EDCS SSA-3369 Form updates to EDCS screens

SSA-3369 form

R56.0

Contents

Background	3
SSA-3369 Layout and Navigation	
3369 Left Navigation- used for all EDCS 3369 pages	
EDCS Frame	3
This screenshot shows the layout of all EDCS pages	3
SSA-3369 EDCS Screenshots	4
SSA-3369 Section 1/2 - ID/Work History	4
SSA-3369 Section 2 – Work History	5
SSA-3369 Section 3 – Remarks	7
SSA-3369 Section 4 – Who Is Completing this Report	7

Background

The Electronic Disability Case Processing System (EDCS) is a mature software application that has been in production for over 20 years. Due to the age of the application, any updates triggered by the SSA-3369 form will follow the existing design approach in EDCS. This will help ensure easy adoption of new or updated content while limiting the need for separate training on the implemented features.

SSA-3369 Layout and Navigation 3369 Left Navigation- used for all EDCS 3369 pages



EDCS Frame

This screenshot shows the layout of all EDCS pages.

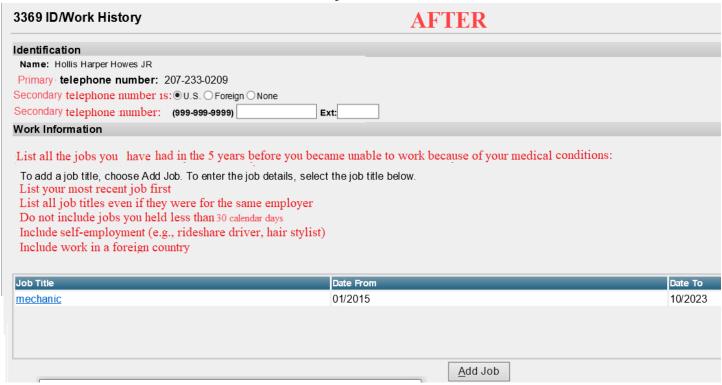


Things to note:

- The left-hand navigation tree displays links to each of the SSA-3369 page screens.
- Individual page screens display in the Page Area
- Next/Previous buttons display at the bottom of the frame.

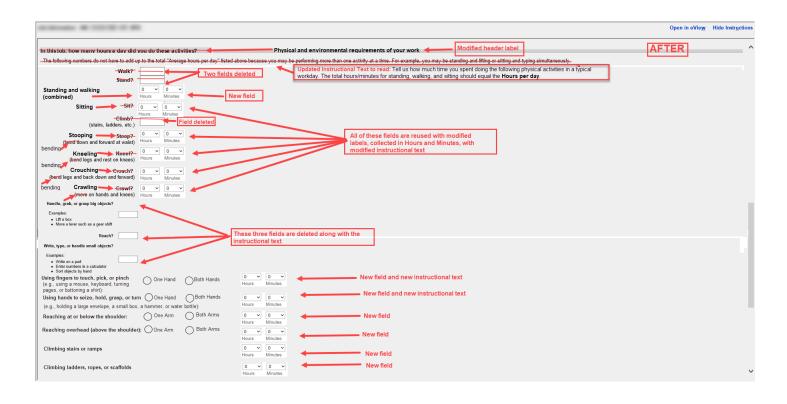
SSA-3369 EDCS Screenshots

SSA-3369 Section 1/2 - ID/Work History



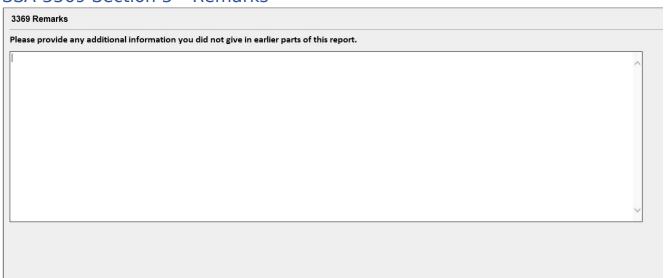
SSA-3369 Section 2 – Work History

Most Recent Hours and Pay
Hours per day: 8
Days per week: 5
Rate of pay:
If you did "piece work," give the average amount you earned per day. If you were on commission, give the average amount per month. \$\[0.00 \] \] Per: \[\sum \]
Information about your work
For the job you titled Job Title No. 1, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.
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If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much tim you spent on it per workday or workweek.
If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.
List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.
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Did this job require you to interact with coworkers, the general public, or anyone else?
● Yes ○ No ○ Not yet answered If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.
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Physical Activities: Lifting and Carrying Describe what you lifted, how far you carried it, as Examples of lifting and carrying	ted how often you lifted it. Tell us about lifting and carrying in this j	ob. Explain what you lifted, how far you carried it, and how often y	you did it in a typical workday.	Modified field label		
Remov	e hyperlink and examples		Ĉ			
What is the heaviest weight you lifted? How much weight did you lift frequently (from 1/3 Example: A gallon of milk weighs 8 pounds	For the drop down selections, add this as a new selection and list it first: Less than 1 lb. to 2/3 of your workday)?					
←	For the drop down selections, add this as a new selection and list it first: Less than 1 lb.					
Sepervisory Duties						
In this job, did you supervise other people? Yes No At yet answered How many people did you supervise?		Remove Supervisory Duties section				
What part of your time was spent supervising people		, , , , , , , , , , , , , , , , , , , ,				
Did you hire and fire employees?						
Ves No ® Not yet answered Were you a lead worker? Examples: • Foreman • Chief = Ectrician Ves No ® Not yet answered						
Did this job expose you to any of the follow	ing? Check all that apply.					
Outdoors Wetness Moving mechanical parts Loud noises	Extreme heat (non-weather related) Humidity High, exposed places Other	Extreme cold (non-weather related) Hazardous substances Heavy vibrations	New field with	several options		
f one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.						
			New field			
Explain how your medical conditions would a	ffect your ability to do this job.					
			New field			

SSA-3369 Section 3 - Remarks



SSA-3369 Section 4 - Who Is Completing this Report

