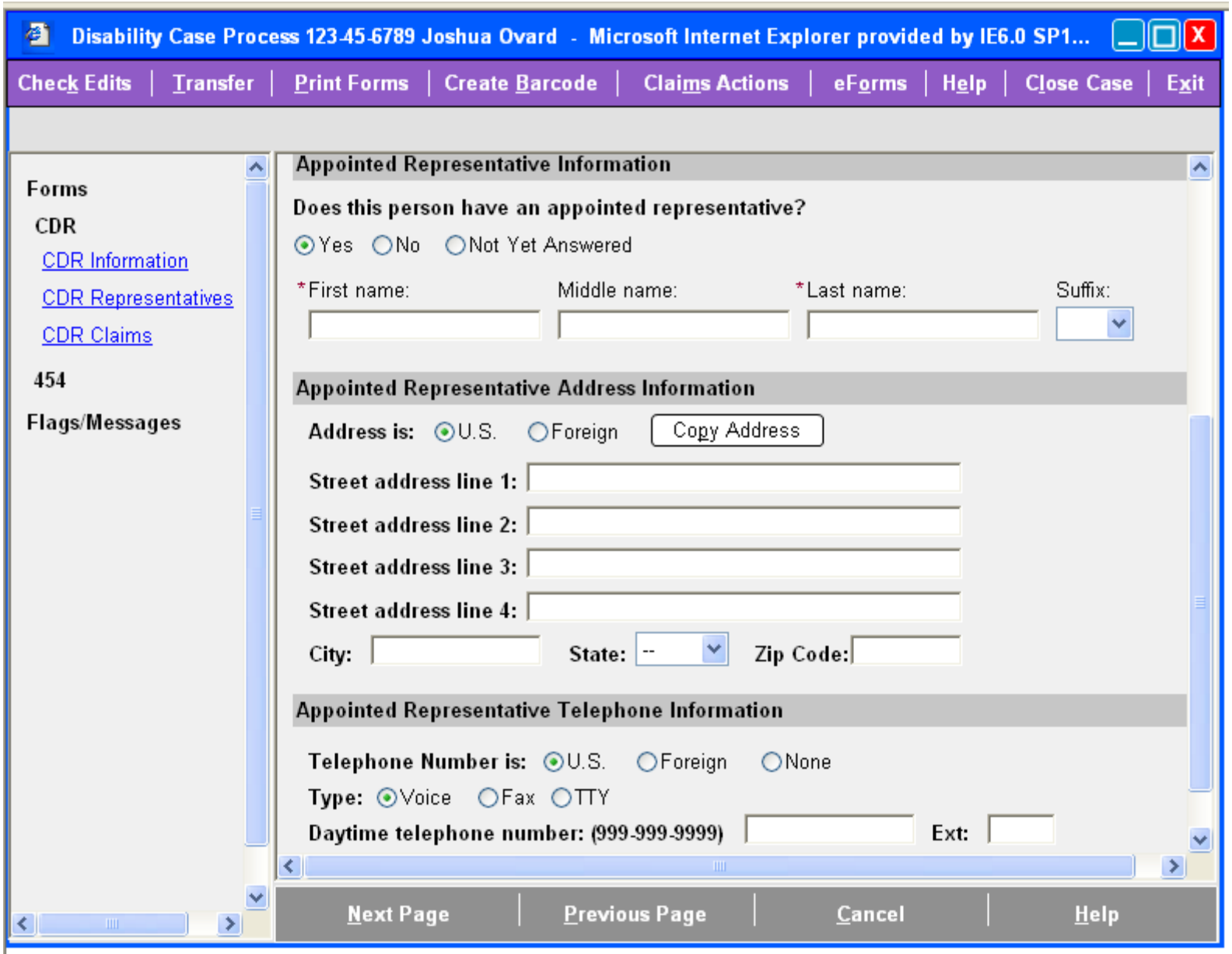
CDR Representatives, Part 1 of 2

Appointed Representative = Yes

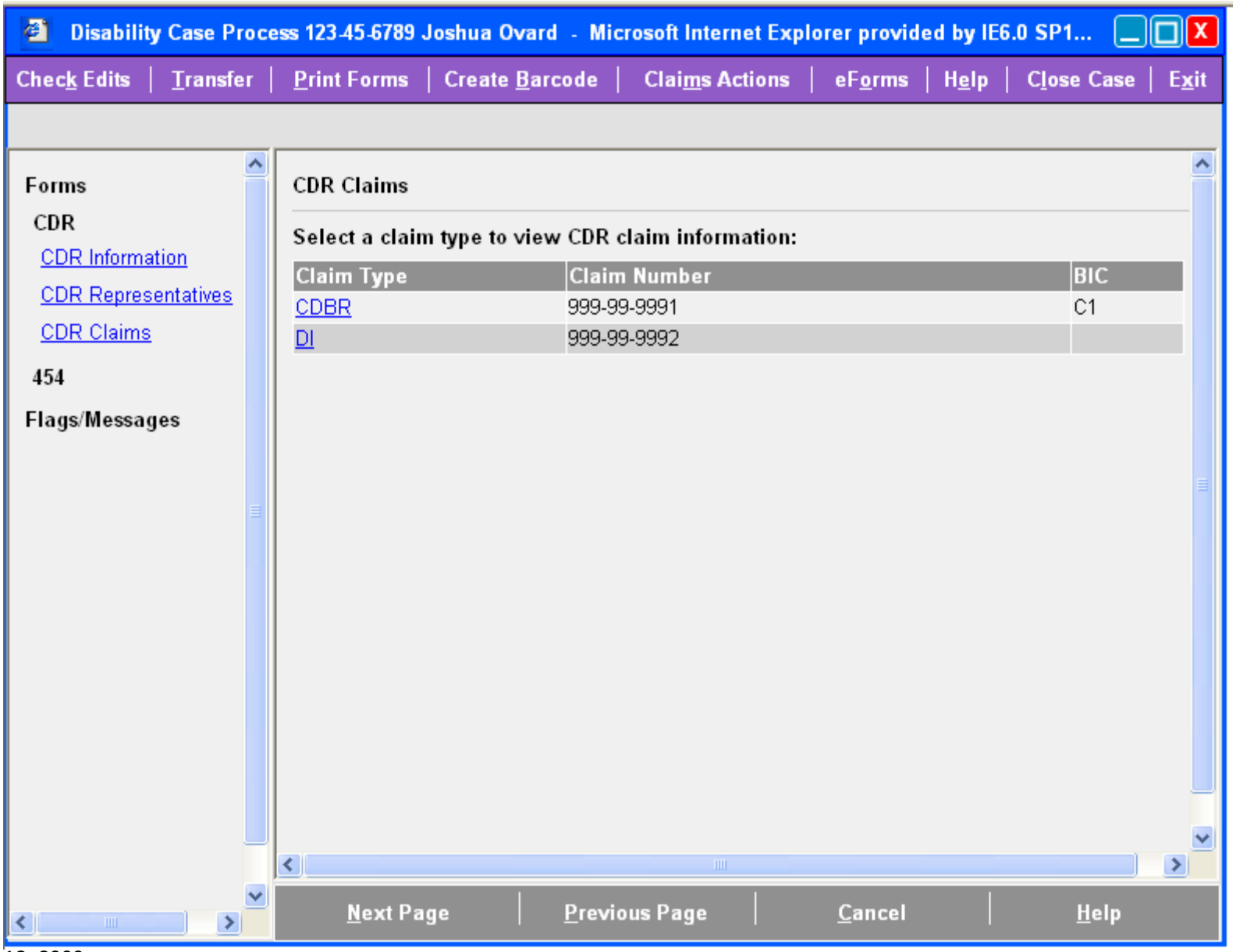


CDR Representatives, Part 2 of 2

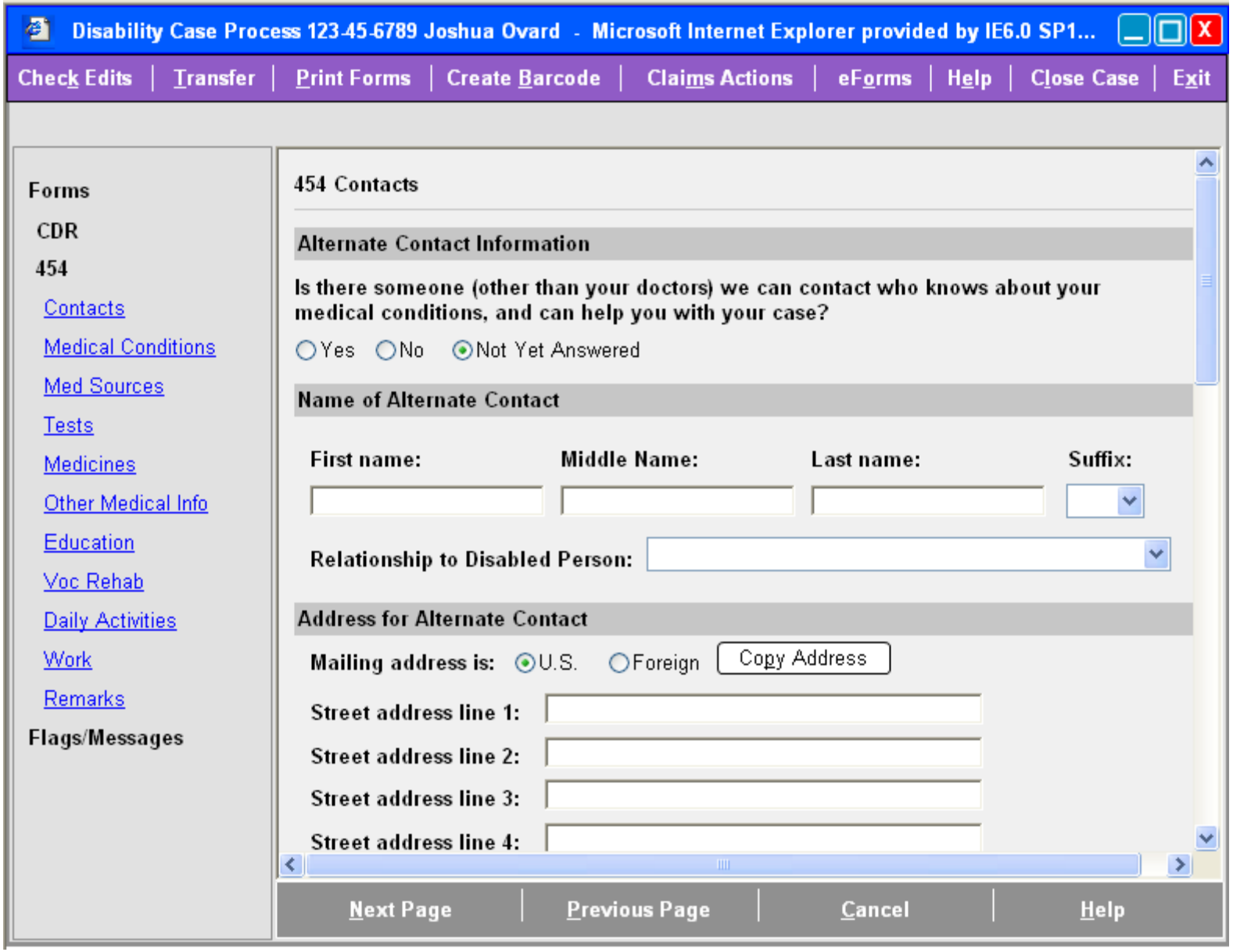
Appointed Representative = Yes



CDR Claims

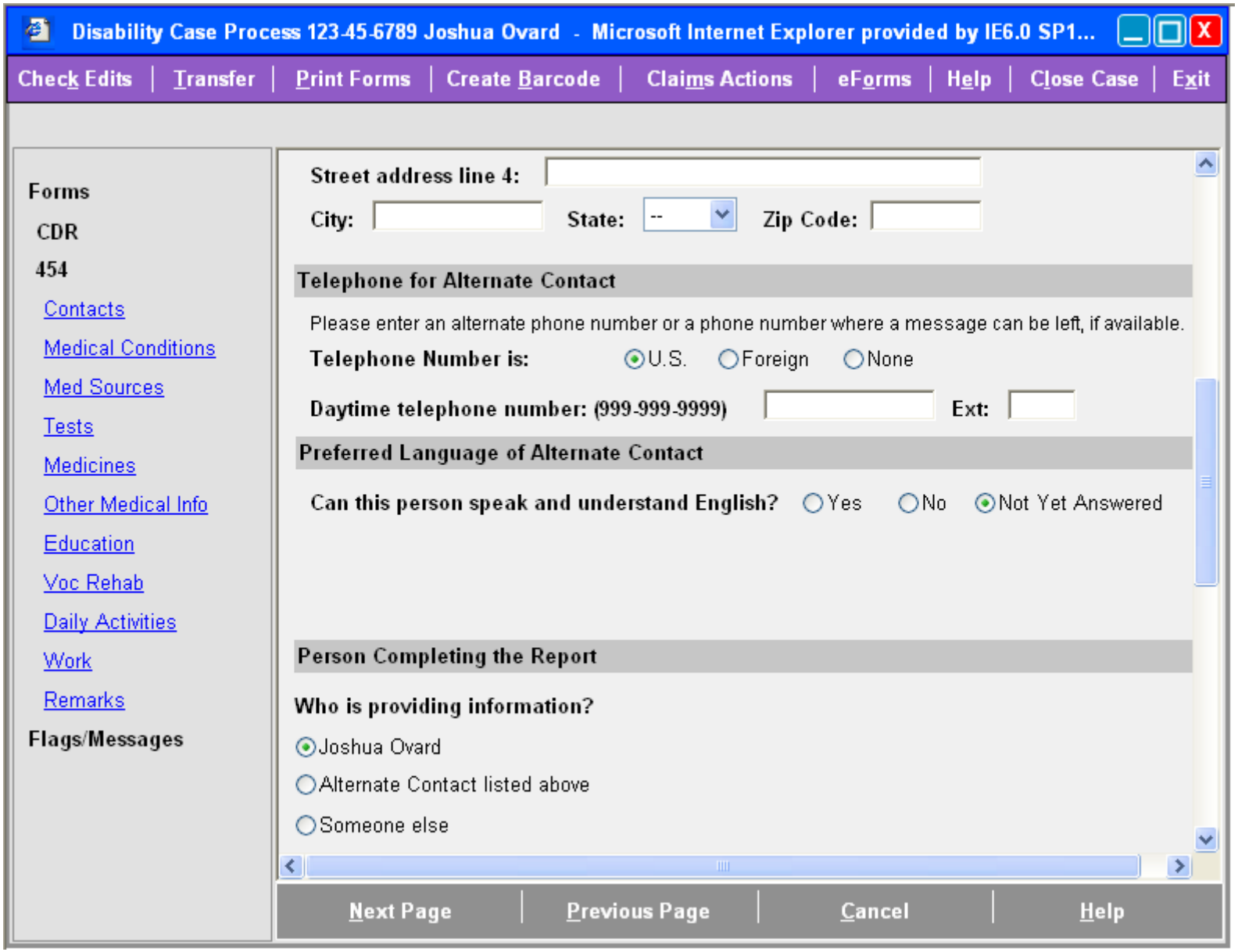

Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...
Check Edits
Transfer
Print Forms
Create Barcode
Claims Actions
eForms
Help
Close Case
Exit
Forms
CDR
CDR Information
CDR Representatives
CDR Claims
454
Flags/Messages
CDR Claims
Select a claim type to view CDR claim information:
Claim Type
Claim Number
BIC
CDBR
999-99-9991
C1
DI
999-99-9992
Next Page
Previous Page
Cancel
Help

