

# OHO COVID-19 Screening Survey (OCSS) Screenshots

## External Survey

First Screen with Privacy Statement and PRA Statement Collapsed:

**SSA OFFICE OF HEARINGS OPERATIONS COVID-19 CHECK-IN**

**The Office of Hearings Operations is committed to the safety of the public and our employees. Due to COVID-19, you must have a scheduled hearing to enter our hearing office. We ask that you complete the following self-screening questions before your visit.**

**Completion of SSA Office of Hearings Operations COVID-19 Check-In**  
Please complete the following COVID-19 Check-In within 24-hours before your scheduled hearing.  
NOTE: If you have difficulty completing the COVID-19 Check-In using this website, you can complete the COVID-19 Check-In by telephone by calling the hearing office using the phone number at the top of your notice of hearing.

[> click to review the privacy statement](#)

[> click to review the Paperwork Reduction Act Statement](#)

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email*	Phone Number*
<input type="text"/>	<input type="text"/>
Date and Time of Hearing*	
<input type="text" value="7/14/2021 10:47 AM"/>	
Hearing Office Zip Code*	
<input type="text"/>	

Note: The hearing office zip code can be found at the top of your notice of hearing.

First Screen with Privacy Statement expanded:

### Completion of SSA Office of Hearings Operations COVID-19 Check-In

Please complete the following COVID-19 Check-In within 24-hours before your scheduled hearing.

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▼ [click to review the privacy statement](#)

#### Privacy Act Statement

##### Collection and Use of Personal Information

Sections 205 and 702(a)(5) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from entering the Social Security Administration (SSA) building or facility.

We will use the information to prescreen individuals for symptoms of COVID-19 prior to entering the building for your scheduled hearing or appointment. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, to assist the SSA in the efficient administration of its programs; and
- To student volunteers, individuals working under a personal services contract, and other individuals performing functions for the SSA, but technically not having the status of Agency employees, if they need access to the records in order to perform their assigned Agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0350, entitled Visitor Intake Process-Customer Service Record (VIP-CSR) System, as published in the Federal Register (FR) on December 17, 2007, at 72 FR 71470. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

First Screen with the PRA Statement Expanded:

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#### Completion of SSA Office of Hearings Operations COVID-19 Check-In

Please complete the following COVID-19 Check-In within 24-hours before your scheduled hearing.

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[> click to review the privacy statement](#)

[> click to review the Paperwork Reduction Act Statement](#)

**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 (0960-XXXX). We estimate that it will take about 10 minutes to explain the instructions, gather the facts, and answer the questions. *Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

First Name\*

Last Name\*

Email\*

Phone Number\*

First Screen with Errors:

## SSA OFFICE OF HEARINGS OPERATIONS COVID-19 CHECK-IN

The Office of Hearings Operations is committed to the safety of the public and our employees. Due to COVID-19, you must have a scheduled hearing to enter our hearing office. We ask that you complete the following self-screening questions before your visit.

### Completion of SSA Office of Hearings Operations COVID-19 Check-In

Please complete the following COVID-19 Check-In within 24-hours before your scheduled hearing.

NOTE: If you have difficulty completing the COVID-19 Check-In using this website, you can complete the COVID-19 Check-In by telephone by calling the hearing office using the phone number at the top of your notice of hearing.

[› click to review the privacy statement](#)

First Name\*

You must enter a first name

Last Name\*

Last Name is required

Email\*

You must enter an Email Address

Phone Number\*

You must enter a phone number

Date and Time of Hearing\*

Hearing Office Zip Code\*

A ZIP Code is required

Note: The hearing office zip code can be found at the top of your notice of hearing.

Submit

Second Screen – Survey Questions:

SSA OFFICE OF HEARINGS OPERATIONS COVID-19 CHECK-IN

Please answer the following questions.

1. Do you have any of the following symptoms? \*

- Cough or sore throat
- Fever (100.4 degrees or higher)
- Chills
- Shortness of breath or difficulty breathing
- Muscle pain or body aches
- Headache
- New loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting, or diarrhea

Please select an answer

Yes	No
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2. In the last 14 days, have you: \*

- Been diagnosed with COVID-19;
- Received instructions to monitor for symptoms or self-quarantine;
- Traveled outside the country by means other than land travel, such as car, bus, ferry, or train; or
- Been within 6 feet of a person who was diagnosed with COVID-19?

Please select an answer

Yes	No
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3. Are you currently at the hearing office? \*

Please select an answer

Yes	No
-----	----

Submit

Cleared for Hearing Screen:

