

Social Security Disability/SSI Screening

Screener's name: _____ Date _____

Prospect name: _____ Referred by: _____

Date applied: _____ **Date last denied** _____

Has prospect already appealed? yes no Date appealed _____

Reason for denial: disability other (specify) _____

Current stage in proceedings:

pre-application initial reconsideration ALJ appeal post ALJ

Prior Application(s)? yes no **If yes, date(s) denied at initial level** _____

Appealed prior case? yes no What was level of final denial? _____

Does prospect already have an attorney? yes no Who? _____

Where does prospect get medical care? _____

Primary doctor _____ Does doctor support? yes no unknown

Date of HIV diagnosis: _____ CD4: latest _____ highest _____ lowest _____

Date prospect became unable to work (i.e. became disabled) _____

Main impairments & symptoms:

Prospect's age _____ Education: _____

Date last worked? _____ Can prospect work now? yes no

Why or why not? _____

Past work (15 years) _____

Health insurance? Private Medicaid VA ADAP uninsured

Has prospect applied for Medicaid? yes no If denied, date of denial _____.

Appealed? yes no

Other pertinent information (substance use, hospitalizations, etc.): (use back of sheet if needed)