Contacts, Part 1 of 3



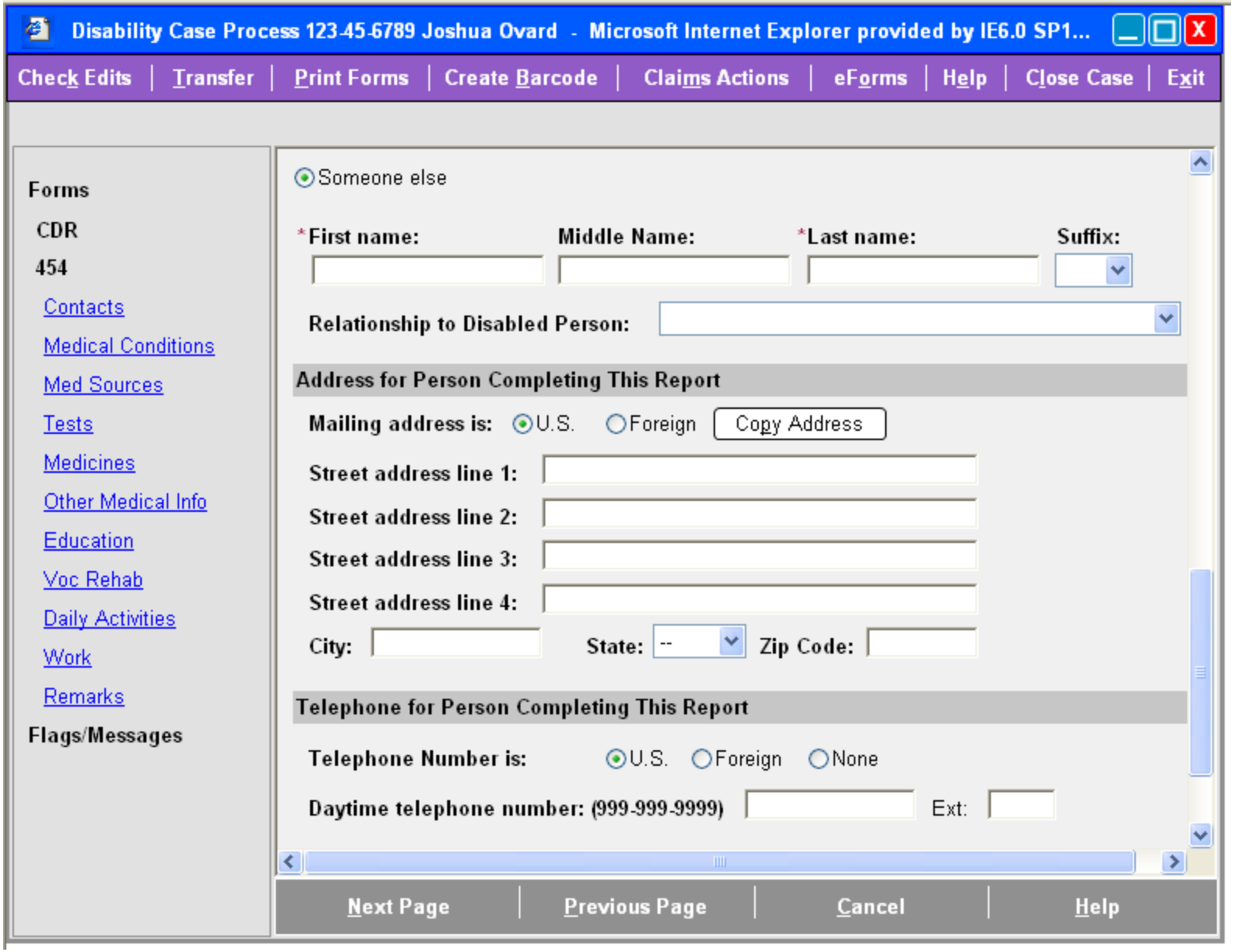
Contacts, Part 2 of 3

Person Completing Report = Claimant



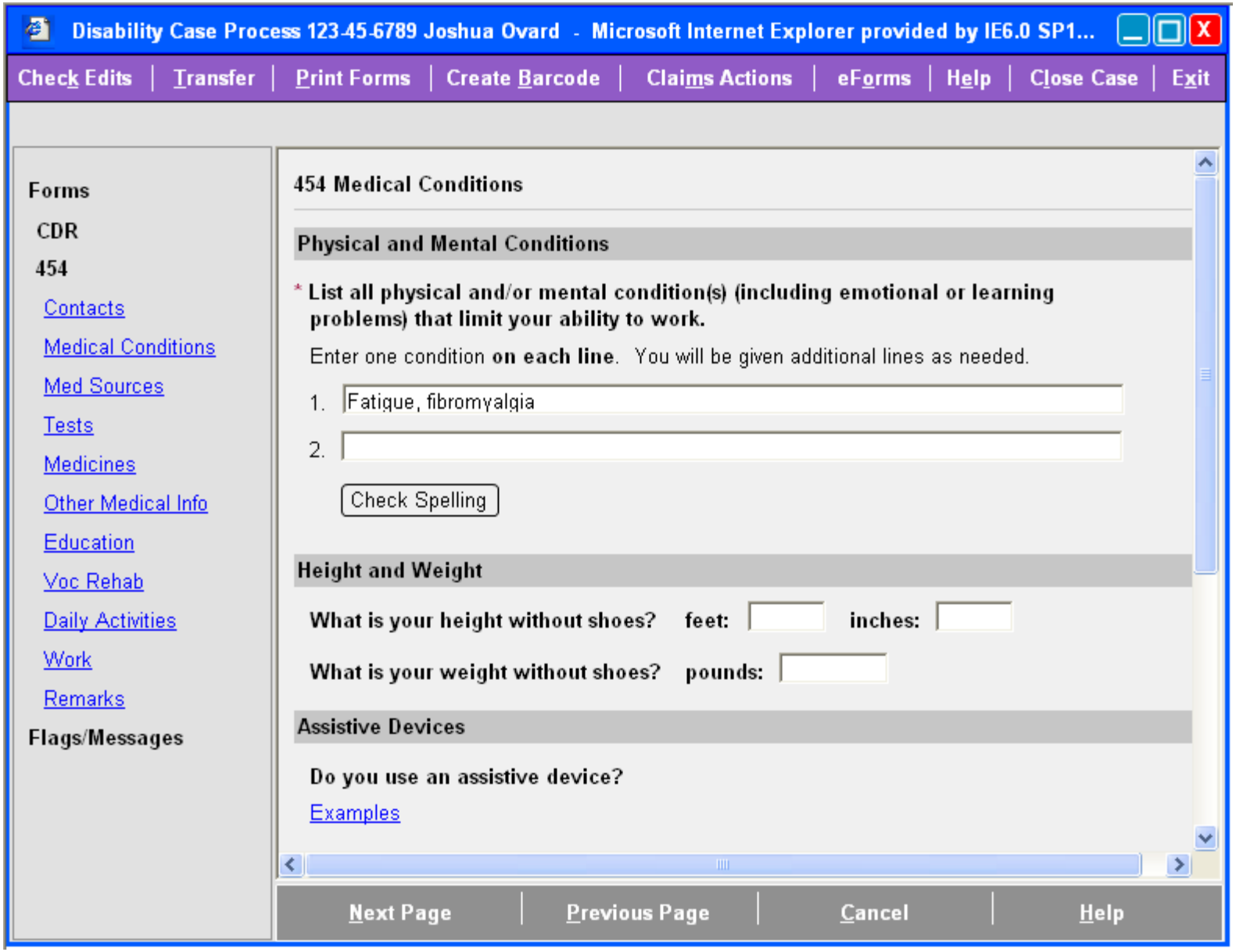
Contacts, Part 3 of 3

Person Completing Report = Someone Else



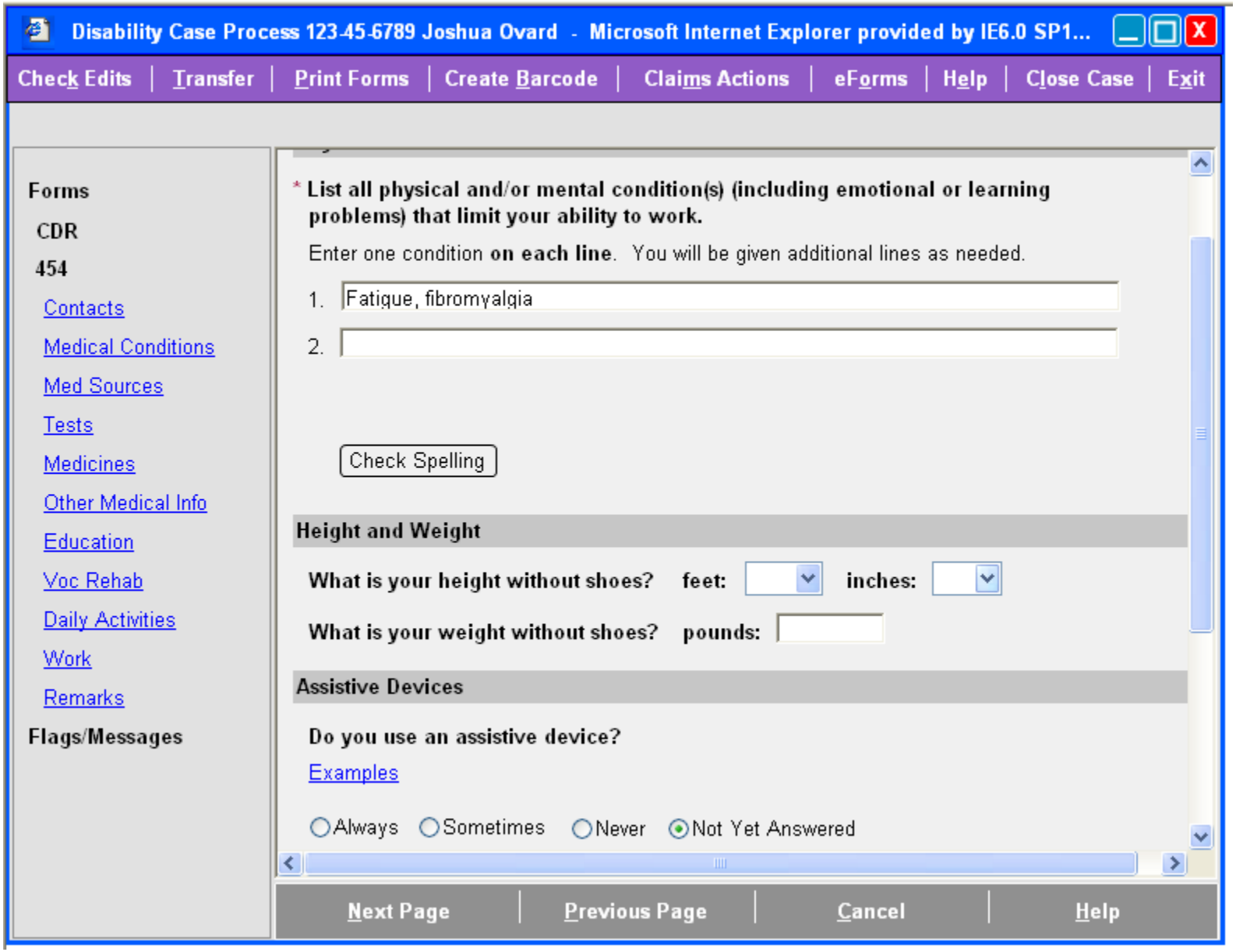
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



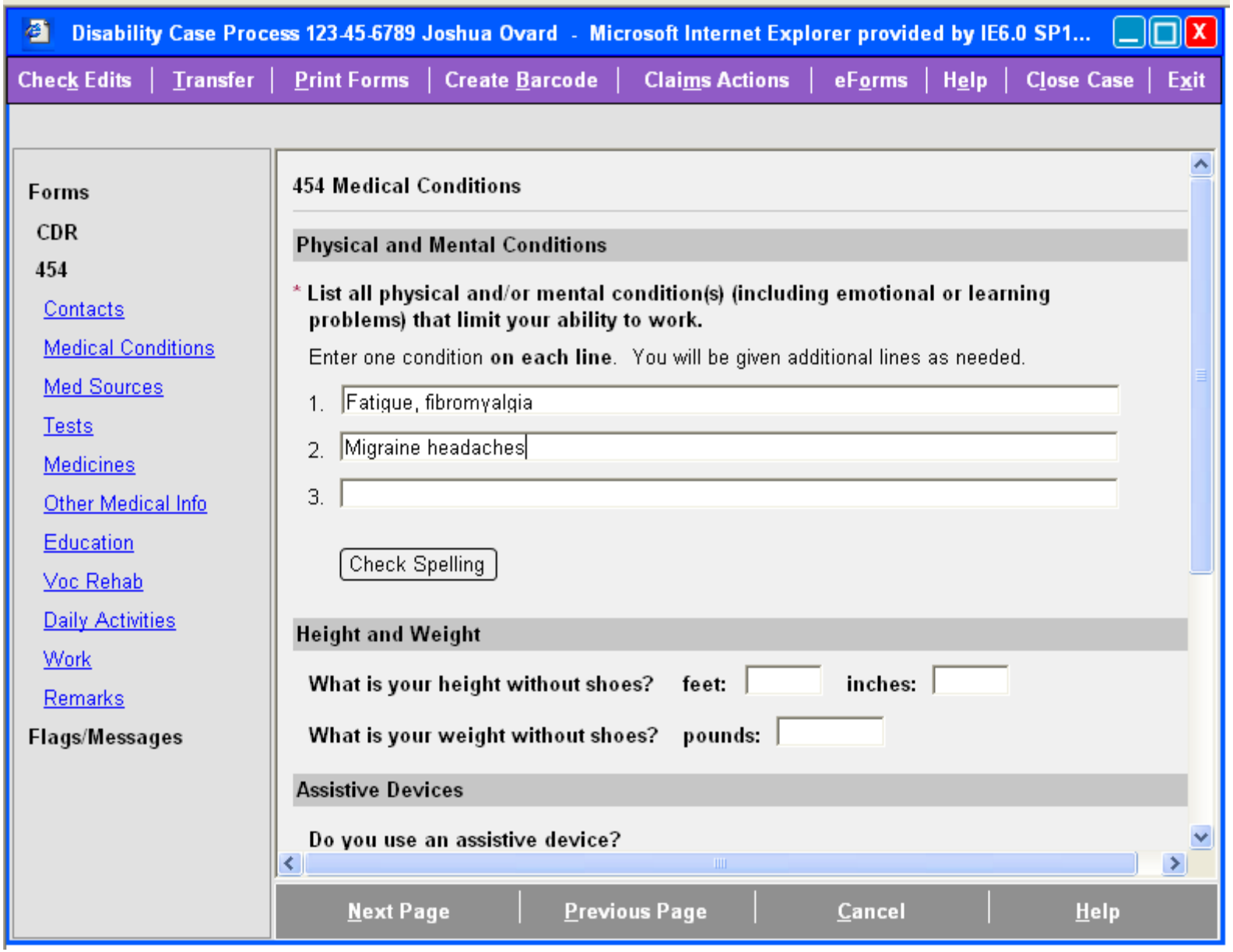
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, no new conditions entered



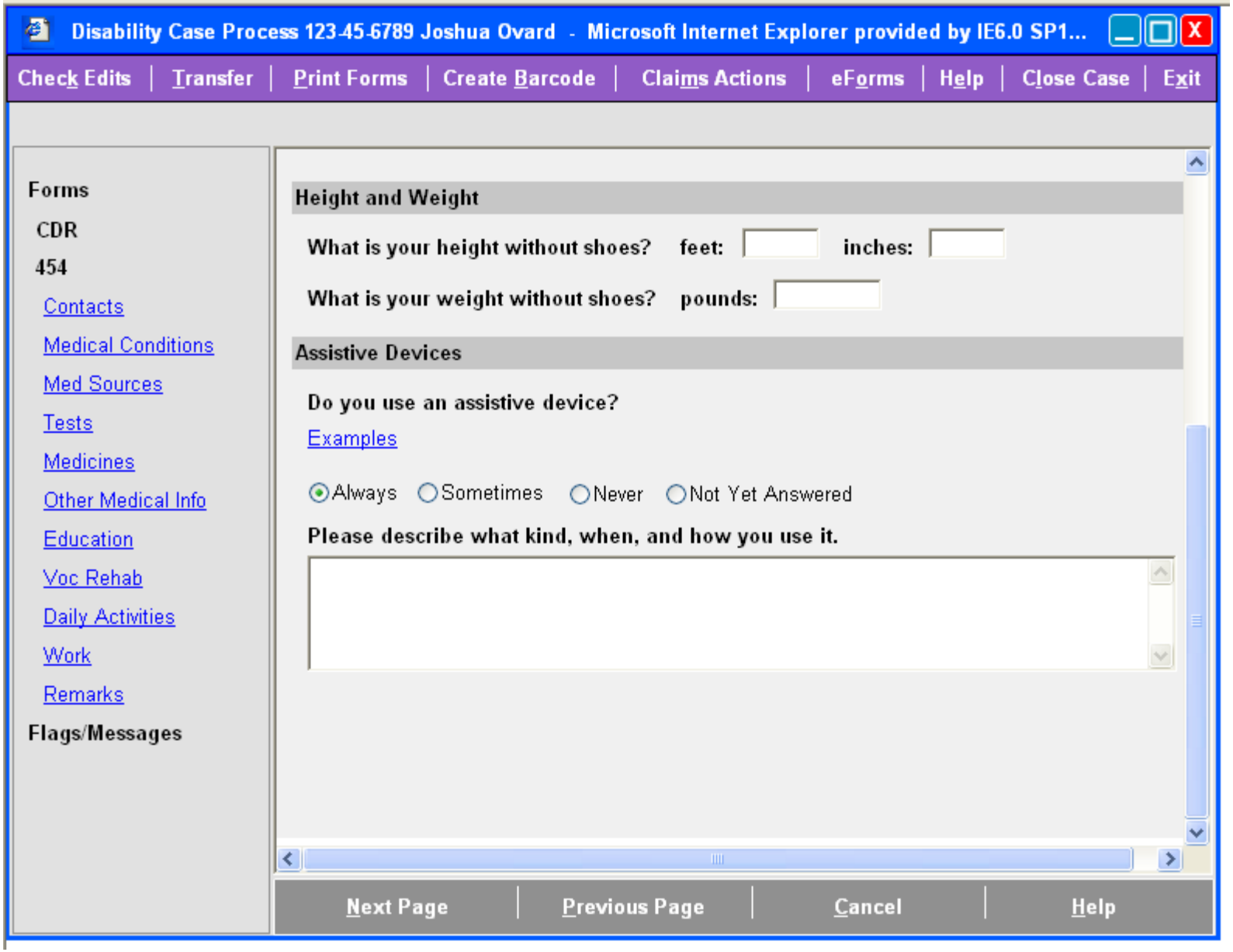
Medical Conditions, Part 1 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered
User has indicated claimant uses an assistive device



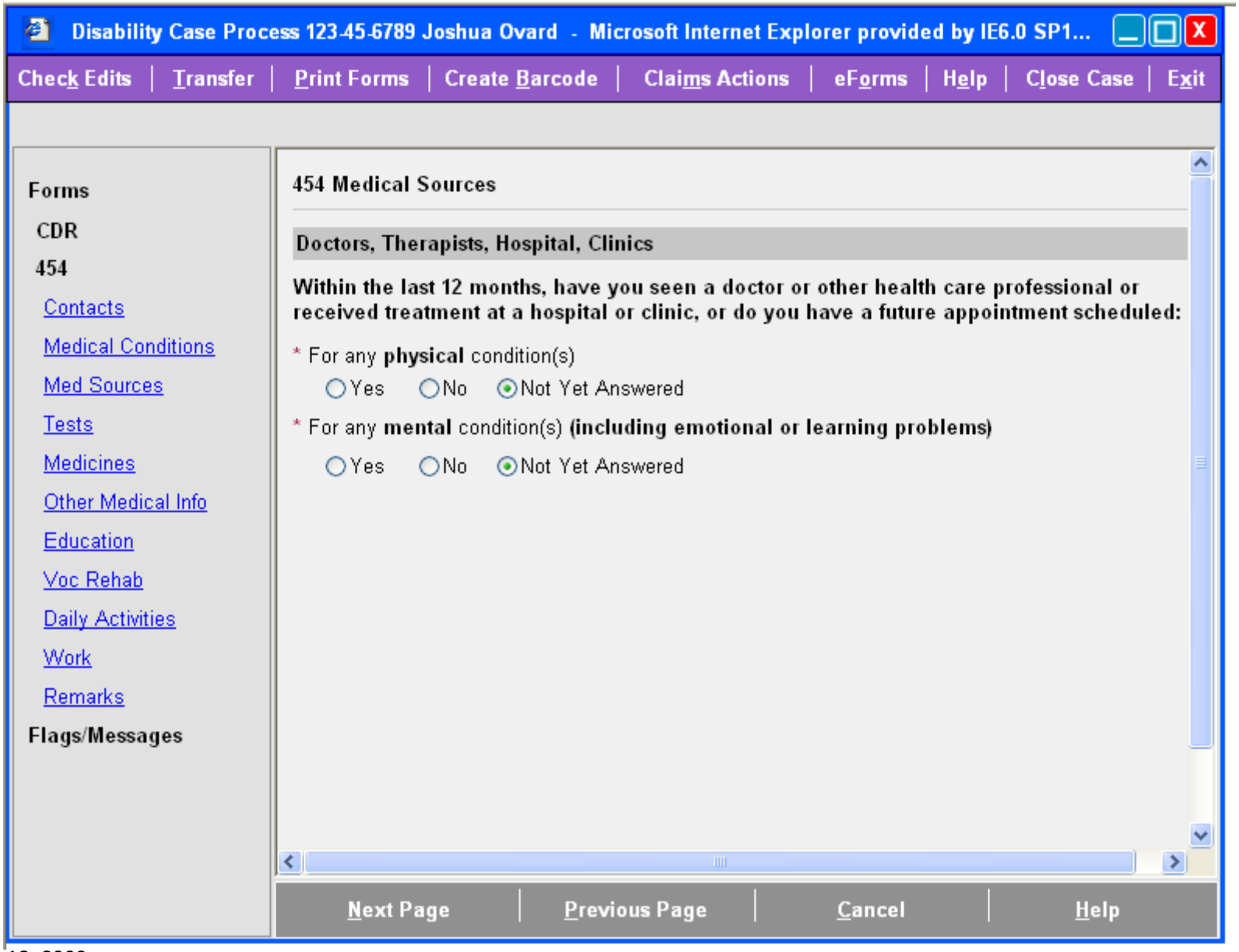
Medical Conditions, Part 2 of 2

Medical Conditions Propagated from mainframe, plus one new conditions entered
User has indicated claimant uses an assistive device