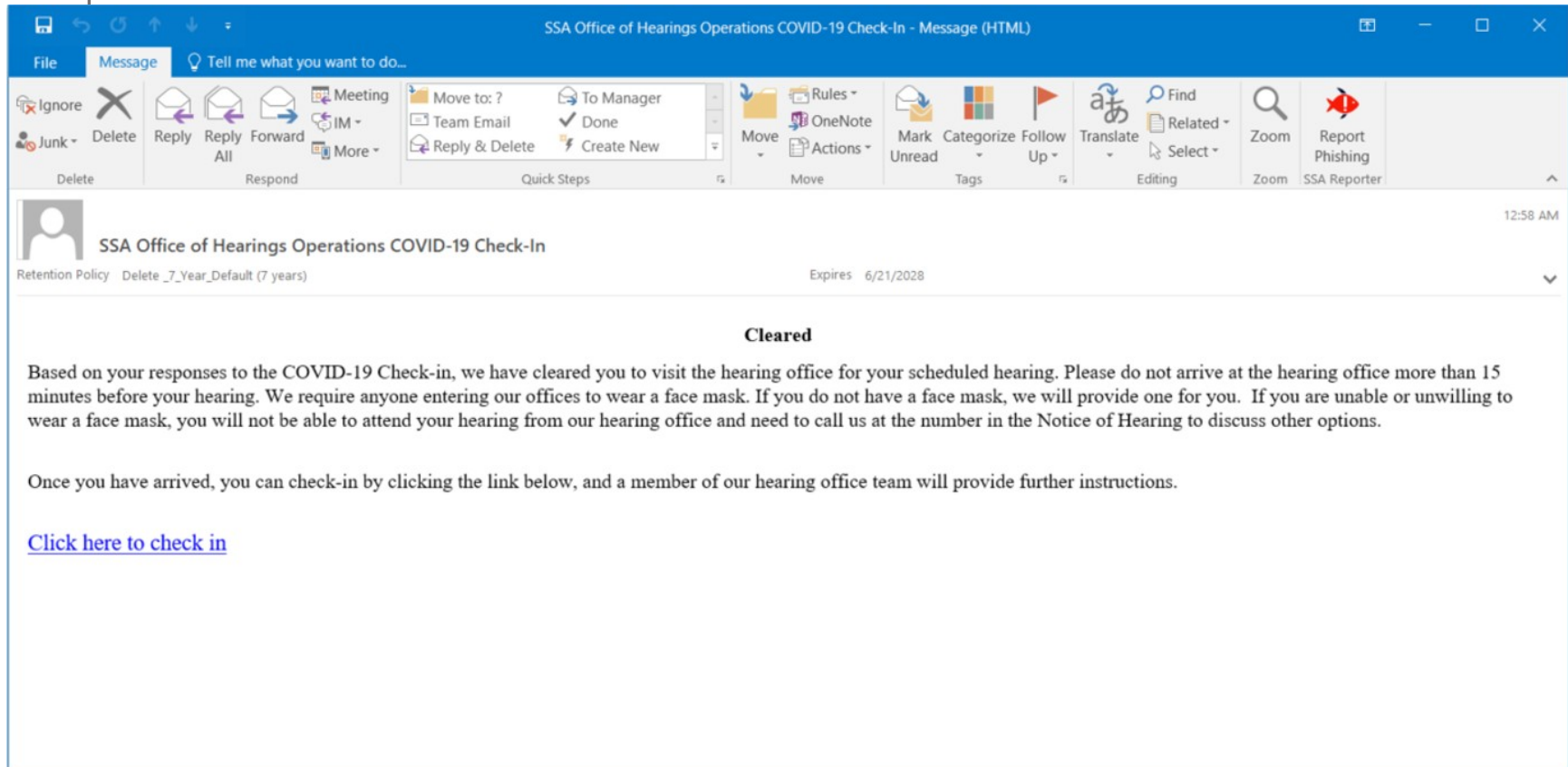
**SSA OFFICE OF HEARINGS OPERATIONS COVID-19 CHECK-IN**

**Access to SSA Hearing Site**

**Cleared**

Based on your responses to the COVID-19 Check-in, we have cleared you to visit the hearing office for your scheduled hearing. Please do not arrive at the hearing office more than 15 minutes before your hearing. We require anyone entering our offices to wear a face mask. If you do not have a face mask, we will provide one for you. If you are unable or unwilling to wear a face mask, you will not be able to attend your hearing at our hearing office and need to call us at the number in the Notice of Hearing to discuss other options.

Cleared for Hearing Email:



Check In Confirmation:

Thank you for using the SSA Office of Hearings Operations COVID-19 Check-In.  
A member of our hearing office team will provide further instructions.

Not Cleared for Hearing Screen:

### SSA OFFICE OF HEARINGS OPERATIONS COVID-19 CHECK-IN

**Access to SSA Hearing Site**

**Not Cleared**

Based on your responses to the COVID-19 Check-in, we are unable to clear you to enter the hearing office for your scheduled hearing because you may be at increased risk for having or transmitting COVID-19.

We will reschedule your hearing and will send you an amended notice of hearing when we set the new time and place. Please call us at the telephone number at the top of the Notice of Hearing we previously sent you to discuss rescheduling your hearing.



OHO Case Manager Dashboard (Internal users):

### Summary for Philadelphia HO

**Customers Cleared For Hearing**

**NOT HERE** (1)

Test	05:00 PM
Forward →	

**OUTSIDE WAITING** (0)

No data to display

**IN OFFICE** (0)

No data to display

**Customers Requiring A Reschedule**

ID	First Name	Last Name	Email	Phone number	Hearing Time	Complete
Q-17108		Test2			05:00 PM	Complete

**Completed Screenings**

Screenings Completed Today <b>0</b>	Screenings Completed All Time <b>20</b>	Passed Screenings All Time <b>15</b>	Failed Screenings All Time <b>5</b>
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▼ All Completed Screenings

ID	First Name	Last Name	Email	Phone	Date of Hearing	Cleared For Hearing?
Q-1005	John	Doe			04/01/2020	Yes