

Consolidated Claims Experience (CCE) Web-based electronic version of the SSA-795

Add Person Statement

* Indicates required information

Program
T16 ONLY

* Person Providing Statement

* Subject

* Statement

4000 characters maximum

Characters remaining: 4000

* Signature Type

Oral

Ink

Save

Cancel

CCE will eventually replace other claims screens or other forms. Therefore, the electronic SSA-795 displays the program where this statement is being used i.e., T16 for SSI or T2 (if for Retirement, Disability, etc.)

This electronic version allows to have a drop down with options to indicate who is providing the statement and common subjects (see next page for drop down)

The new web-based CCE platform will house an electronic version of the SSA-795, which allows the SSA technician to record the individual's statement and obtain a signature using either the attestation procedure or wet signature. Once filled out, the system will save the electronic version as part of the claim.

i Save

After you select 'Save', the system will generate a final PDF in a separate browser window and that PDF will be automatically stored in the Online Retrieval System (ORS) as an official agency record.

Save

Cancel

Add Person Statement

* Indicates required information

Program
T16 ONLY

* **Person Providing Statement**

--
K SMITH - - - - Claimant
* Other

--

* **Statement**

4000 characters maximum

[Empty text area for statement]

Characters remaining: 4000

* **Signature Type**

Oral
 Ink

This dropdown will display the name of the claimant and also provide an option for "other" for situations where other individuals provide a statement e.g., parents, representatives, etc.

* **Subject**

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Earned Income
* Living Arrangement
Marriage
Resources
Trust
Unearned Income
Other

Program
T16 ONLY

* Person Providing Statement

Other

Other Person Name

* First Middle * Last Suffix
Michael [] Smith --

* Other Person Relationship

Attorney Representative
Child
Government Agency
* Institution
Legal Guardian/Custodian
Non-Attorney Representative
* Organization
* Other Relative
Parent
Spouse
* Step-Parent
* Other

Department, Suite, Building, Etc.
[]
State/Territory * ZIP Code
Baltimore Maryland [] []

Other Person Phone Number

U.S. International

10-digit Number

[]

If technicians select “other” for the individual providing the statement, the system displays new fields to collect:

- the name of the individual providing the statement,
- their relationship to the claimant and contact information.

The contact information is collected here so it can be automatically propagated to a notice/letter if they insist on signing the statement with “ink” i.e., wet signature. Currently the technician has to go into a different system and manually enter the information.