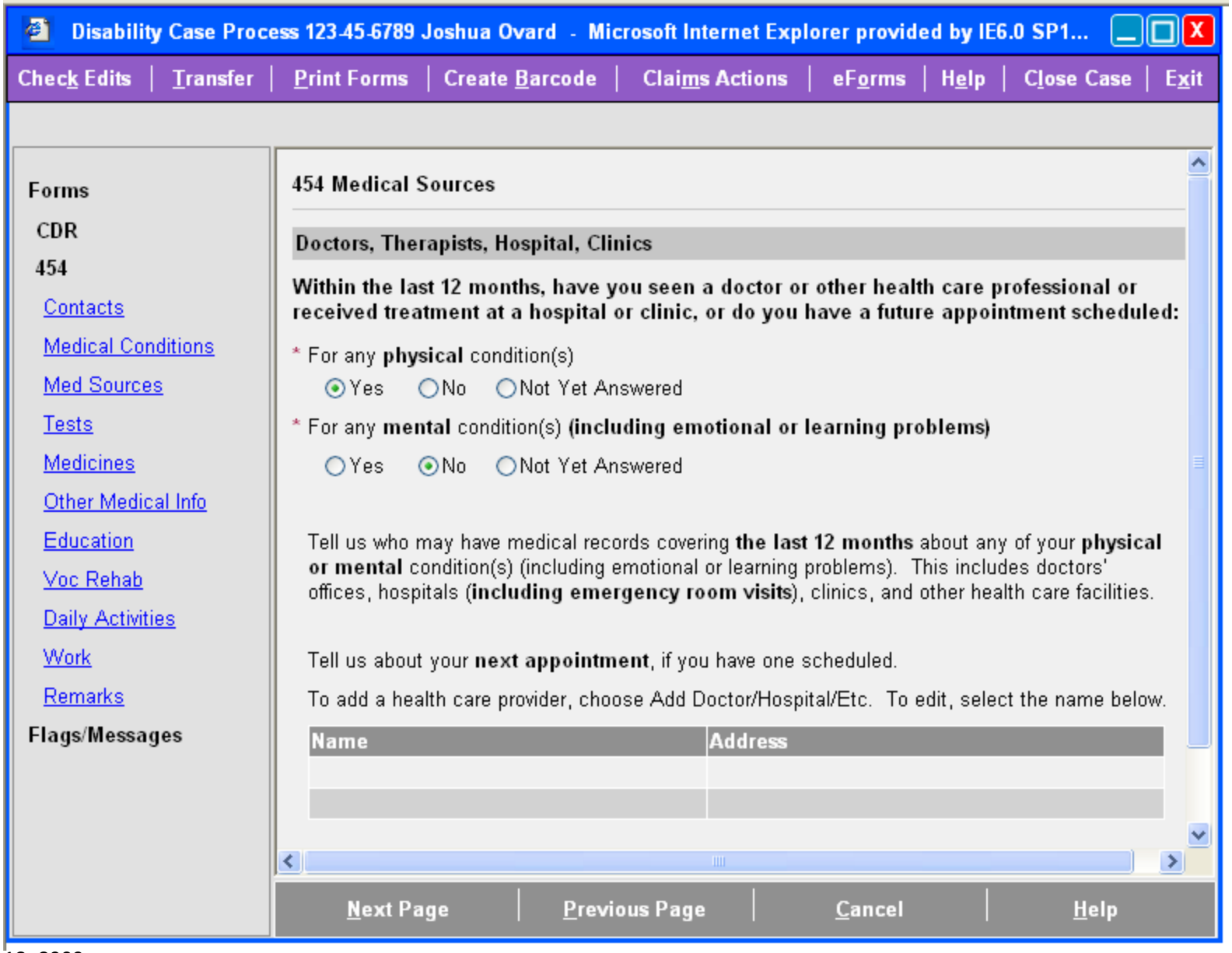
Medical Sources

Initial view

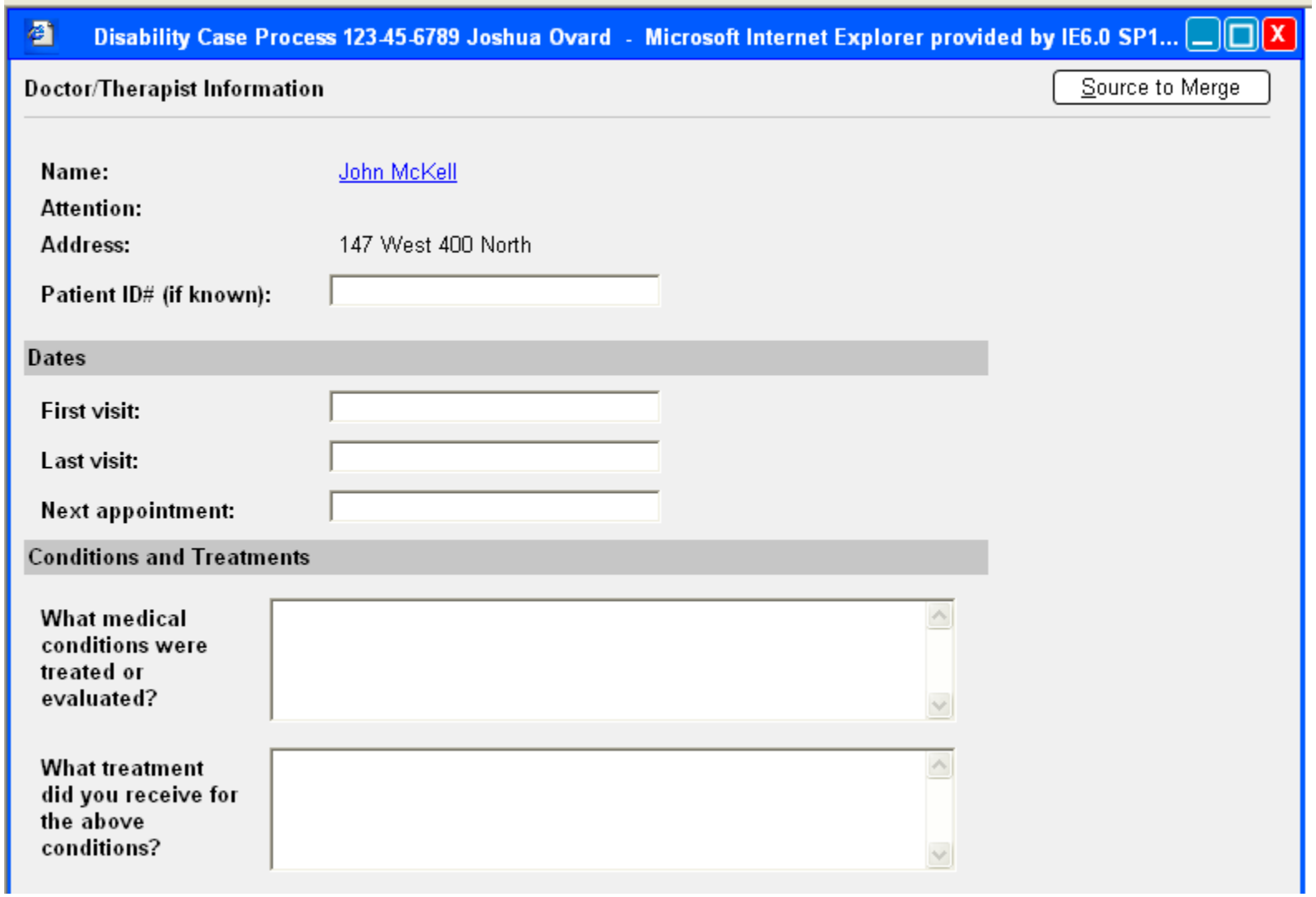


Medical Sources

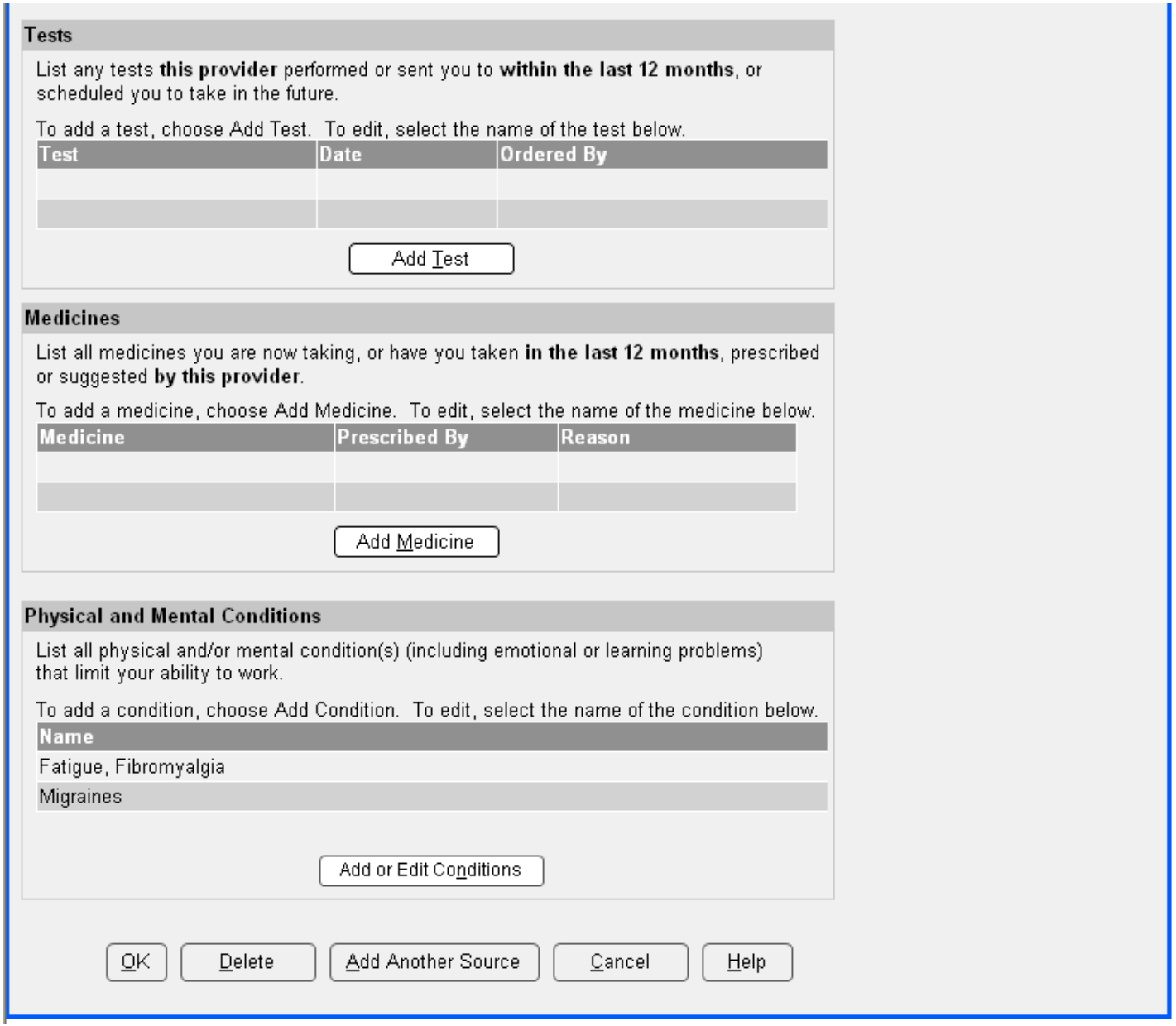
User has indicated claimant has medical sources, but has not entered any



Doctor/Therapist Information, Part 1 of 2

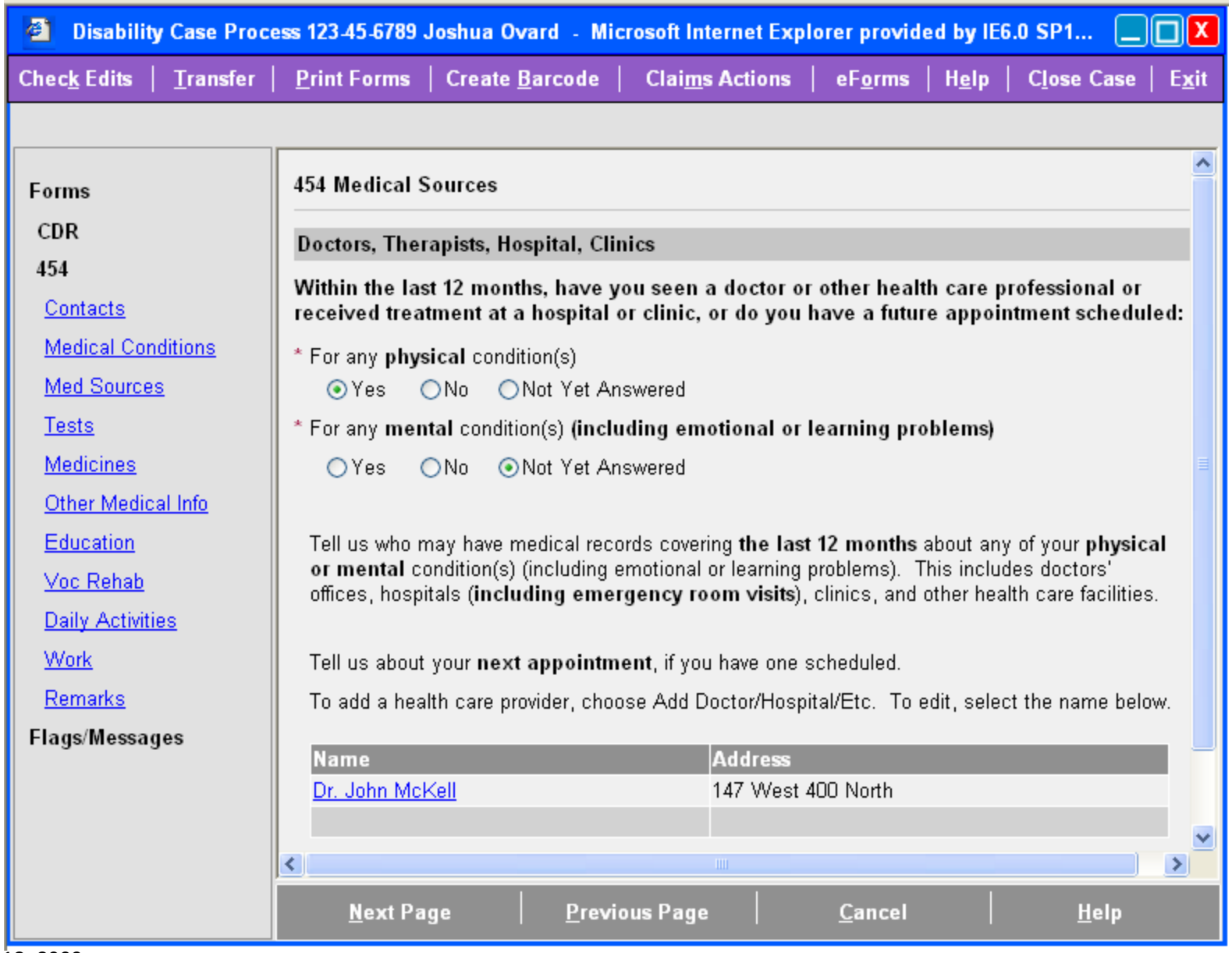


Doctor/Therapist Information, Part 2 of 2

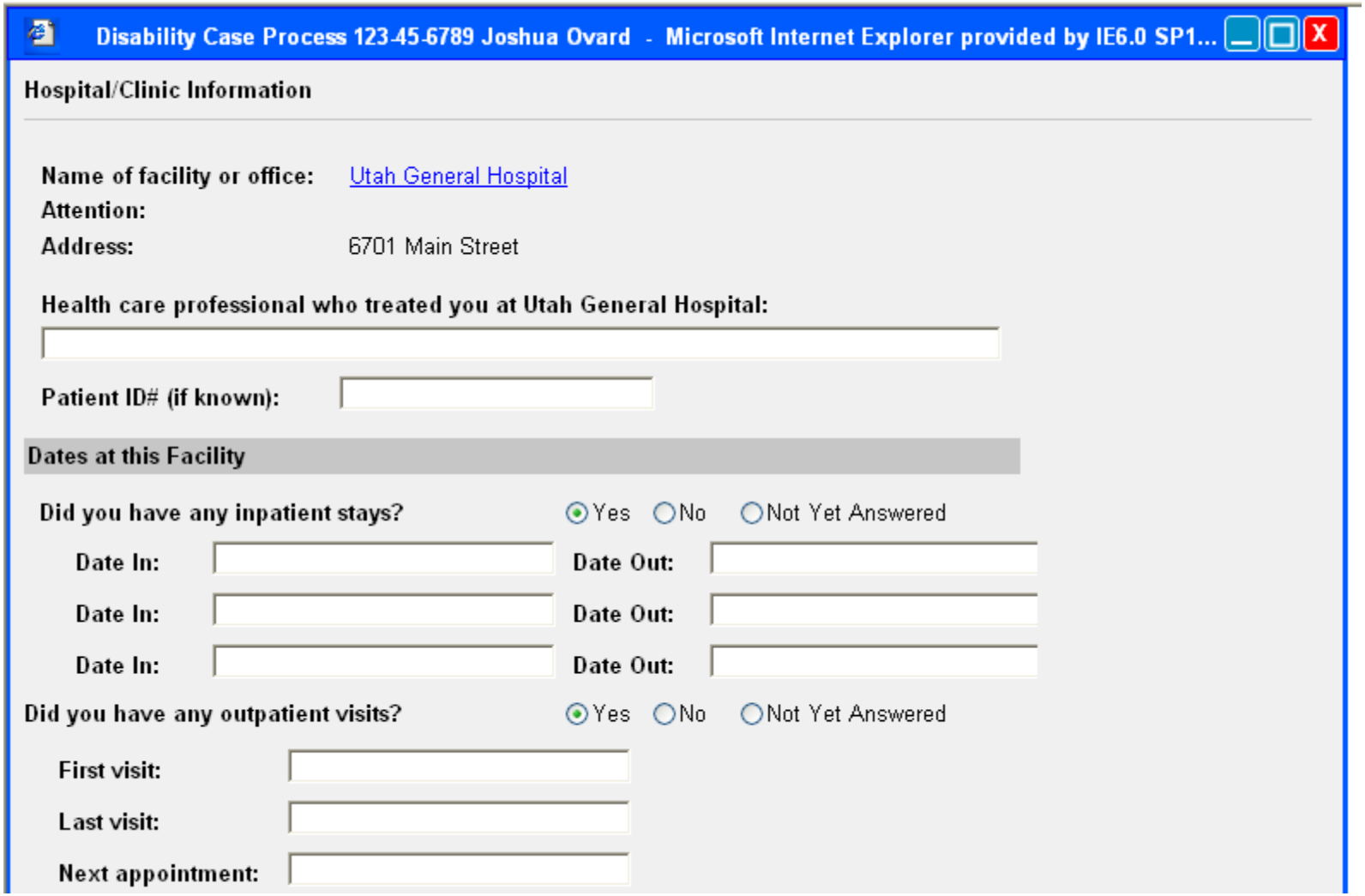


Medical Sources

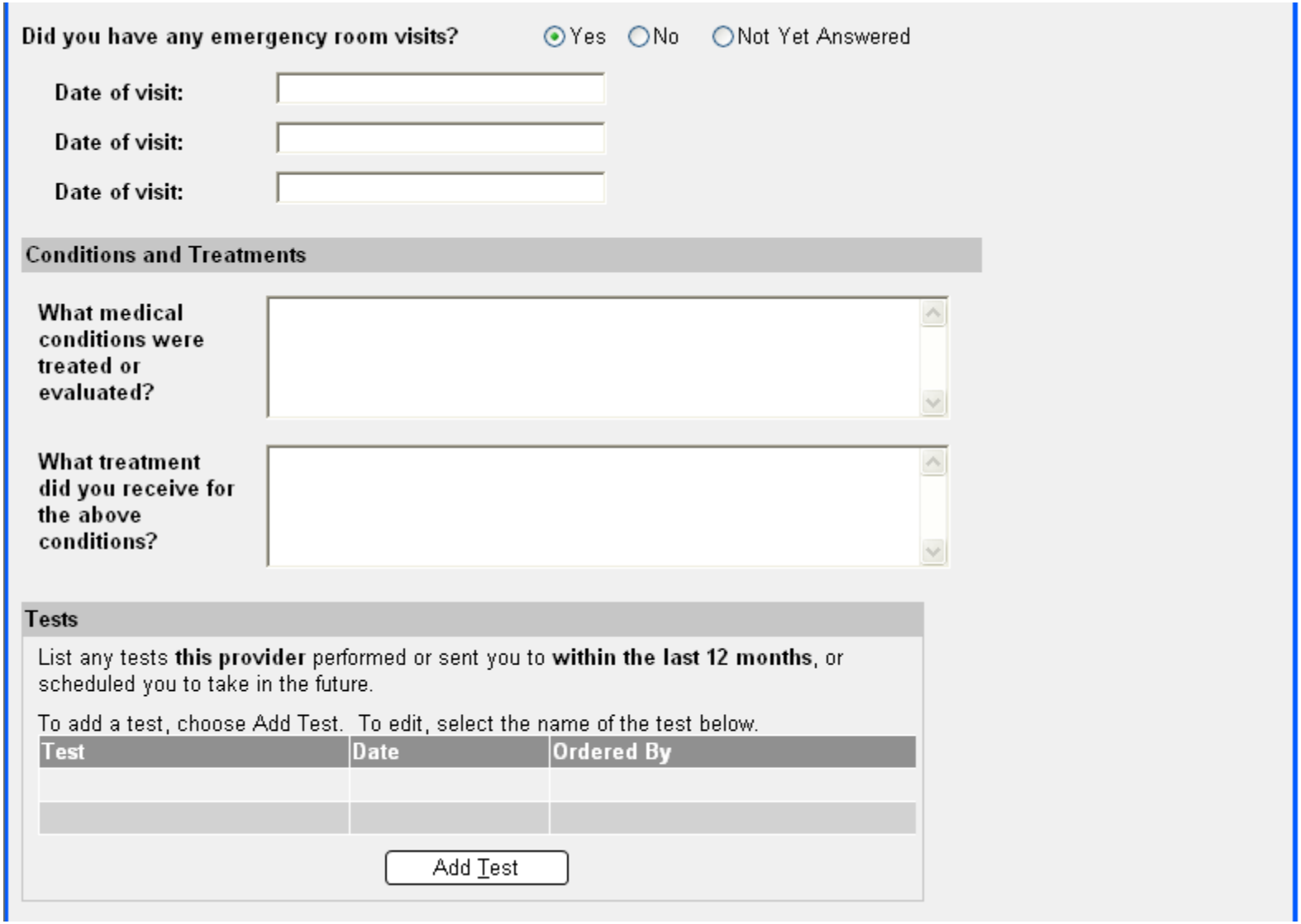
User has indicated claimant has medical sources and entered a doctor



