

**SUPPLEMENTAL SECURITY INCOME:  
CHILDHOOD DISABILITIES**

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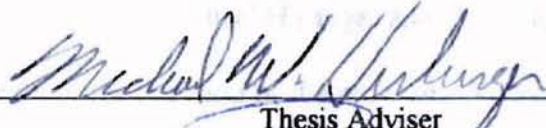
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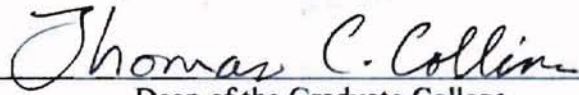
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I believe that things happen for a reason. I believe that you are solely responsible for your own actions. If you do not make things happen for yourself, no one will. I have learned that life is not fair. Things are not always “black and white”; life would be much too simple. Choices are left to your discretion. Choose wisely so that the bumps in life will not hurt so much. Friends and family are my strength for life’s ills. My belief in God seals my fate. Thank you, all of you.

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## CHAPTER I

### INTRODUCTION

The Supplemental Security Income (SSI) program for Childhood Disabilities uses money as a means to help disabled children. It is an important part of the federal government's social benefits program for children with special needs. The SSI program is nationwide administered by the Social Security Administration (SSA). The program provides monthly cash payments based on family income, and qualifies the child for Medicaid health care services (available in various states). The SSA considers a child disabled if the following conditions are met: the impairment-physical or chronic medical condition is severe as a condition that would keep an adult from working; the child's impairment(s) has lasted or is expected to last for at least one year or is life threatening; and, the limitations caused by the impairment(s) substantially reduces the child's ability to do the things and behave in the ways that children of a similar age normally do.

The program's, implemented in 1974, sole purpose was to aid disabled children living in low-income households. Congress suggested that the cost of caring for a child with special needs is a burden, especially for families with limited resources. The program provides cash benefits; the parents decide how to use the funds to best benefit the needs of their child(ren). But without financial education, the money frequently does not help the children. The goal of helping children to live and cope



with long-term disabilities is lost. Wiser supervision and control of the children's money is needed.

The rules for determining financial and disability eligibility are complex. The program has never been well understood by many parents, school administrators, health care providers, and program administrators both at the federal and state level. In addition, important changes have recently been made to the rules for eligibility.

Furthermore, there is no motivation or long-term goals in the present program. Blame for this problem could easily be placed on Congress for their lack of thought to the needs of the children. Provisions about children were added in 1974 only as an afterthought when the SSI program was created to serve the blind, disabled, and elderly in 1972. At that time, there was not a lot of description as to what Congress intended for children with disabilities. The law simply stated that, "children are deemed disabled for the purposes of the program if they have a medically determinable physical or mental impairment of comparable severity to those that render adults unable to work (Schnaiberg, 1995)."

Critics of the program suggest that the program was brought about with an identity crisis, and has mushroomed to include numerous children with less severe disabilities. The money therefore, is easily misused. Further, by supplying money only, the parents frequently do not try to better the child's situation; instead they live off of their children's disability benefits. There is little motivation to improve their situation. "Welfare dependency" becomes a way of life. Supportive programs in

many forms are needed to prevent this.

A Supreme Court decision in 1990, has opened the door to many in the past who had been denied SSI benefits, by throwing out a system that the SSA had used for 16 years to distribute benefits to disabled children. In addition, Justice Blackmun's opinion required the SSI bureaucracy to pay for a large class of children deemed to be lacking the functional capacity to perform age-appropriate activities (Seligman, 1994).

This revision only "scratches the surface" of the problems the program has created. Now in addition to the "original" problems identified, the Court decision enormously expanded the eligibility pool. The SSA, not quite comprehending the "new rules" of the program, began offering payments to children who were deemed disruptive or unattentive in the classroom. This ruling can be interpreted as rewarding bad behavior for both the children and the parents. Further problems caused by the program can be seen by studying previous legislation and basic guidelines.

