

ANDERSON THELMA ROBERTS I  
104 PAUCEK FALLS  
APT. 921  
CHESTER DEPOT VT 05144

TEST ENVIRONMENT

*This correspondence was formatted for mailing in an envelope with the pages folded twice.*

CONFIDENTIALITY NOTICE: The accompanying material contains sensitive information. This information may be privileged and confidential, and intended for the use of the recipient named in this correspondence. If you have received this information in error, please contact us immediately.



State of Vermont  
DISABILITY DETERMINATION SERVICES  
93 PILGRIM PARK RD, Suite 6  
WATERBURY, VT 05676  
Telephone: (802) 241-2463 • (866) 507-5485 (FAX)  
(800) 734-2463 • (800) 253-0195 (TDD Relay)

Date: December 22, 2025  
Case ID: 730898

ANDERSON THELMA ROBERTS I FOR  
DCPS SALLY BRUEN  
104 PAUCEK FALLS  
APT. 921  
CHESTER DEPOT VT 05144

### **RESCHEDULED APPOINTMENT NOTICE**

We are the office that makes disability decisions for the Social Security Administration. We sent you information about an appointment we scheduled for DCPS Sally Bruen on January 9th, 2026 at 10:00 AM EST. We have updated this appointment. DCPS Sally Bruen should attend any other appointments we have scheduled for DCPS Sally Bruen.

The new appointment information is below. A parent/guardian must accompany the child to each appointment. We will pay for the appointment(s) and may also reimburse some travel expenses to the exam or test site, if you qualify for travel payment.

#### **Appointment Information**

<b>Provider Information</b>	<b>Date and Time</b>	<b>Type of Appointment*</b>
Van VT Org Vendor 456 Main St City, VT 45678	Friday January 2nd, 2026 10:00 AM Eastern Standard Time	Mental Status Exam, Child

\*The provider may decide not to do some of the tests we ordered or that other tests are needed.

Please do not call the provider's office to confirm or reschedule DCPS Sally Bruen's appointment(s).

**Please arrive at the appointment 15 minutes early.** If DCPS Sally Bruen is late, the provider may choose not to see DCPS Sally Bruen.

Please do not bring children to the appointment, unless the appointment is for the child.

#### **If This Is An In-Person Appointment**

DCPS Sally Bruen must follow state, local, or medical provider rules when a face covering is required to attend an in-person exam. If rules require a face covering, and DCPS Sally Bruen refuses to wear a face covering for non-medical reasons and it prevents the provider from conducting the examination, we will make a decision based on the evidence in the file, which may result in a finding that DCPS Sally Bruen is not disabled.

#### **If This Is a Telehealth Appointment**

If you decide that you want [object Object] to attend an in-person examination instead of a telehealth consultative examination, please call us before DCPS Sally Bruen's examination so that we can reschedule. If DCPS Sally Bruen is scheduled for a telehealth consultative examination, see <https://www.ssa.gov/pubs/> and type "Tip Sheet" in "Filter by Number or Title" for details on how to prepare for DCPS Sally Bruen's telehealth consultative examination.

#### **What You Should Bring to The Appointment**

Bring this letter and a photo ID. Bring any medications that DCPS Sally Bruen takes in their original containers. Also, bring DCPS Sally Bruen's hearing aids, eyeglasses, contact lenses, canes, or other medical aids if DCPS Sally Bruen uses them.

### **What You Should Do Next**

Confirm that DCPS Sally Bruen will attend DCPS Sally Bruen's appointment(s). Please complete the enclosed response form and mail it in the pre-addressed envelope provided. You should respond to our office by January 1, 2026. You may also fax your response form to (866) 507-5485.

Please call our office immediately if DCPS Sally Bruen cannot attend DCPS Sally Bruen's appointment(s) as scheduled for any reason. If DCPS Sally Bruen cannot attend DCPS Sally Bruen's scheduled appointment(s), and you would like us to reschedule, you must give us a good reason.

If DCPS Sally Bruen has moved from the above address please contact us before the date of the examination(s). We may need to reschedule the appointment(s) closer to where DCPS Sally Bruen lives.

### **If You Need An Interpreter**

We provide a free interpreter to conduct your Social Security business. However, if you prefer to have your own interpreter you may do so, but with the understanding that our interpreter may be present. It is important that you let us know prior to the appointment(s) if you require an interpreter or if you are bringing your own.

### **If You Want A Copy Of The Report(s) Sent To A Healthcare Provider**

If you want a copy of the report(s) from the evaluation(s) sent to DCPS Sally Bruen's healthcare provider, please complete the enclosed authorization form and mail it in the pre-addressed envelope provided. You may also fax your form to (866) 507-5485.

### **If You Miss A Scheduled Appointment**

If you fail to keep an appointment without notifying us, we may make a decision based on the evidence we already have in file. We may find that DCPS Sally Bruen is not eligible, or is no longer eligible, for disability benefits.

### **If You Have Any Questions**

If you have any questions about this letter, need to contact us about the appointment(s), or have feedback to share after the appointment(s), please call us at the number shown between 8:00 am and 4:30 pm. When you call or leave a message, please provide the Case ID: 730898, your name, DCPS Sally Bruen's name, and a call back number.

Thank you for your help.

A. Ireland  
(301) 555-1212  
(866) 507-5485 (FAX)

Enclosure(s):  
Appointment Confirmation Letter  
Authorization to Release Consultative Examination Report  
Privacy Act and Paperwork Reduction Act Statement  
SSA Publication No. 05-10087 (A Special Examination Is Needed for Your Disability Claim)  
Return Envelope



RQID:DCW374540 SITE:S51 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0003 RF:D CS:a5cb

ANDERSON THELMA ROBERTS I FOR  
DCPS SALLY BRUEN  
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APT. 921  
CHESTER DEPOT VT 05144

**APPOINTMENT CONFIRMATION**

Check the boxes below to let us know that DCPS Sally Bruen will attend the appointment. Call our office at (301) 555-1212 immediately if DCPS Sally Bruen cannot attend, needs additional assistance to attend or if your address has changed. Sign, date, and mail this form as soon as possible using the pre-addressed envelope. You may also fax your form to (866) 507-5485.

**Appointment Information**

Provider Information	Date and Time	Type of Appointment
Van VT Org Vendor 456 Main St City, VT 45678	Friday January 2nd, 2026 10:00 AM Eastern Standard Time	Mental Status Exam, Child

DCPS Sally Bruen will attend this appointment.

DCPS Sally Bruen will not attend this appointment.

Reason: \_\_\_\_\_

_____ Your Signature	_____ Date	_____ Current Phone Number	
_____ Current Address	_____ City	_____ State	_____ Zip



RQID:DCR374540 SITE:S51 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0014 RF:D CS:8b72

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**AUTHORIZATION TO RELEASE CONSULTATIVE EXAMINATION REPORT**

**Appointment Information**

Provider Information	Date and Time	Type of Appointment
Van VT Org Vendor 456 Main St City, VT 45678	Friday January 2nd, 2026 10:00 AM Eastern Standard Time	Mental Status Exam, Child

I, DCPS Sally Bruen, authorize the Social Security Administration to send a copy of the consultative examination report(s) for the appointment(s) listed above to:

Healthcare Provider's Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

An individual may revoke his/her consent at any time with a written request.

\_\_\_\_\_  
Your Signature Date Current Phone Number

\_\_\_\_\_  
Current Address City State Zip

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

Sections 205(a), 223(d), 1614(a) and 1631(d) of the Social Security Act, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, private medical and vocational consultants, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0044, 60-0046, 60-0089, and 60-0320; available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

**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 5 minutes to read 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.***

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