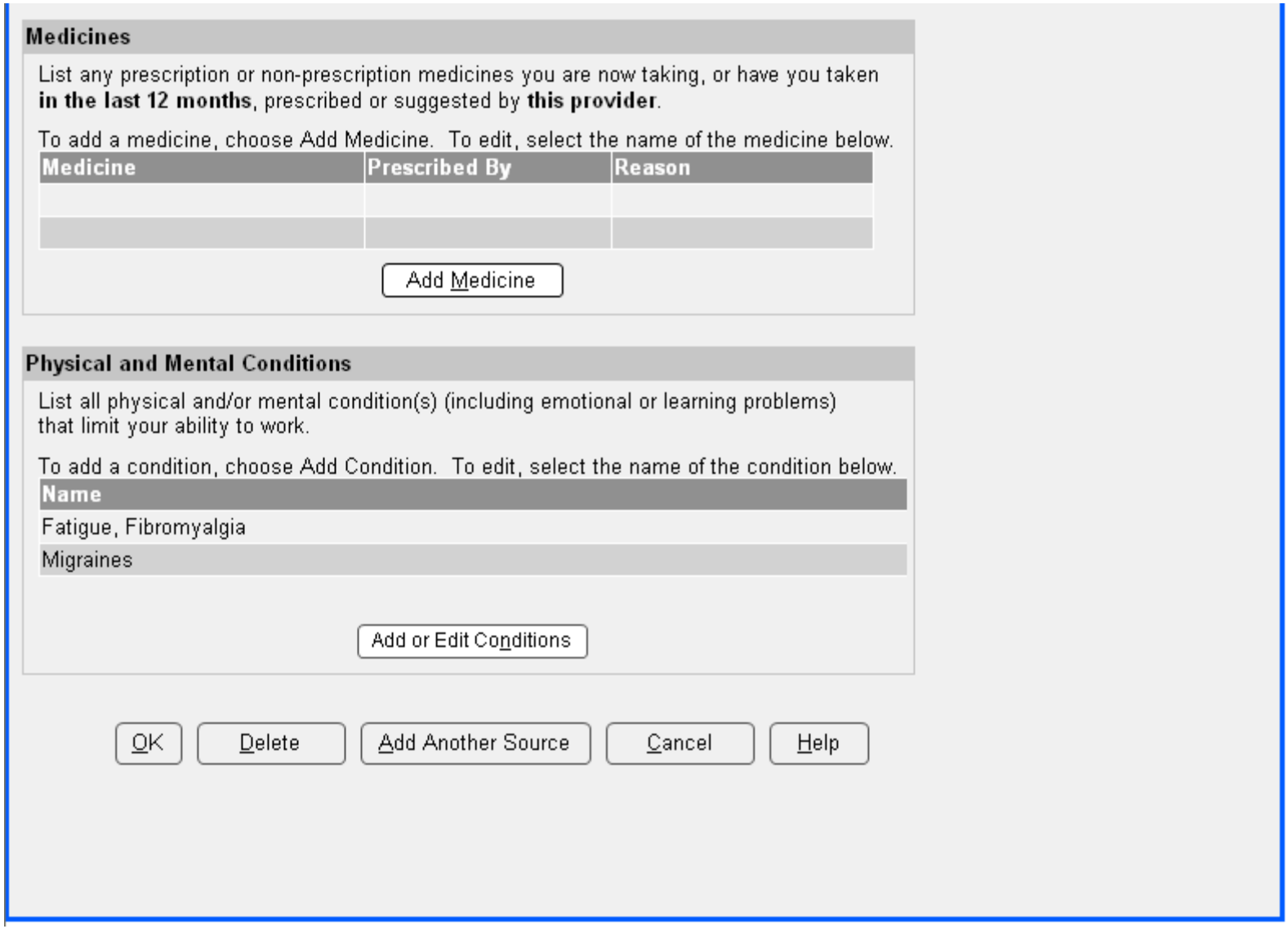
Hospital/Clinic Information, Part 1 of 3



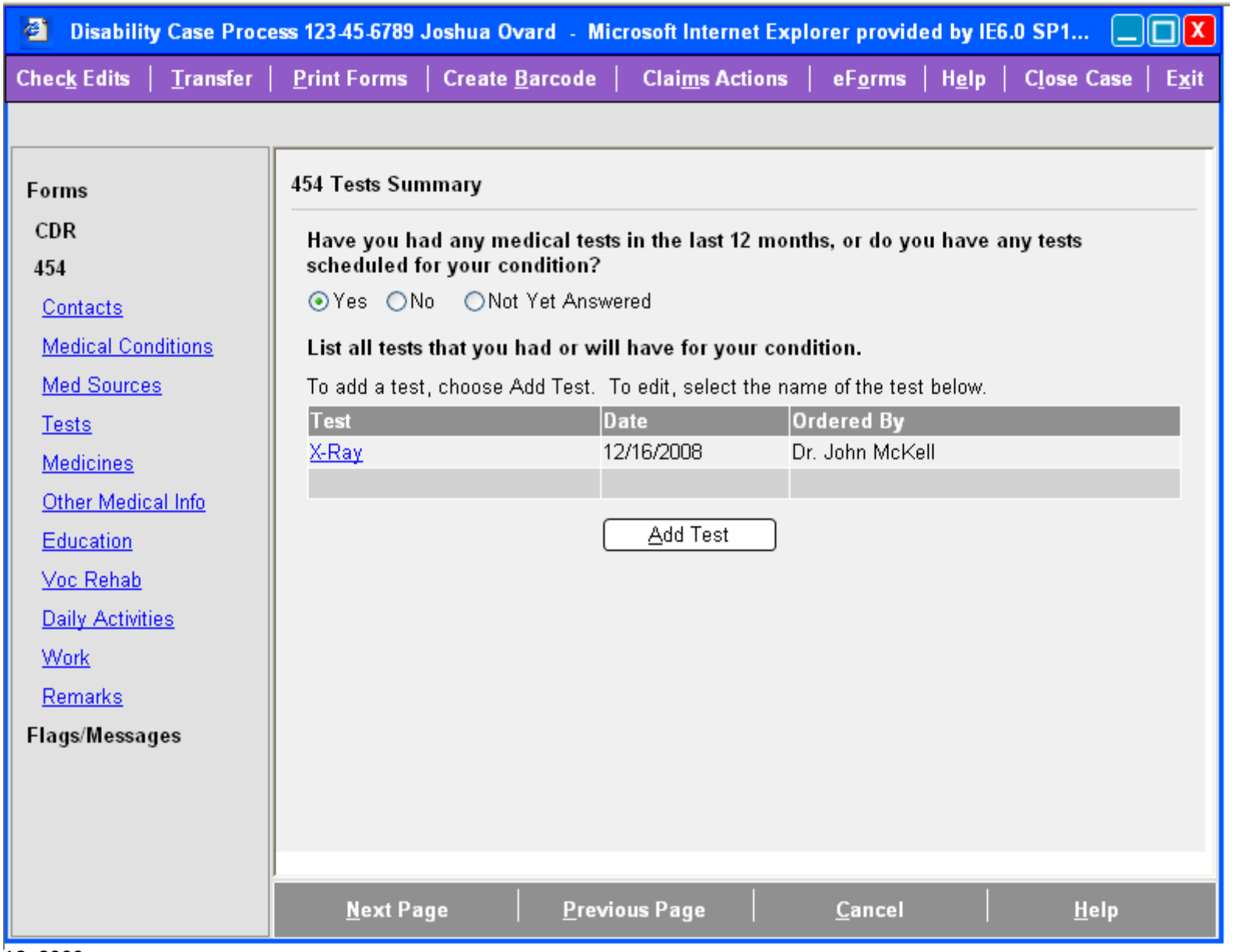
Add Hospital/Clinic, Part 2 of 3



Add Hospital/Clinic, Part 3 of 3

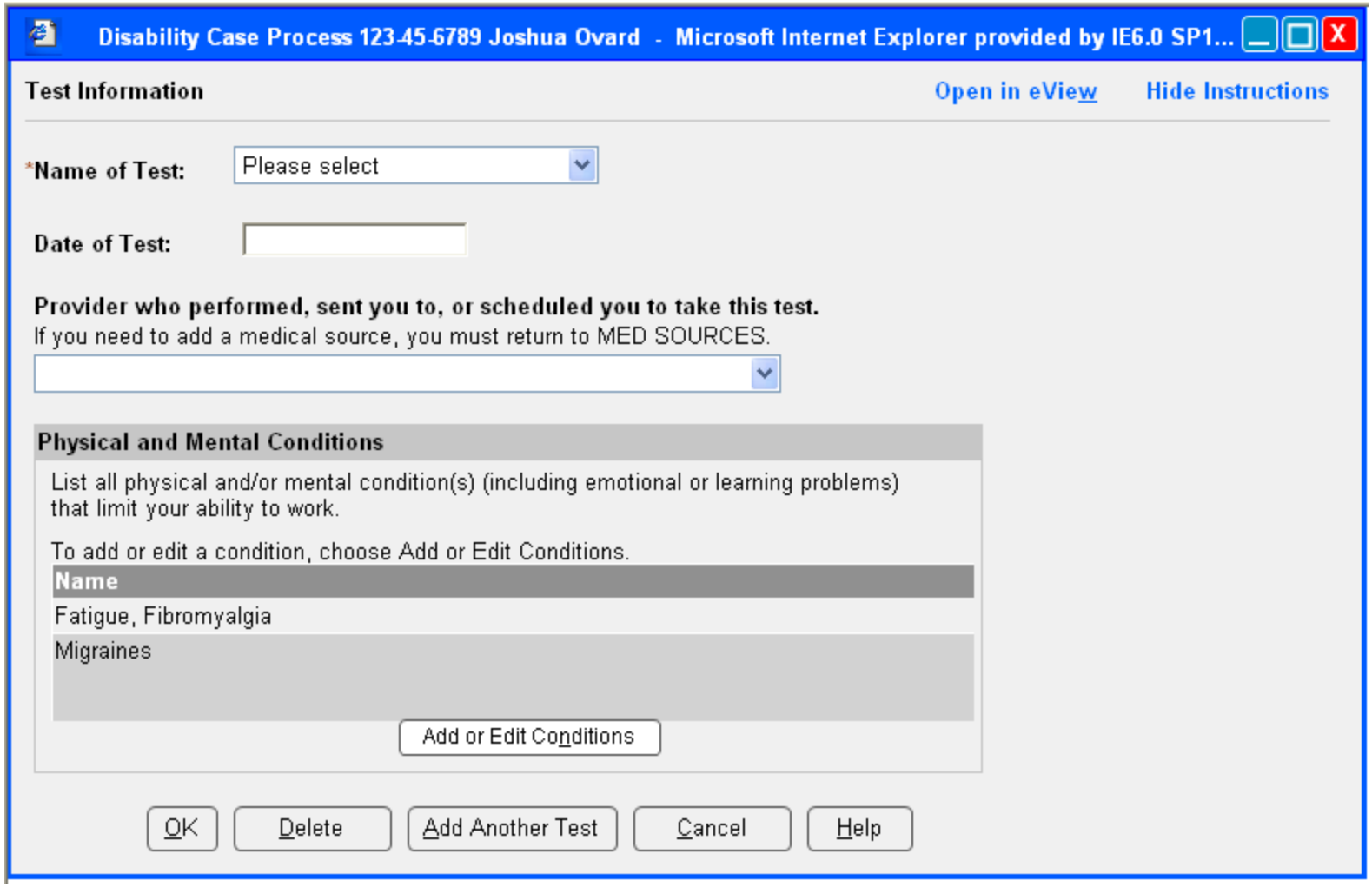


Tests Summary



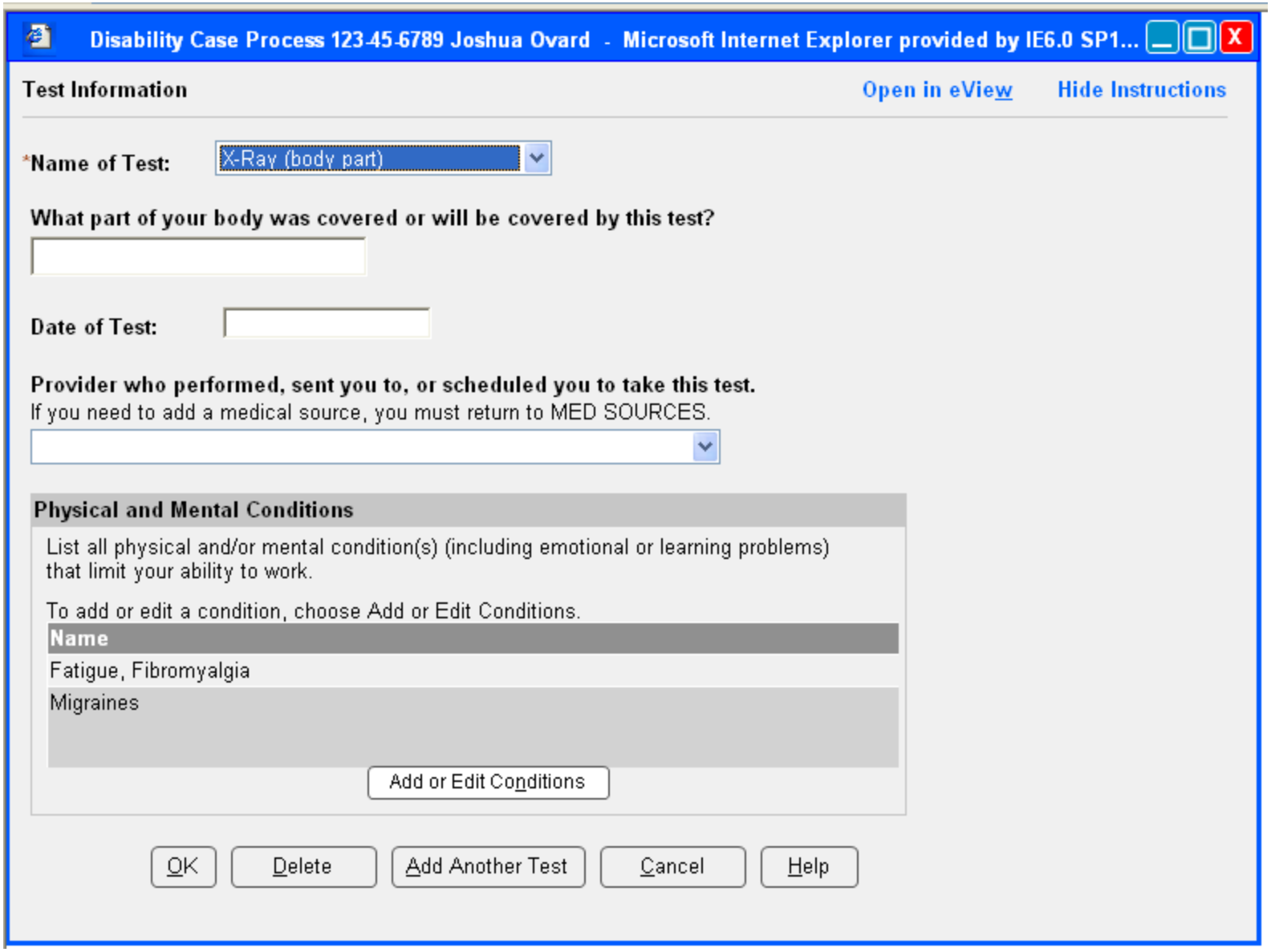
Test Information

No body part involved or other explanation needed



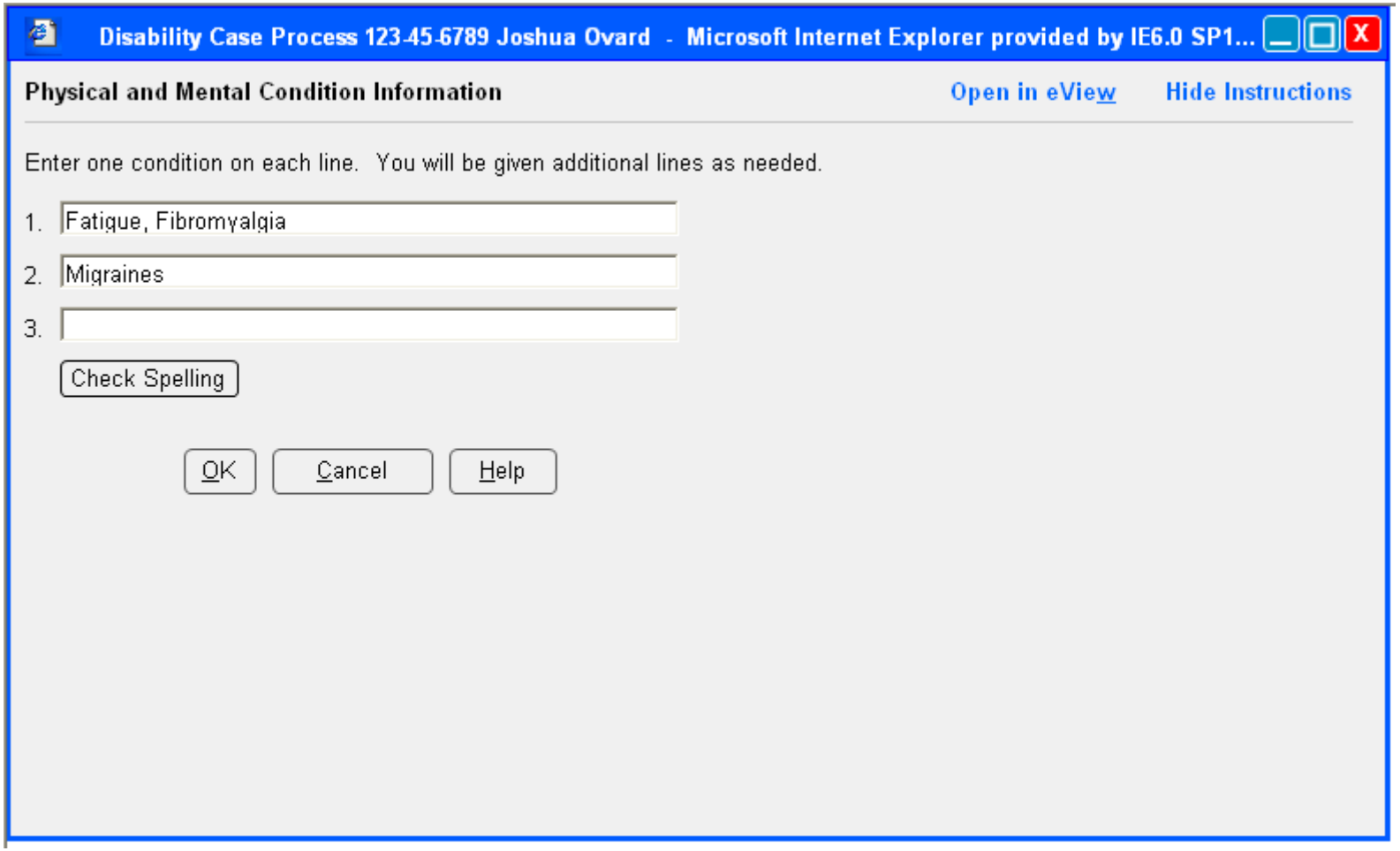
Test Information

Body part involved



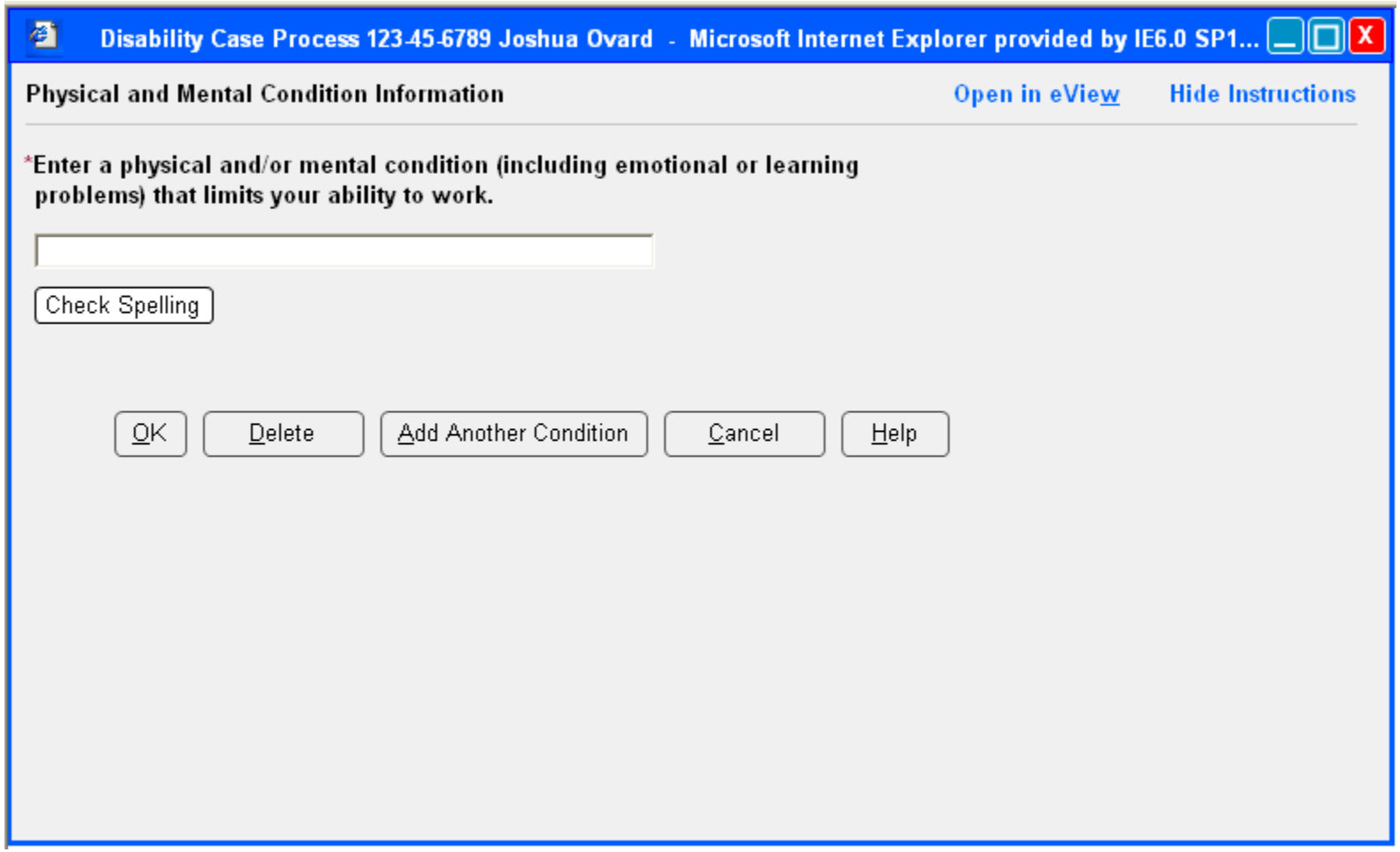
Physical and Mental Condition Information – Plan A