This study delves into these problems and offers alternatives or enhancements to current policy. First, the study examines the process for determining disabilities, and policy changes for the determination process. In particular, it discusses the Supreme Court decision of 1990 and its impact. Second, a study requested by the SSA to assess proposed policy changes is presented. Third, problems with current policy are discussed and alternatives are offered. Furthermore, data is presented representing the current policies' impact both at the federal level and the State of Oklahoma. Finally, the study considers future implications of the program's policy problems.

## CHAPTER II

### BACKGROUND FOR SSI: CHILDHOOD DISABILITIES

#### Definition of SSI

SSI is short for Supplemental Security Income. SSI is a cash assistance program funded and administered by the federal government. The purpose of the SSI disability programs is to provide benefits to people who cannot work because medically certified physical or mental impairments. Beginning in January, 1974, the childhood disabilities program replaced the earlier federal state matching grant program of adult assistance to the aged, blind and disabled. For the first time, under SSI, there was no minimum age limit in establishing eligibility on the basis of blindness or disability.

Supplemental Income is paid monthly. Recipients also usually also qualify for Medicaid as well, which helps pay doctor and hospital bills. The basic SSI check is the same nationwide. Currently, the maximum amount an individual can receive monthly is \$458.00. This amount is reevaluated yearly. Many states, including Oklahoma, add money to the basic check called a state supplement. These payments to disabled children come from the states' funds.

#### Additional Amendment

The Social Security Administration (SSA) (20CFR Part 416, reg. 16) states that

proposed amendments provided the criteria for use in making determinations of disabilities or blindness under title XVI of the SSA, as amended by section 301 of the Social Security Amendments of 1972 (Public Law 92-603), enacted October 30, 1972. This amendment to title XVI of the SSA was effective January 1, 1974.

The 1974 law provides monthly Social Security (SS) stipends and Medicaid coverage to adults too disabled to work and poor children with handicaps "of comparable severity." The rules set forth in the proposed regulations were applied by the SSA in order to administer the SSI program during the period from January 1, 1974, when the new program became effective, until final regulations were adopted. The "listings" of impairments for disabled workers were directly applicable in the determination of childhood disabilities and blindness.

Determining disability is a five-step process. The third step allows a person to be considered disabled if medical evidence of the impairment meets or is equal to one of the "listings" of impairments. For children, the SSA approved benefits only for those with disorders that exactly matched the list. If a child's disability did not match, there was no step in the determination process comparable as the assessment for adults. The child was found not disabled by the standards of the program. Moreover, the SSA stated that follow-up was not necessary for children; follow-up is only needed for disabled adults to determine if a job can be held by the individual (Weishaupt, 1991).

Since, disability benefits are denied, there are many avenues for appeals. If a child is deemed disabled, it can take up to a year to award benefits, and since benefits are retroactive to the date of the diagnosis, the initial payment may be in excess of \$15,000 dollars. This lump sum payment often sets the tone for unwanted situations.

## CHAPTER III

### DETERMINATION OF SSI DISABILITIES-RECENT POLICY CHANGES

#### Supreme Court Ruling

On February 20, 1990, Philadelphia's Community Legal Services won a Supreme Court victory on the general disability rules for children. Before the decision, there was no assessment of a child's functional status as part of the disability determination process. The Court cited this as being unconstitutional, because it discriminated against children by requiring them to meet more rigid standards than adults that qualify for SSI.

One set of rule changes due to the decision, pushed by the Mental Health law Project, involved a campaign started in 1984 to get SSA to modernize its children's mental impairment "listings"; this was needed to keep pace with advances in medical knowledge. The new list included: drug and alcohol abuse disorders, autism, hyperactivity, and developmental delays among children under one year old.