Claimant adds physical or mental condition while adding test

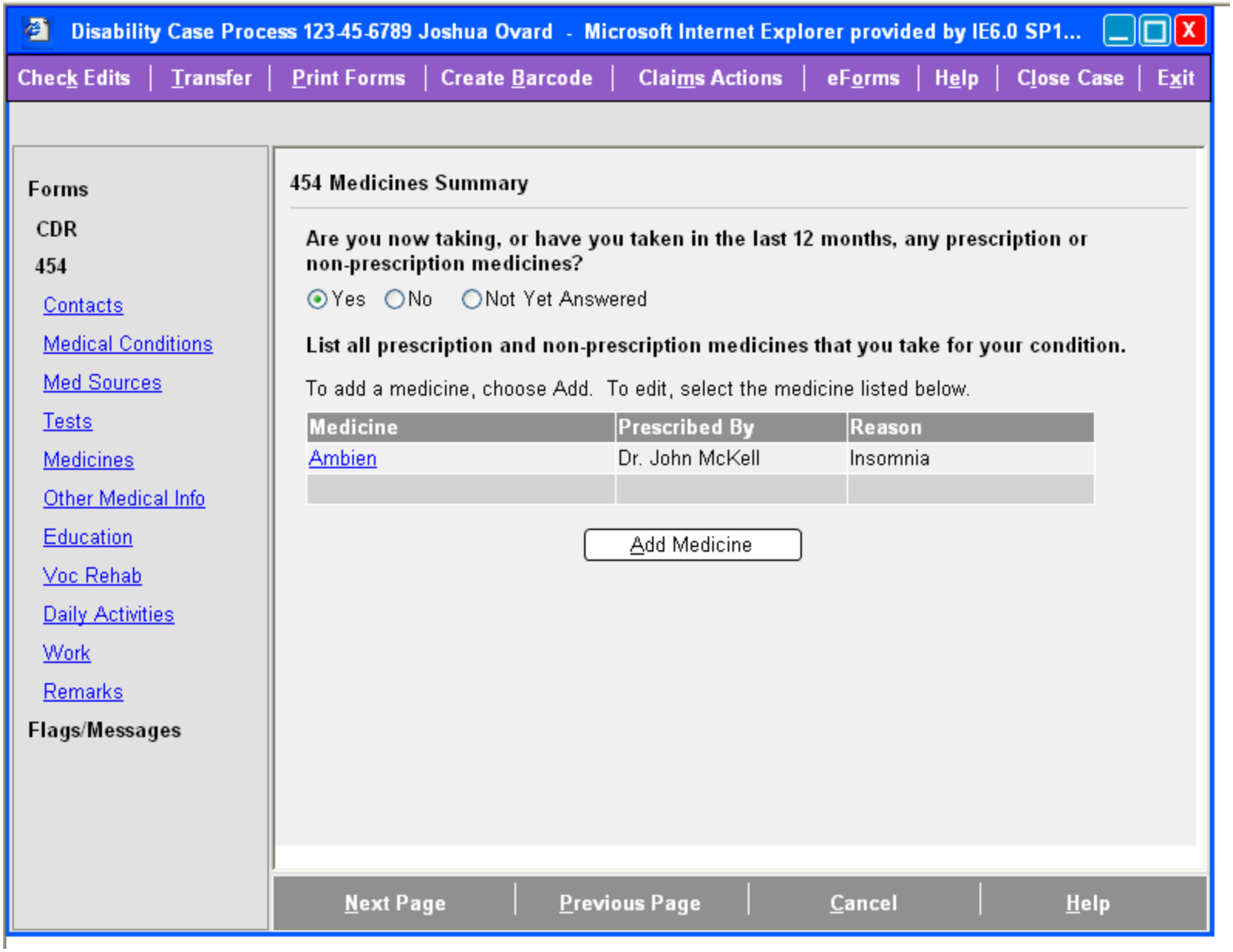


Physical and Mental Condition Information – Plan B

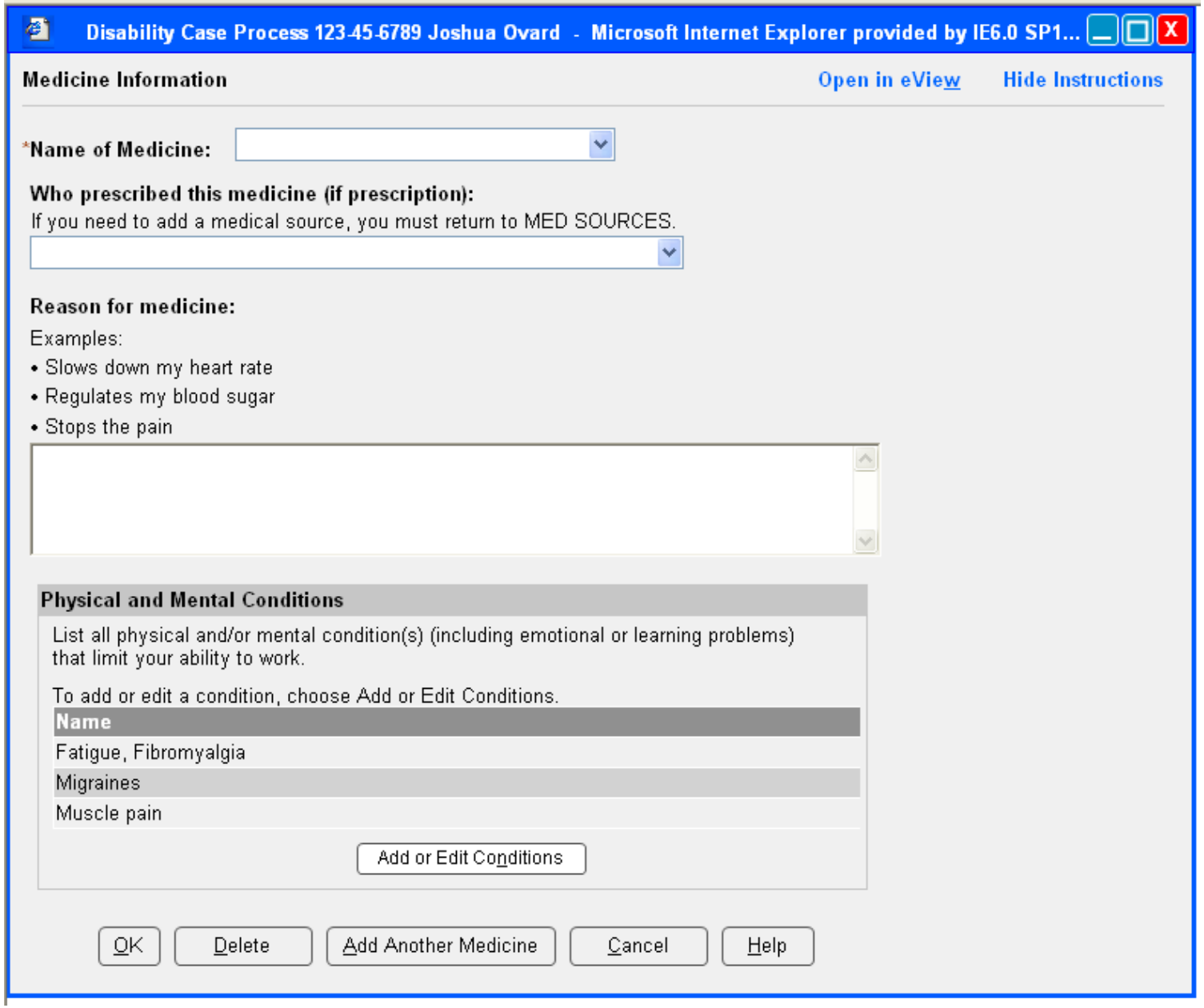
Claimant adds physical or mental condition while adding test



Medicines Summary

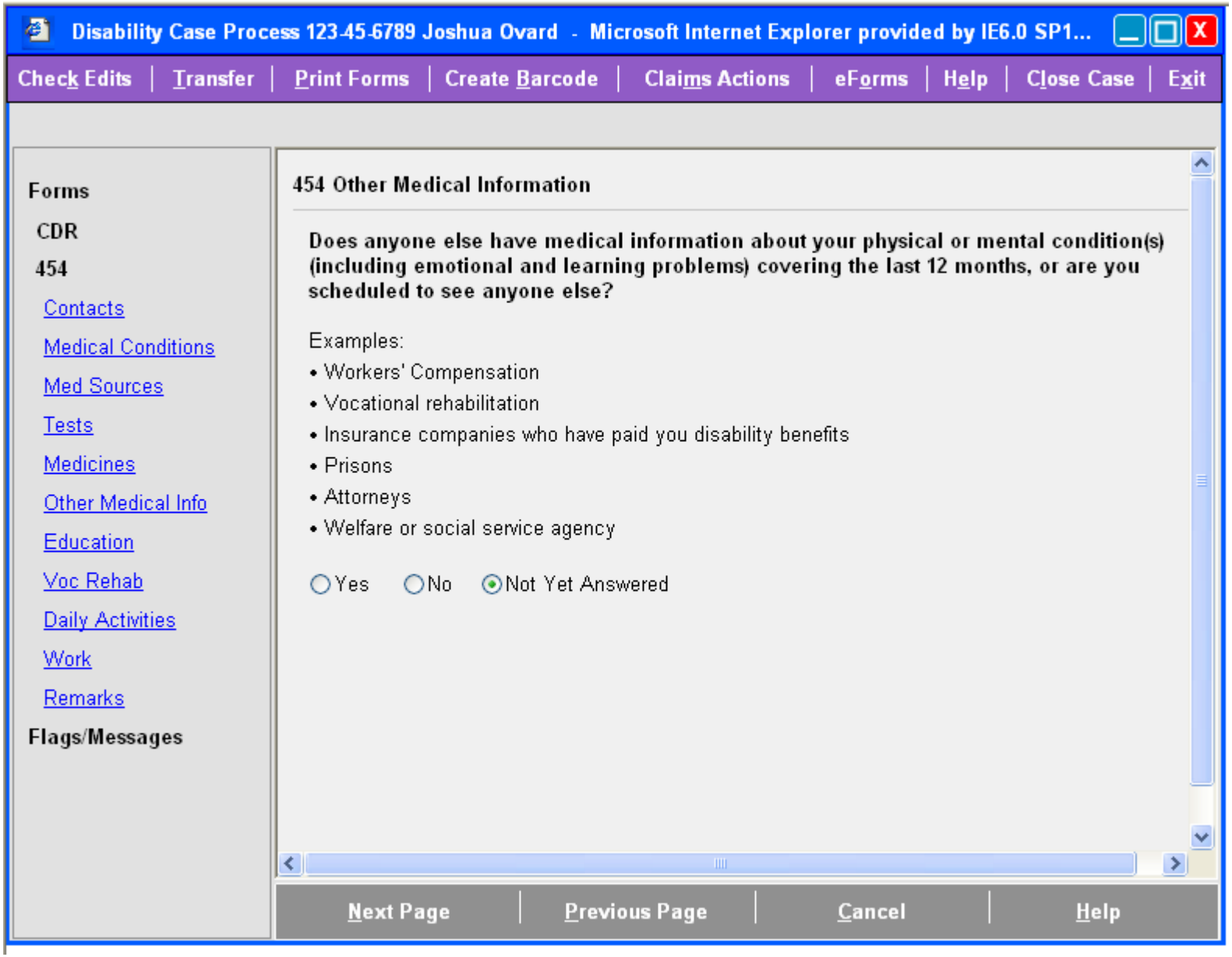


Medicine Information



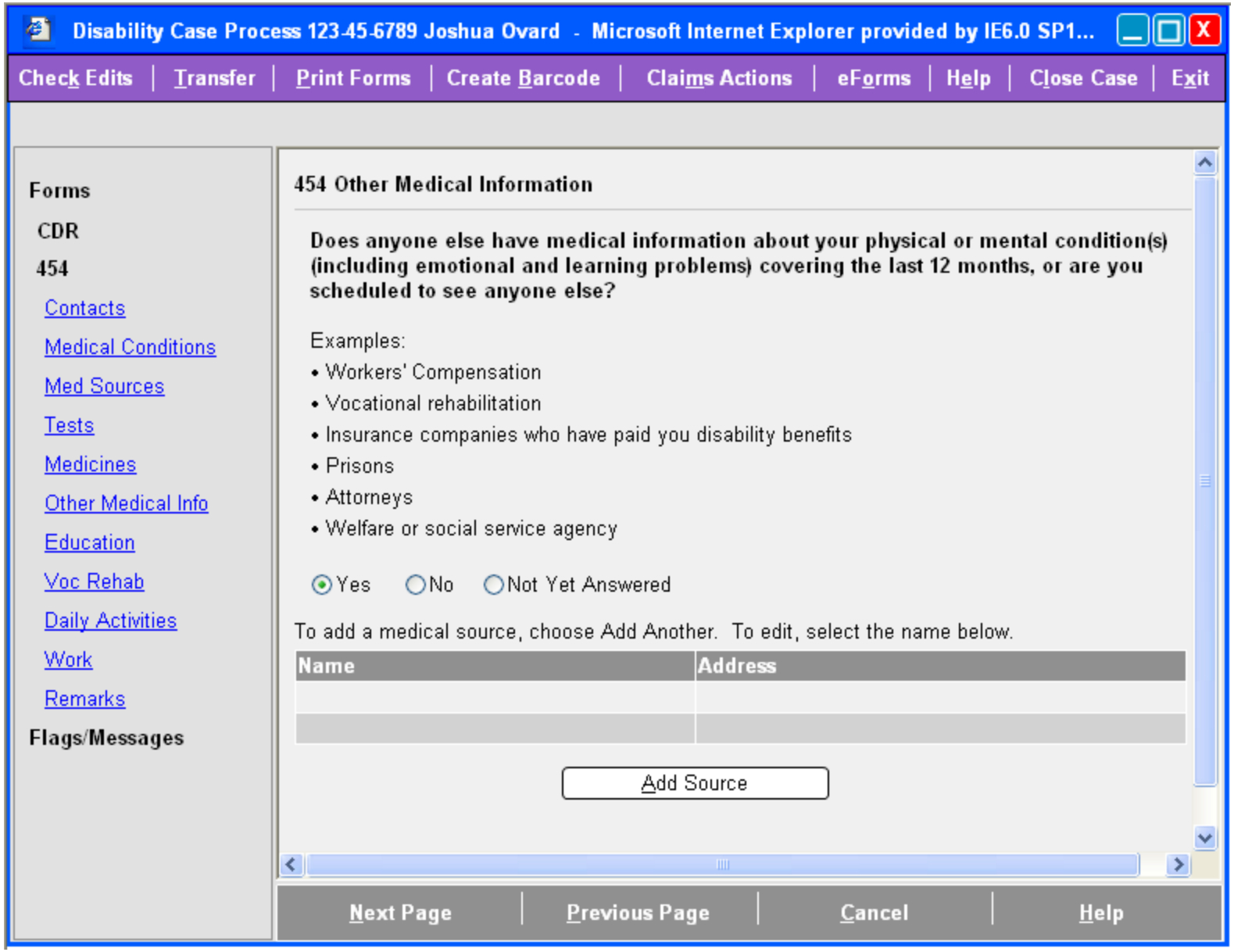
Other Medical Information

Initial View

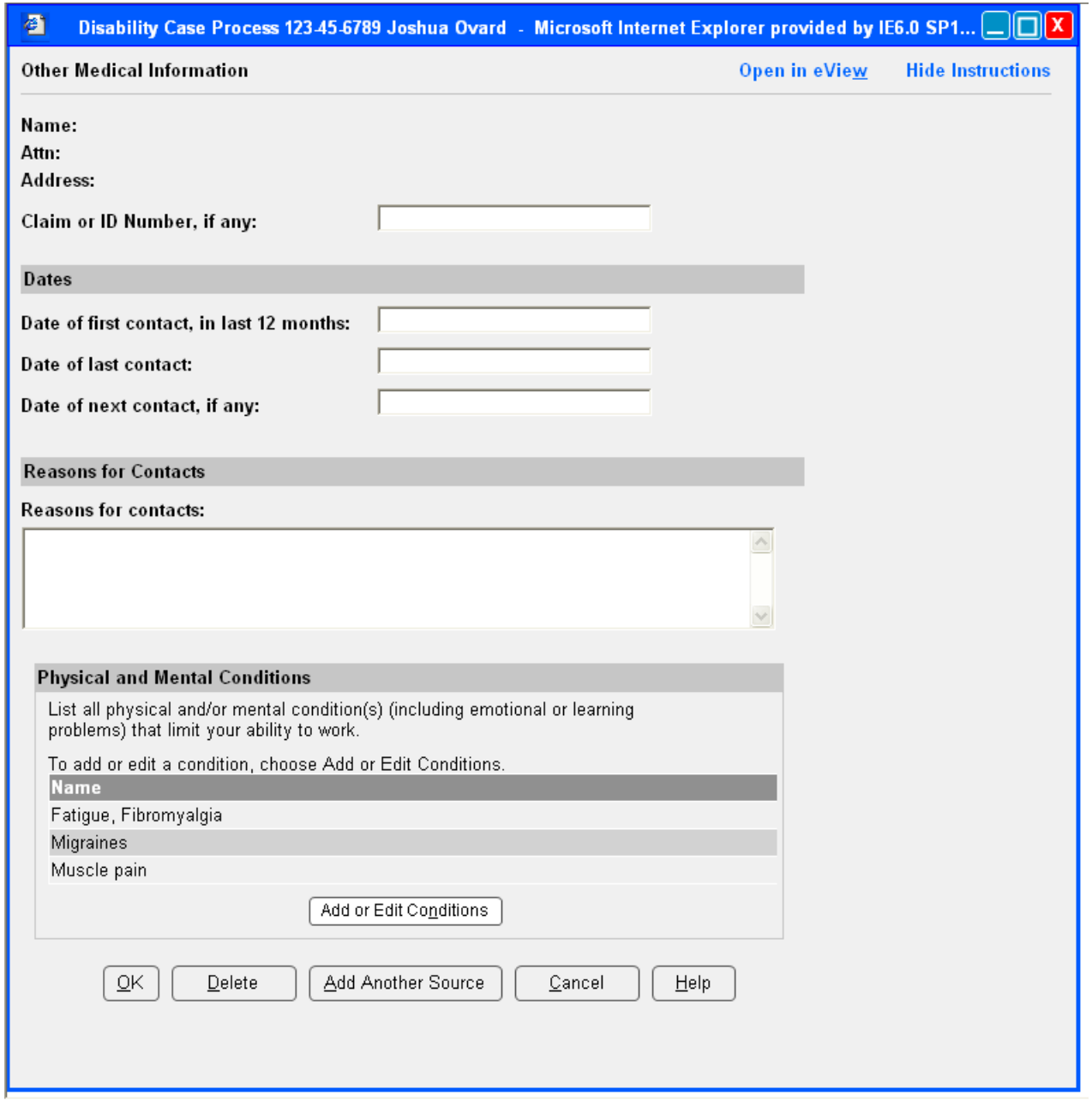


Other Medical Information

User has indicated claimant has other medical source, but has not entered any

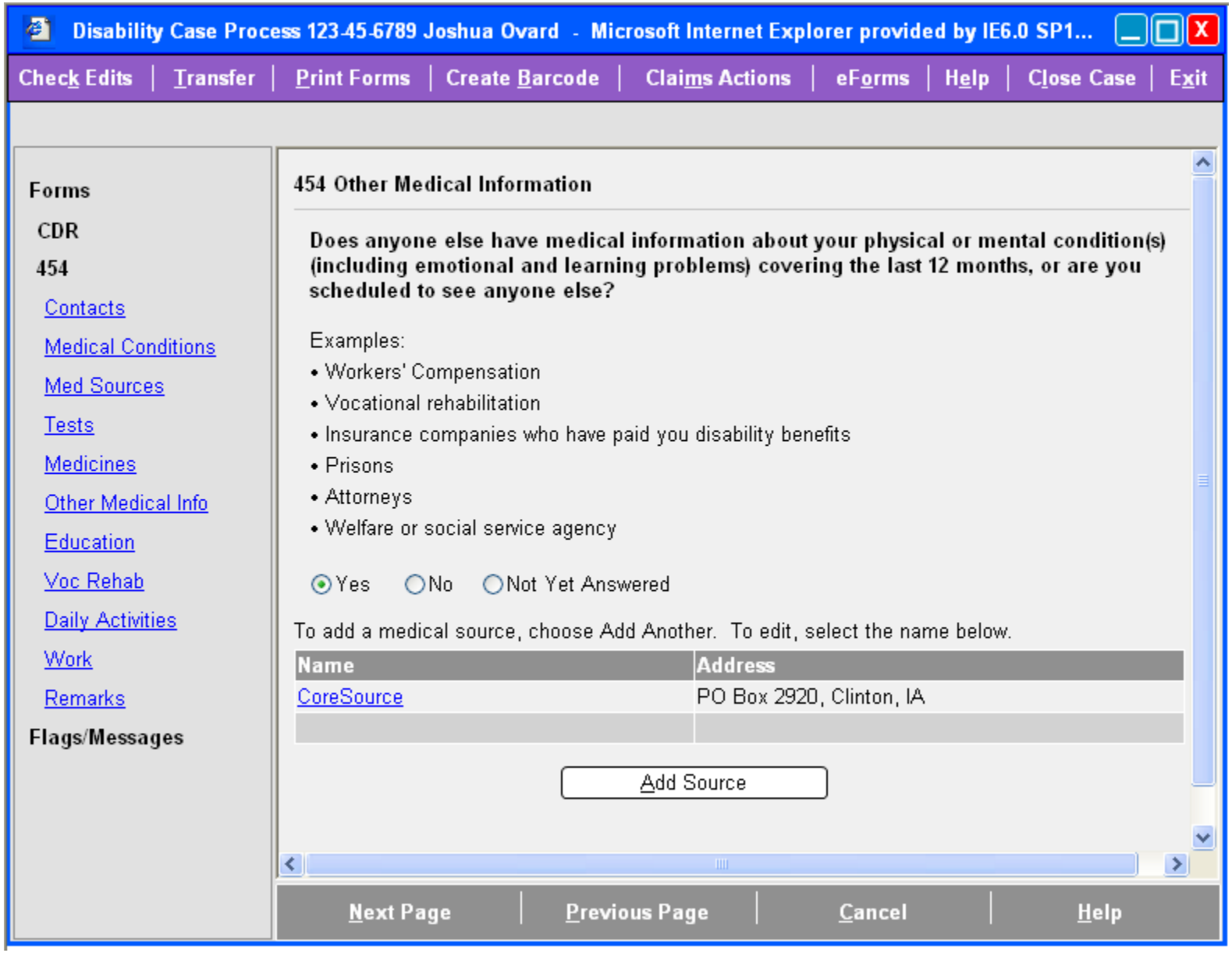


Other Medical Information



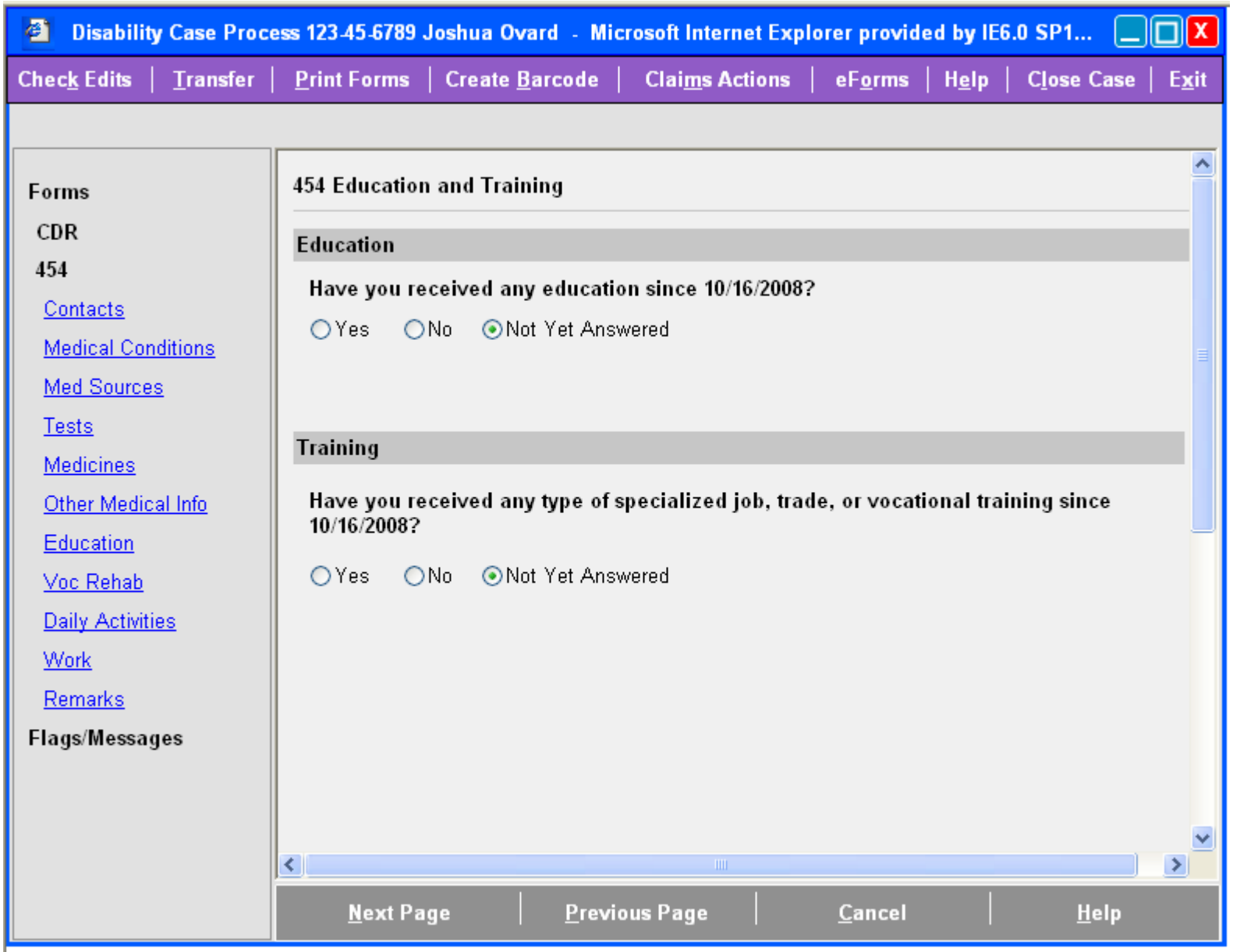
Other Medical Information

User has entered an other medical source



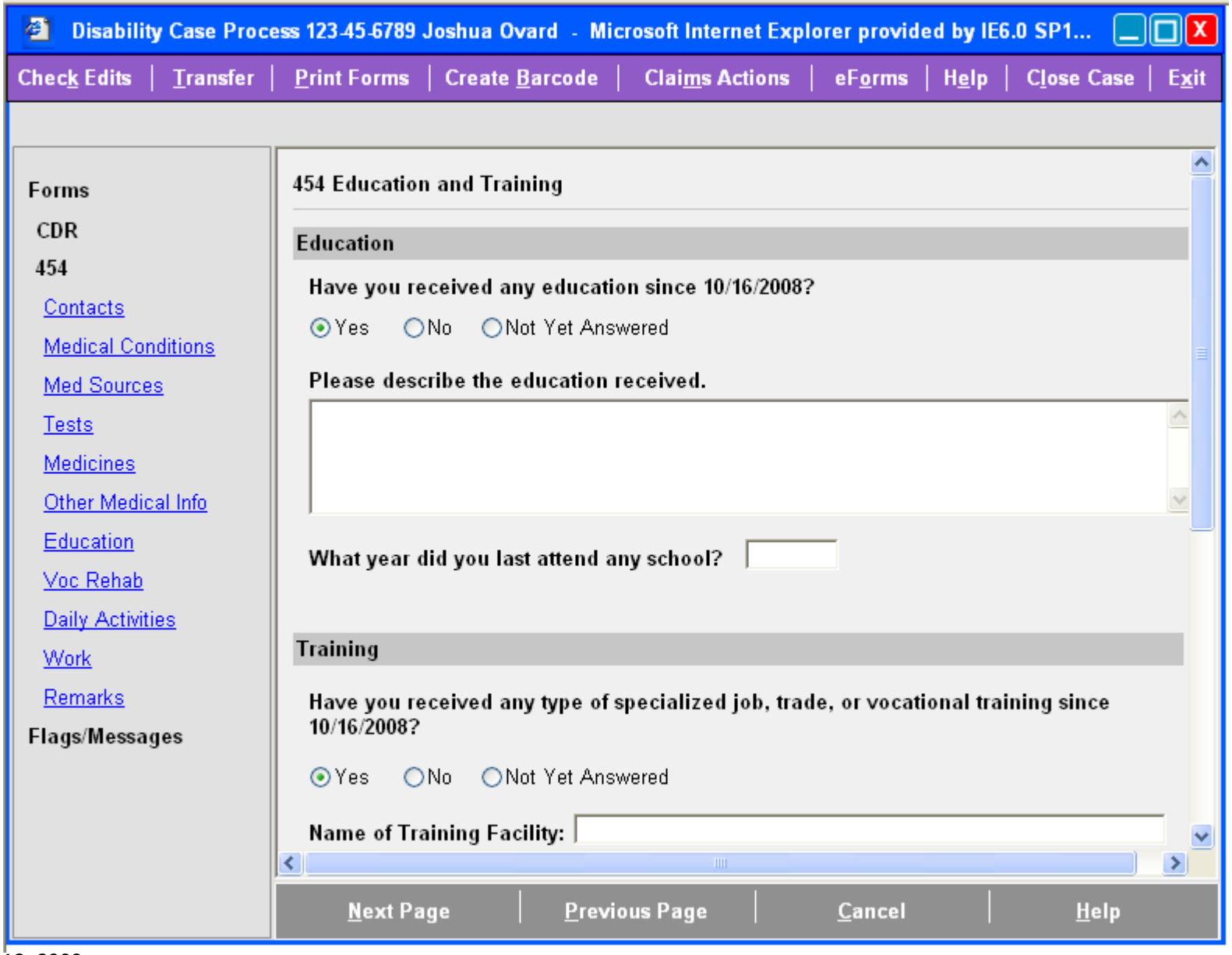
Education and Training

Initial View



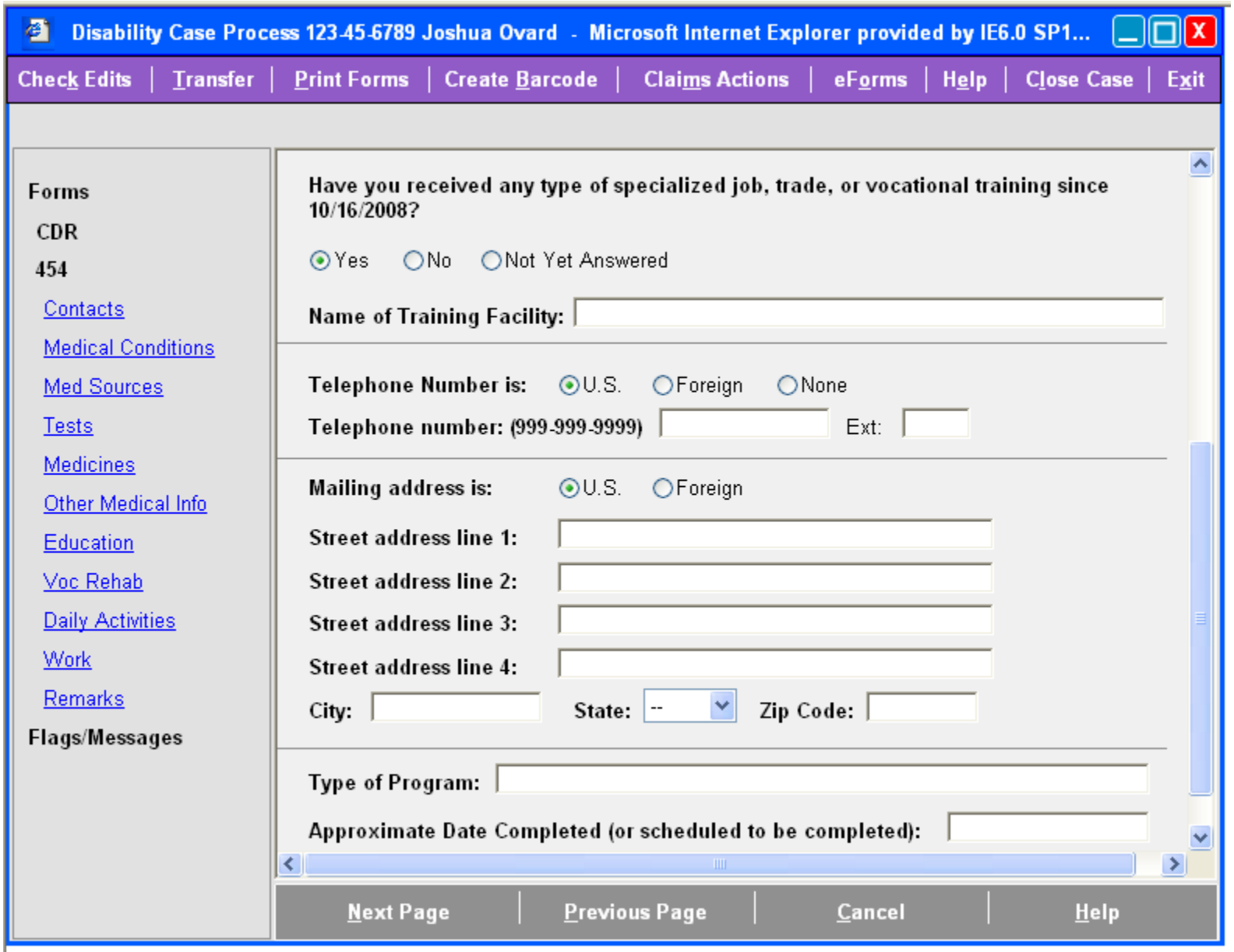
Education and Training, Part 1 of 2

User has indicated claimant received education and training



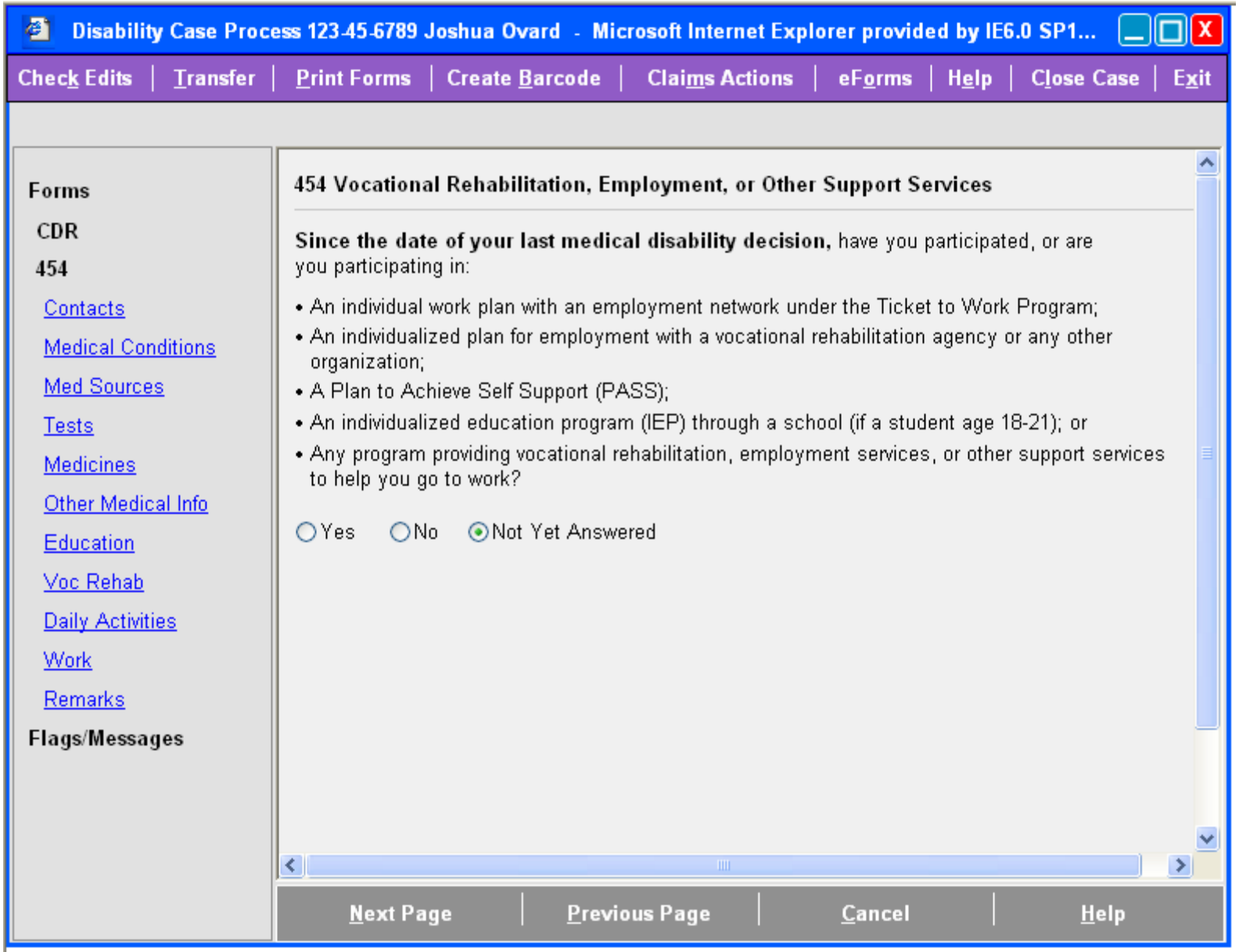
Education and Training, Part 2 of 2

User has indicated claimant received training



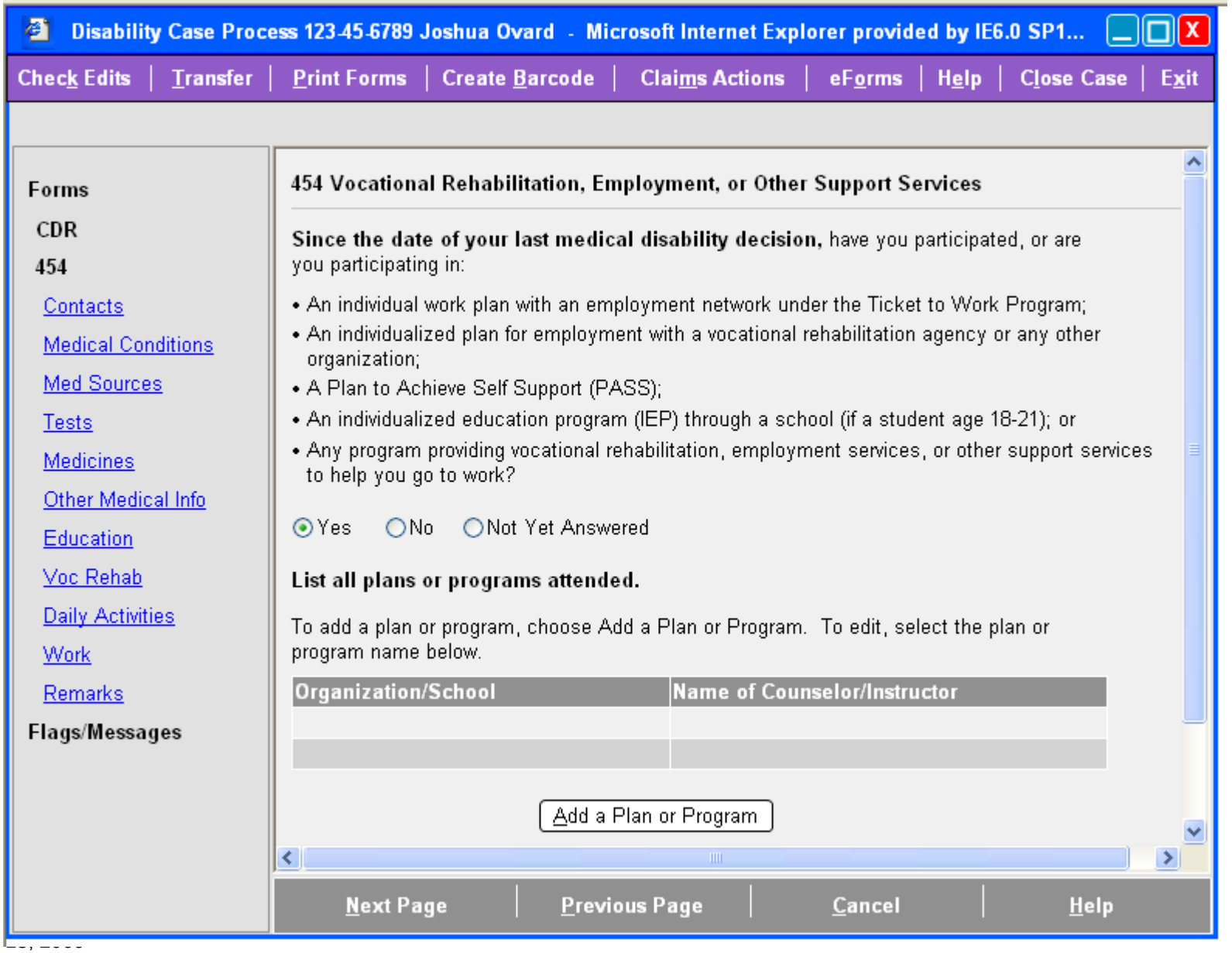
Vocational Rehabilitation, Employment, or Other Support Services