A second set of rules resulted from a 7-2 decision written by Justice Blackmun, ruling in *Zebley v. Sullivan* involving all disabled children. The Court ruled that the SSA had improperly interpreted the law. Because adults whose ailments did not precisely match the listings could qualify by proving an inability to work, and since the children had no recourse, essentially the agency was holding children to a higher standard than adults. Moreover, Justice Blackmun stated that childhood disability regulations were inconsistent with the statutory standard of "comparable severity." The Court found that failure to provide for an individualized functional analysis for

children nullified congressional intent to serve children and disabilities.

Prior to the Zebley decision, the determination of disability for children ended at the "listings" of impairments. To be determined disabled, a child had to show that his or her impairment matched or was equal to one of the listed adult or childhood impairments. If the child did not make match, the process ended. The previous list of disorders was intended for adults to be judged individually on their ability to work, not to child's disabilities (Ford, 1992).

The legal argument of Jonathan Stein, the children's attorney in the class-action lawsuit said that the court decision could have forced officials to reevaluate nearly 600,000 denials going back to the program's beginning in 1974. The SSA argued that the legal precedent required that it go back only to 1983, when the case was originally filed on behalf of Brian Zebley of Upland, Pennsylvania. Brian, as with many children, was denied further SSI payments because he has multiple disabilities, but none were severe enough to meet the list's standards.

Essentially, the policy for "listing" requirements overlooks severely impaired children. Brian suffered from congenital brain damage, paralysis, mental retardation, developmental delay, and eye problems. He lost his SSI benefits when an administrative law judge concluded that his medical conditions did not meet the "listings" requirements.

### Implications

The compromise reached included all individuals whose applications were denied in whole or in part or whose payments were terminated on the basis of medical (disability-related) grounds on or after January 1, 1980. This included cases filed before January 1, 1980 that were still pending at some level of review and cases that

were denied by the federal courts within those same time periods. The SSA must pay benefits to people for all months for which the person was eligible on disability, income and resource requirements. The Secretary of Health and Human Services notified all state Medicaid agencies about the effect of the new childhood disability standard and encouraged them to extend retroactive benefits to any class member. About 50% of the applicants in 1990 then qualified, but the administration expects the success rate to rise to 65% under the newly implemented guidelines.

The Court ruled that SSA should not simply rule out benefits if a child did not meet any specific mental or physical disability listing. Further, the Court found that the rules discriminated against children. Children's handicaps, the majority found, could easily be measured according to basic skills like walking, talking, dressing, and washing. The child should, instead, be given an individualized functional assessment to determine whether the child's ability to function normally for its age was severely impaired. This includes combining disabilities a child may have. While not on the list, the combination may severely limit its functioning (Rich, 1991).

#### Additional Changes

Additional major changes brought about by the Court's decision required the dissemination of information to social workers and other involved with children who are disabled. For example, practitioners will have to expand their knowledge and understanding of the new regulations so that they may appropriately counsel parents of children with disabilities. Practitioners should be aware of broader social welfare policy implementation. For instance, the availability of SSI benefits to assist families may release other funds, such as foster care (Ford, 1992 ).

Under the old rules, children, although severely disabled, were judged ineligible because their specific mental or physical impairment did not appear on lists, called "listings", drafted by SSA as a guide to eligibility. The Court's decision required an implementation of new eligibility rules in the determination of children with mental impairments or other disabilities seeking benefits under the SSI program. This Supreme Court made it easier for disabled children to qualify for federal cash assistance under the SSI program. Under the Court's decision, the government is required to use the new rules for all of those applying from 1990 on. It also must reexamine up to 452,000 children denied under the old rules from 1980 to 1990 if requested (Rich, 1991).

According to the new "guidelines" people receiving SSI with severely disabled children can receive up to \$458.00 a month for each child and automatically qualify for Medicaid benefits. As of December 1990, half of the 330,000 disabled children receiving SSI benefits, had mental impairments. Under the changed ruling, it was estimated that up to 120,000 more children are entitled to receive retroactive benefits. Additionally, officials of SSA program estimate that 12,000 more applicants each year will be approved under the new rules. Over the next five years, the changes, including retroactive benefits, will cost the government six to seven billion dollars (Rich, 1991).