Initial View

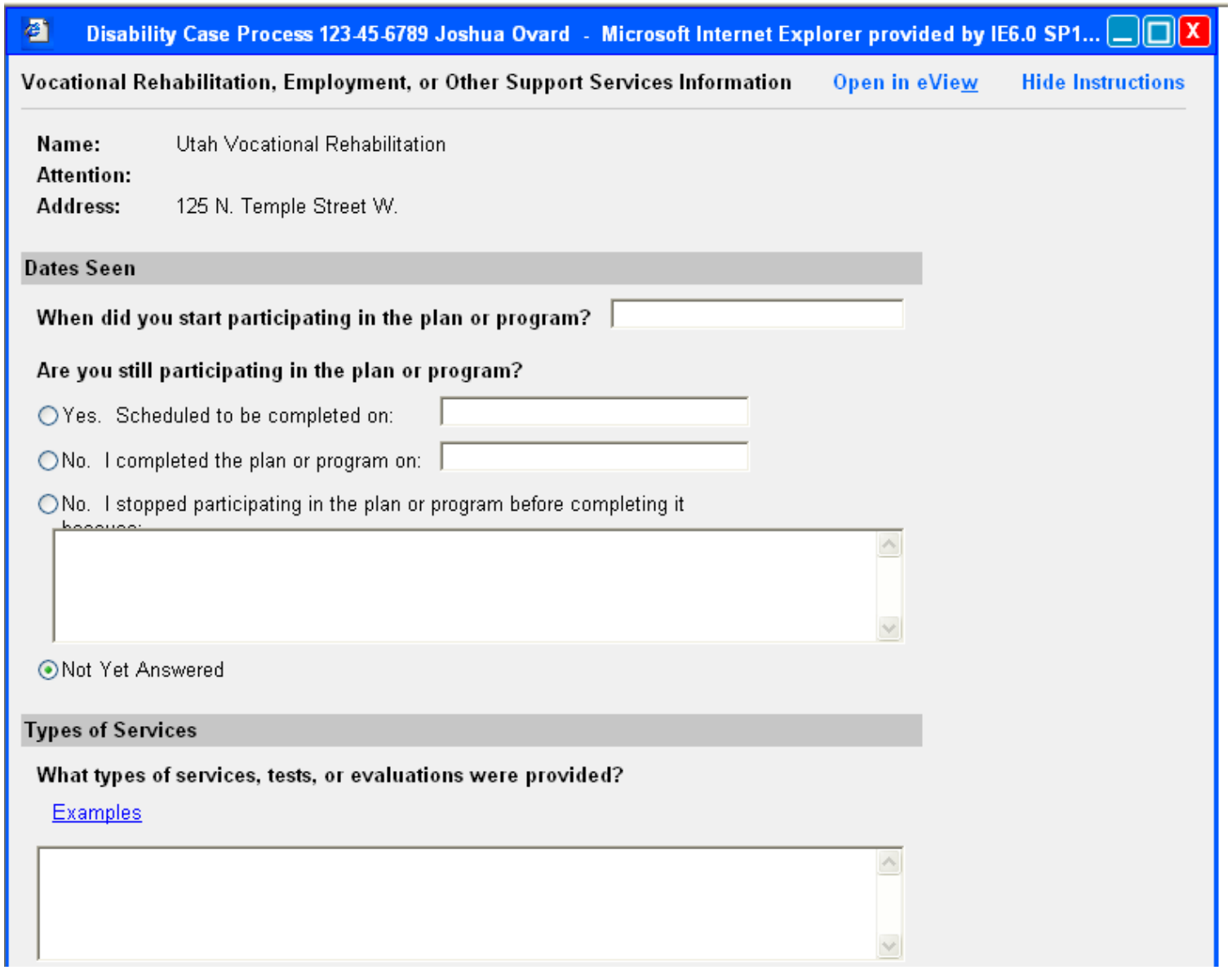


Vocational Rehabilitation

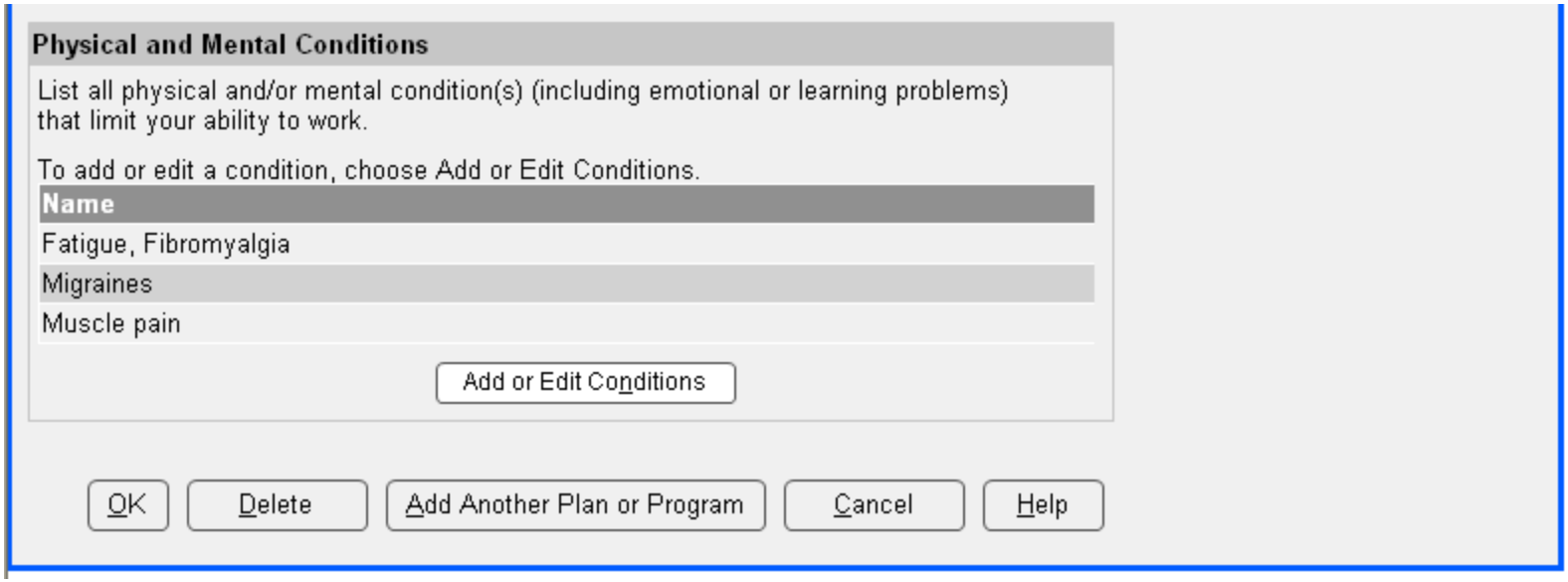
User has indicated claimant received vocational rehabilitation, but has not entered any



Vocational Rehabilitation, Employment, or Other Support Services Information, Part 1 of 2

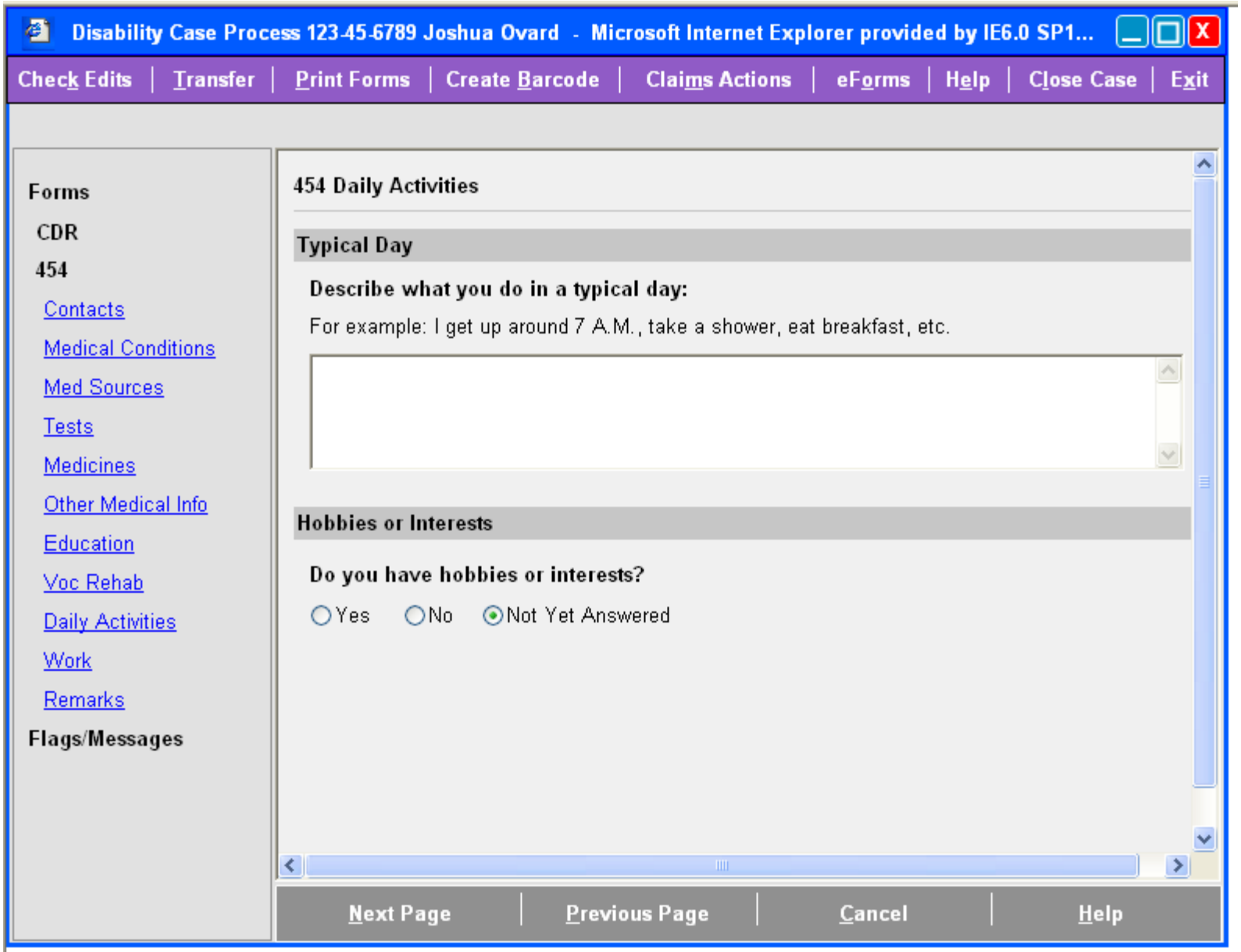


Vocational Rehabilitation, Employment, or Other Support Services Information, Part 2 of 2



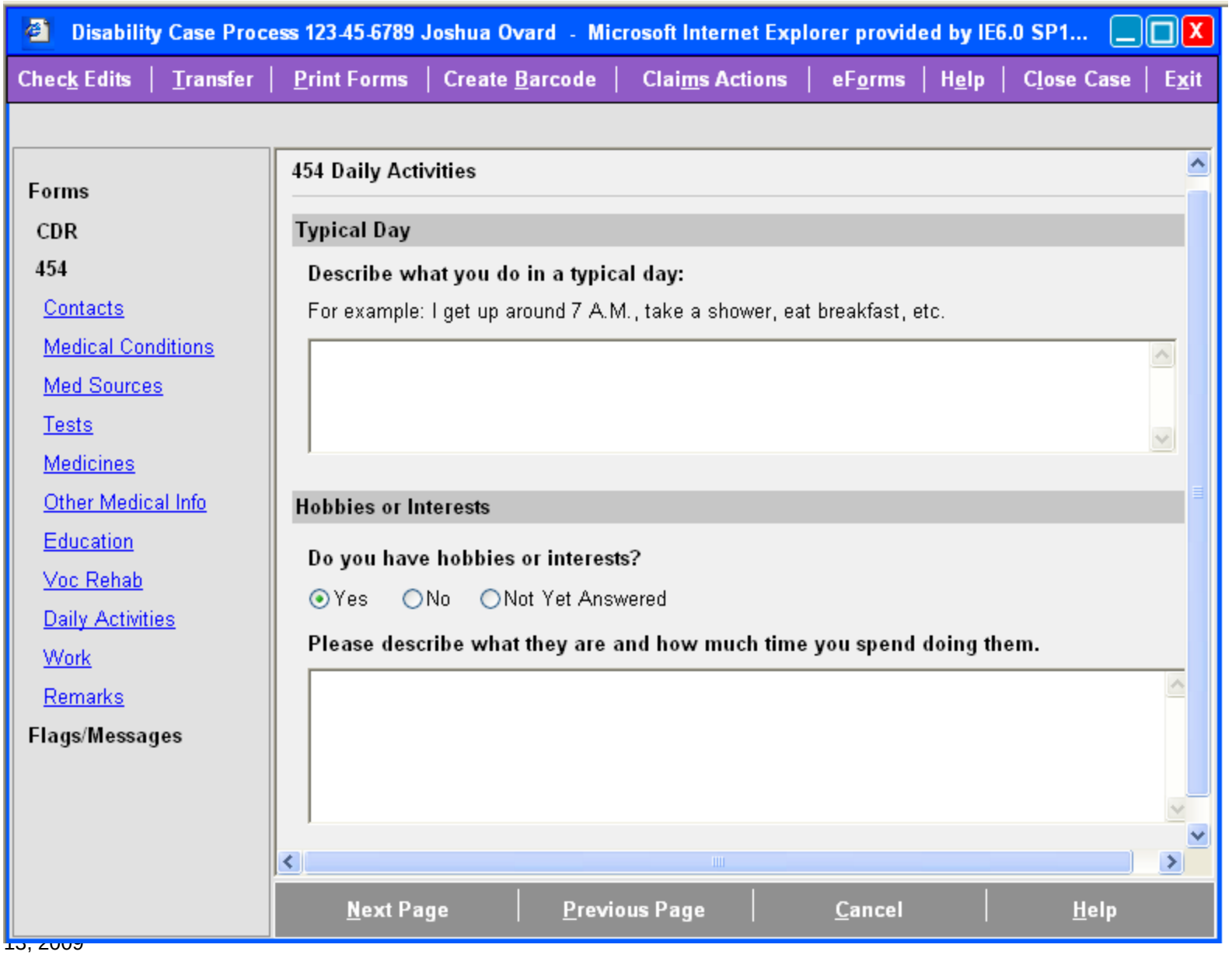
Daily Activities

Initial View



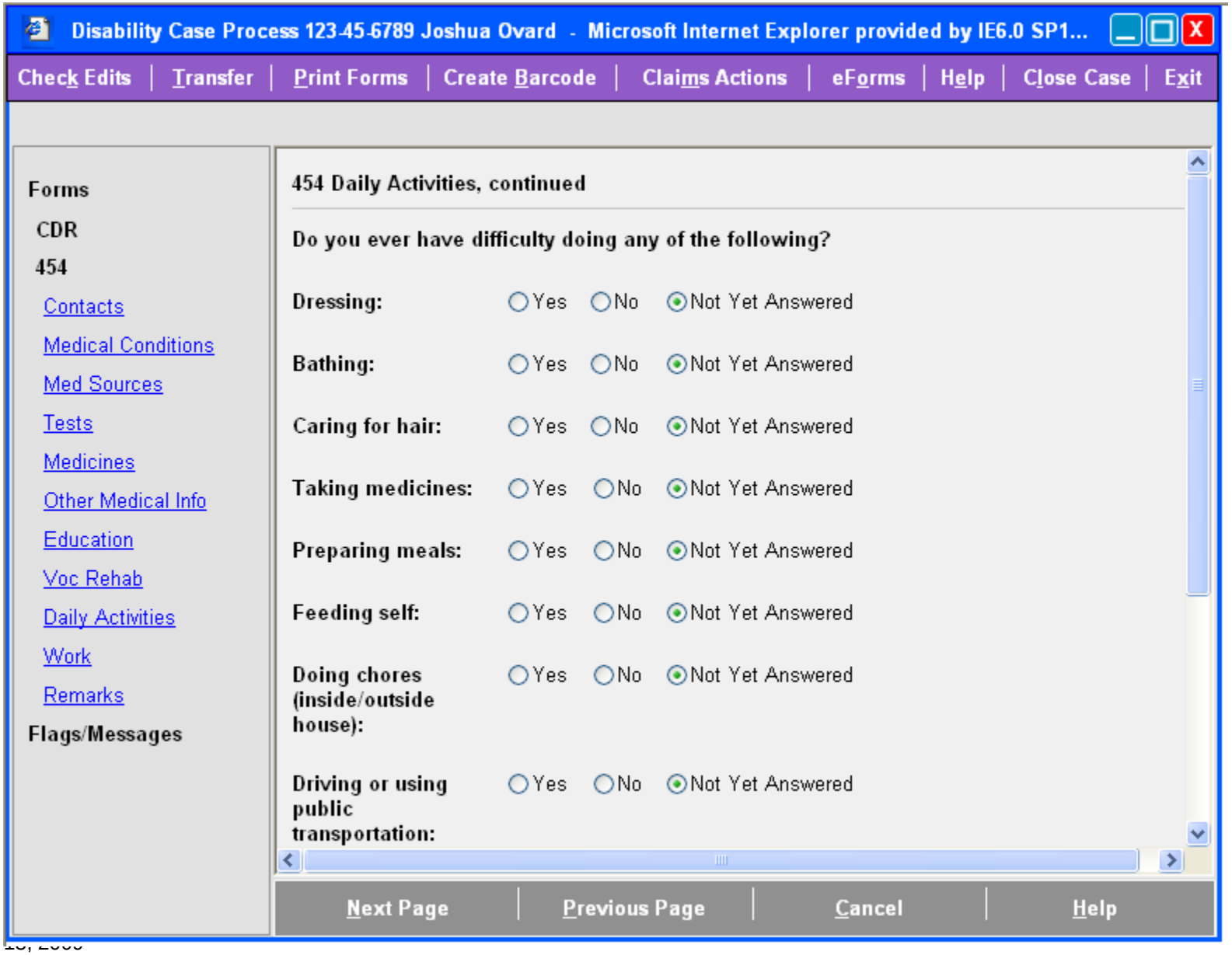
Daily Activities

User has indicated claimant has hobbies or interests



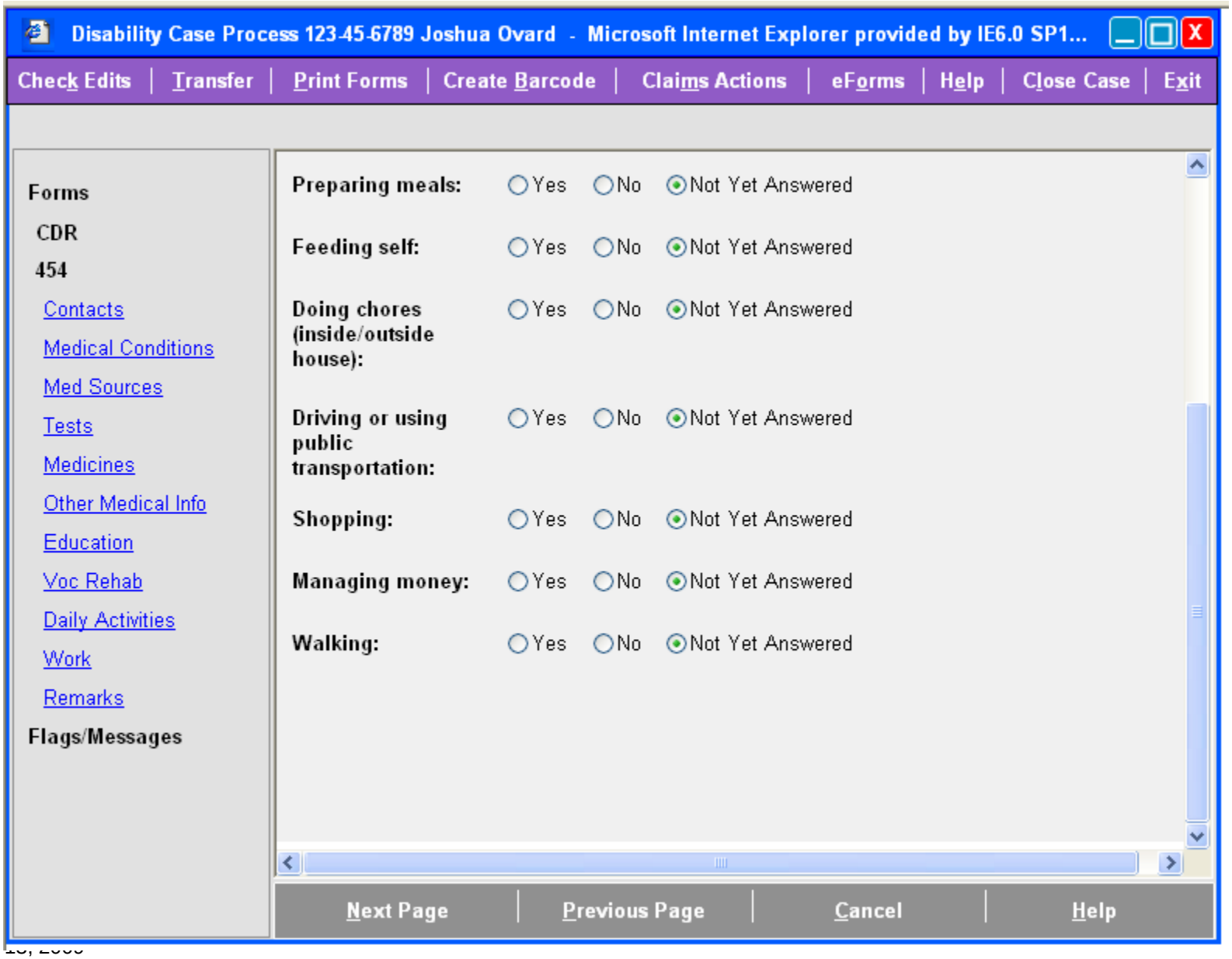
Daily Activities, continued, Part 1 of 2

Initial View



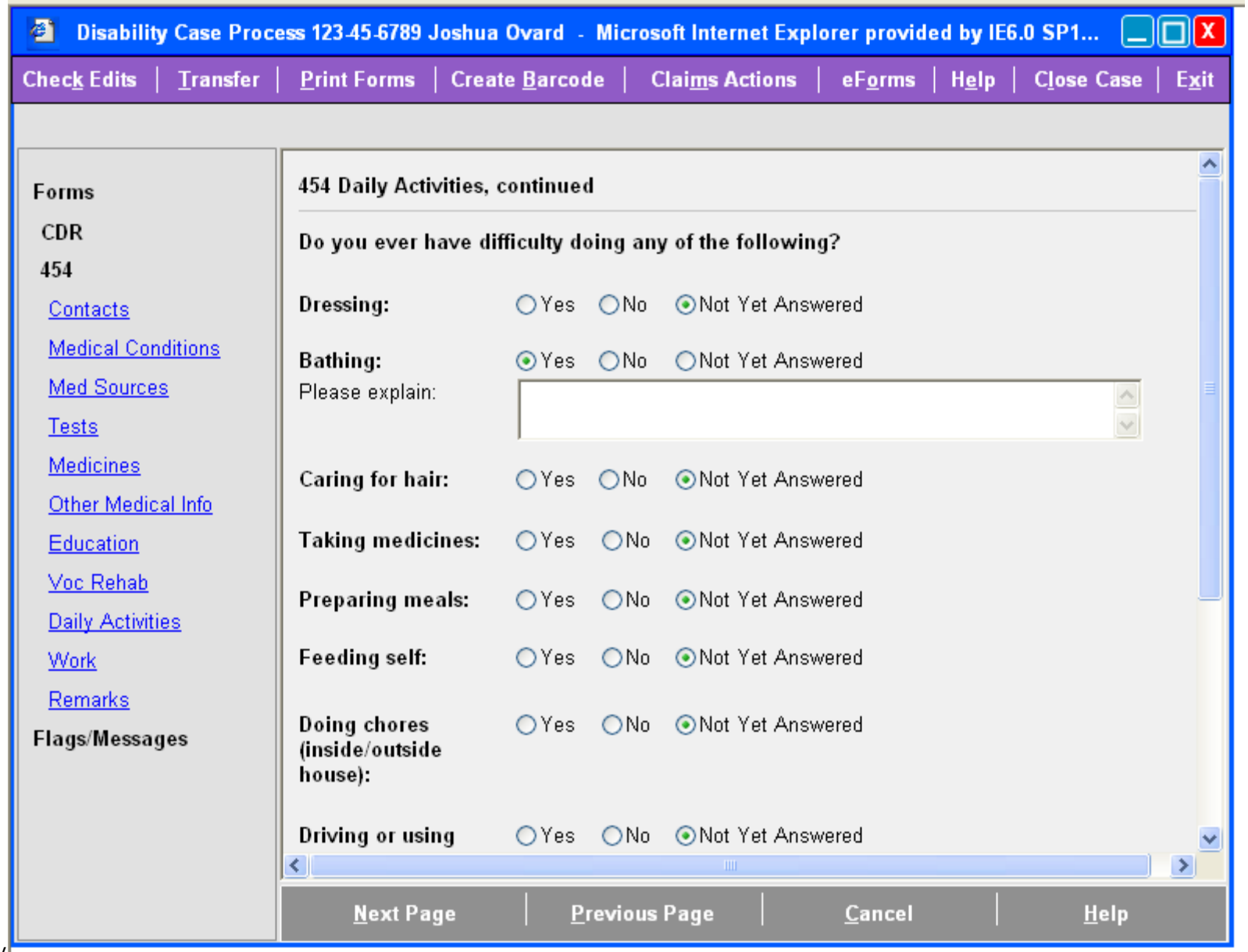
Daily Activities, continued, Part 2 of 2

Initial View

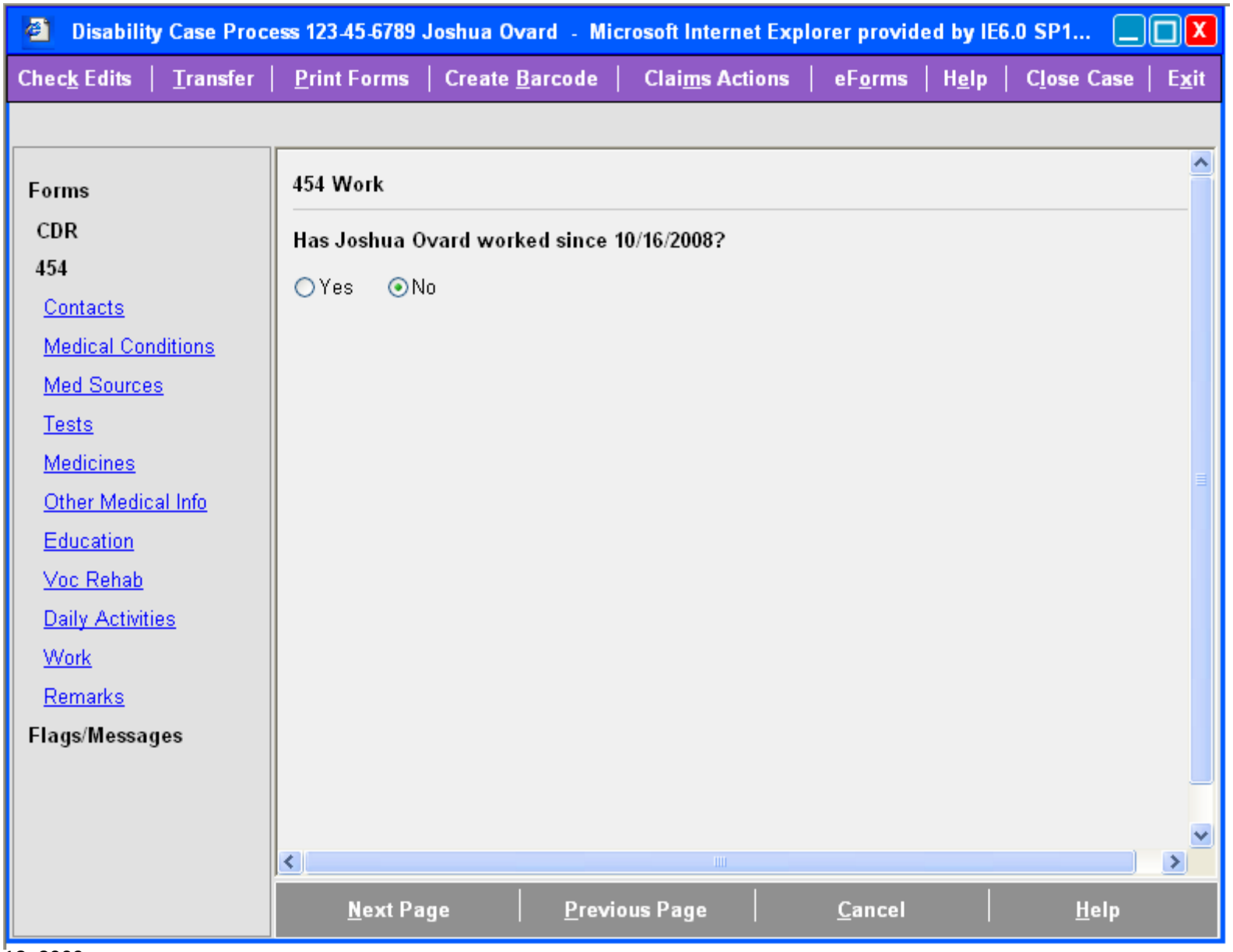


Daily Activities, continued

User has indicated claimant has difficulty bathing



Work


Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...
Check Edits
Transfer
Print Forms
Create Barcode
Claims Actions
eForms
Help
Close Case
Exit
Forms
CDR
454
Contacts
Medical Conditions
Med Sources
Tests
Medicines
Other Medical Info
Education
Voc Rehab
Daily Activities
Work
Remarks
Flags/Messages
454 Work
Has Joshua Ovard worked since 10/16/2008?
Yes
No
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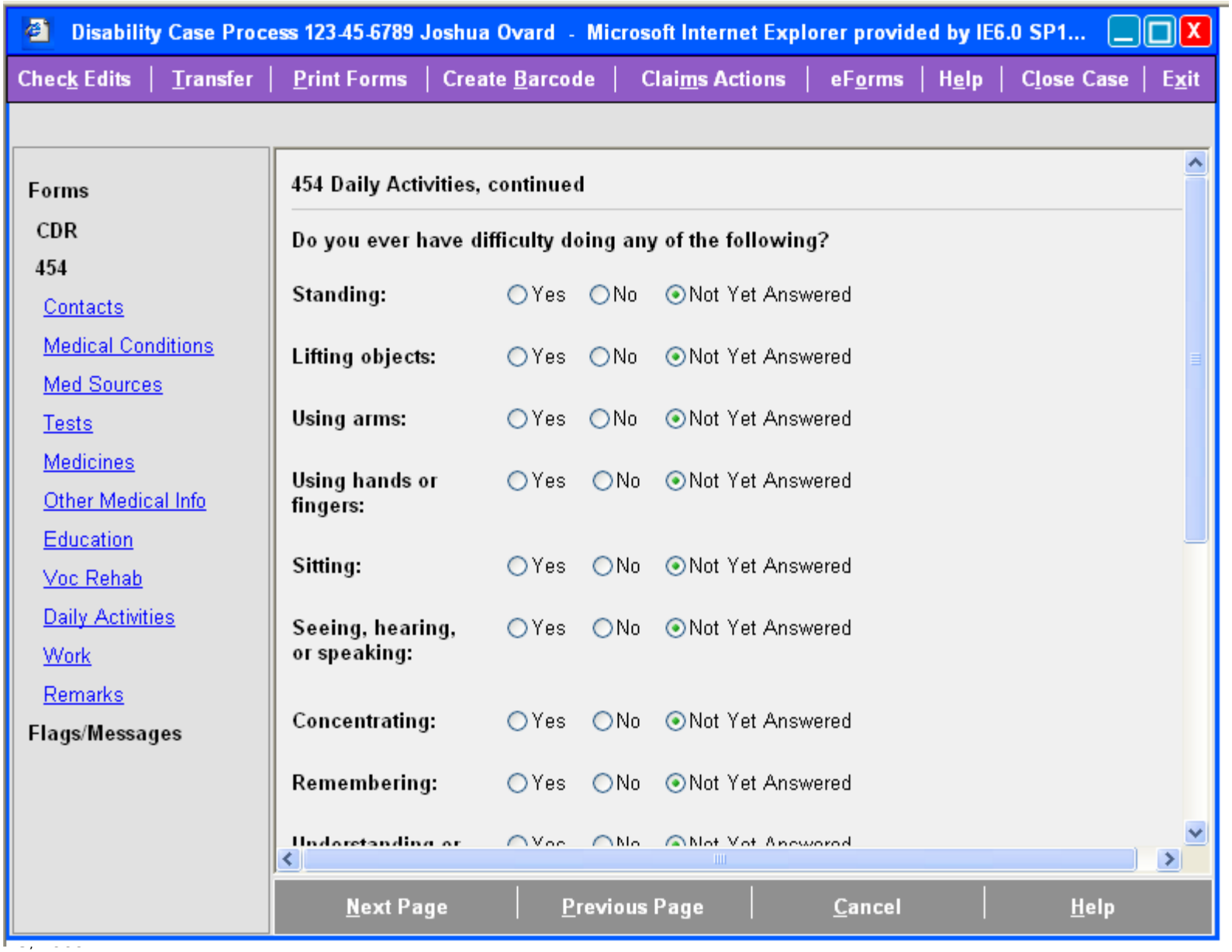
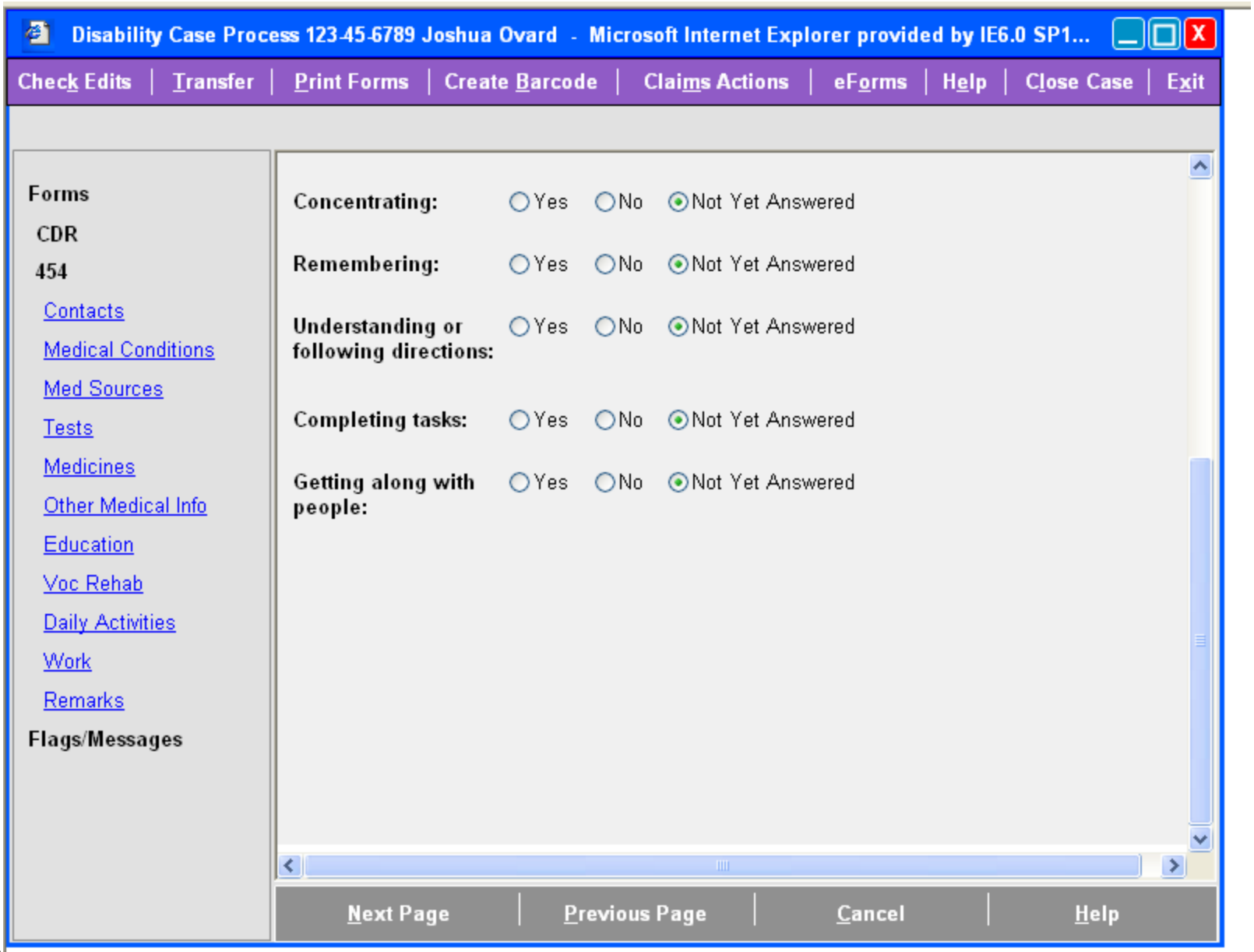
Daily Activities, cont 2, Part 1 of 2

Initial View

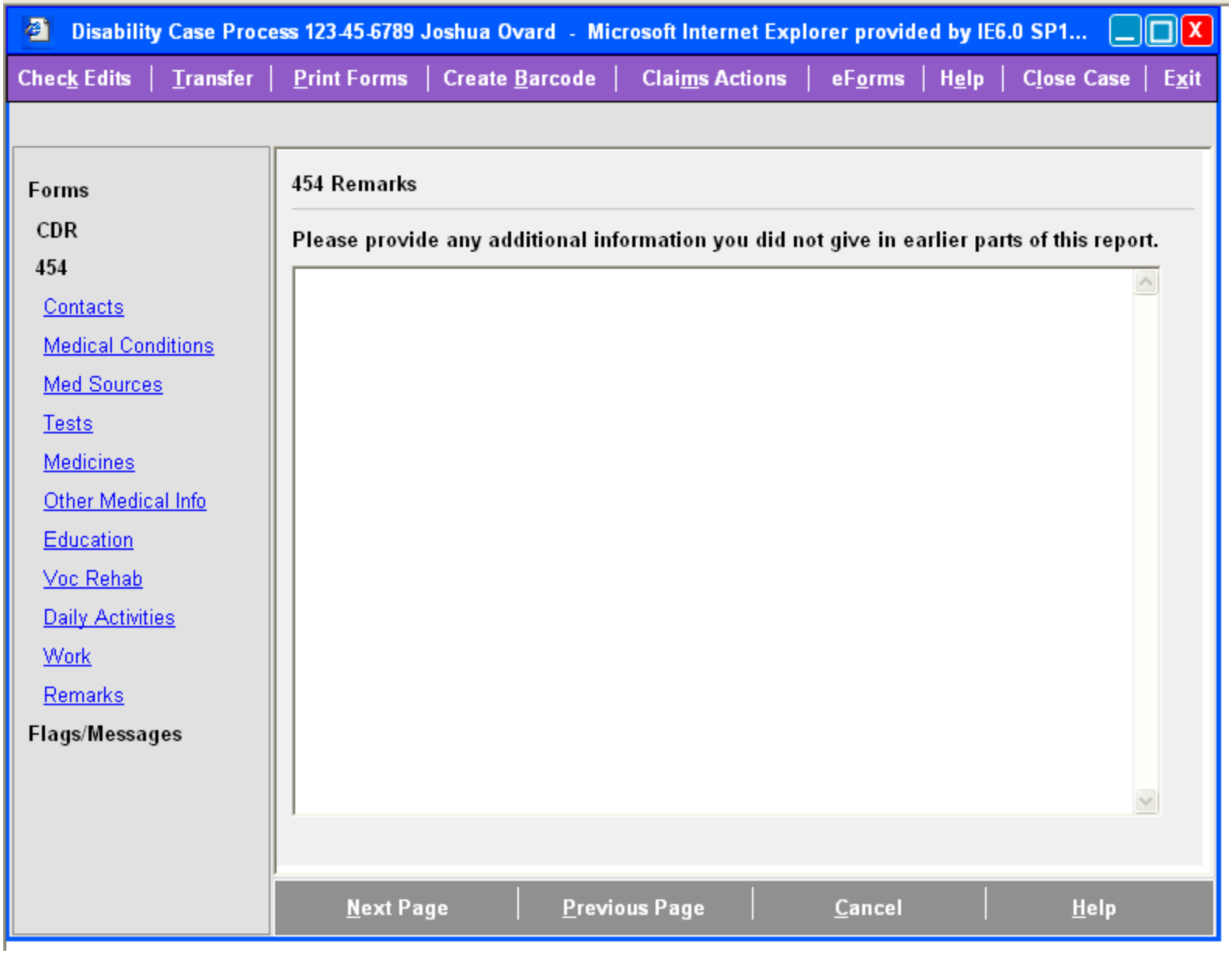


Daily Activities, cont 2, Part 2 of 2

Initial View



Remarks


Disability Case Process 123-45-6789 Joshua Ovard - Microsoft Internet Explorer provided by IE6.0 SP1...
Check Edits
Transfer
Print Forms
Create Barcode
Claims Actions
eForms
Help
Close Case
Exit
Forms
CDR
454
Contacts
Medical Conditions
Med Sources
Tests
Medicines
Other Medical Info
Education
Voc Rehab
Daily Activities
Work
Remarks
Flags/Messages
454 Remarks
Please provide any additional information you did not give in earlier parts of this report.
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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 Paperwork Reduction Act of 1995. 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 only comments relating to our time estimate above to***: *SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.*