#### Notification of Retroactive Benefits

Statue for notification of benefits--Law in U.S. Statues at Large 101st Congress 21st Session 1990, Public Law 101-508-November 5, 1990, Section 5041, states that, In notifying individuals of their eligibility to receive retroactive supplemental security income benefits as a result of Sullivan v. Zebley, 110 S. Ct. 2658(1990), the Secretary shall include written notice, in language that is easily



understandable, explaining-

- 1) the six-month limitation on the exclusion from resources under section 1613(a)(7) of the Social Security Act (42 U.S.C. 1382b(a)(7);
- 2) the potential effects under title XVI of the Social Security Act, attributable to the receipt of such payment including-
  - (A) potential discontinuation of eligibility; and
  - (B) potential reductions in the amount of benefits;
- 3) the possibility of establishing a trust account that would not be considered as income or resources for the purposes of such title if the trust met certain conditions; and
- 4) that legal assistance in establishing such a trust may be available through legal referral services offered by State or local bar association, or through the Legal Services Corporation.

In addition, Section 5036 includes Evaluation of Child's disability by a Pediatrician or other qualified specialist. In general section 1614(a)(3) (42 U.S.C. 1382c(a)(3) is amended by adding at the end the following:

In making any determination under this title with respect to the disability of a child who has not attained the age of 18 years and to whom section 221(h) does not apply, the Secretary shall make reasonable efforts to ensure that a qualified pediatrician or other qualified specialist...

### Summary

Ultimately, the impact of the Brian Zebley decision depends on the commitment of social work professionals, working with disabled children and their families, and family members of the disabled child(ren). It is important that the child welfare workers and the families help make certain that a child is given every opportunity in proving a combination of impairments that are labeled "mild", limiting his/her ability to function in an age-appropriate manner. Further special

efforts are needed for the collection or development of the information necessary to prove the child's eligibility

More importantly, the professional community, responding to the Court's decision, must make a valiant effort to inform potential class members of their right to request award of their claims and encourage the families of children with disabilities who would not be part of the class to apply for SSI childhood disability benefits. A successful outreach program would entail health care facilities, social service agencies, and education agencies collaborating their efforts in identifying children who are eligible for SSI benefits. Once these three entities identify a potential recipient, the family of the child should be directed to the appropriate Social Security office to obtain an application, and offer assistance in filling them out (Klecka, 1994).

## CHAPTER IV

### STUDY REQUESTED TO IMPLEMENT POLICY CHANGE

#### American Psychiatric Association

The SSI program title XVI of the Social Security Act awarded a contract to the American Psychiatric Association (APA) to conduct an independent scientific assessment of the revised methods and standards in determining mental impairment disabilities. This was the first time the agency had commissioned an evaluation of SSA medical standards and guidelines by an outside organization. The Court noted that childhood disability listings were not exhaustive and included only the more common impairments. There were no specific listings for many well-known childhood impairments, including spina-bifida, Down's syndrome, muscular dystrophy, autism, AIDS, infant drug dependency and fetal alcohol syndrome.

Therefore, the SSA appointed a panel of experts (general pediatrics, developmental genetics, and behavioral pediatrics) in child development and childhood disability to help the Administration develop criteria for determining disability based on an individualized functional assessment. The study was designed to implement accurately the newly revised medical standards and guidelines used by the agency's medical consultants, and make operative the statutory definition of disability due to mental impairments (Ford, 1992).

#### Findings

By studying 732 randomly selected initial claims for disability benefits, the panel found that in determining disability based on mental impairment, it is unreasonable to expect 100% agreement. Disability typically is a complex medical, psychological, and social concept. It is difficult to define. The panelists agreed that the task of developing standards and guidelines to assist in documenting the clinical determination of disability is intricate.

The panelists were then asked to suggest how they would improve the prodders they had been trained to apply. None suggested a need for extensive changes but rather offered only minor refinements. The most critical new issue raised involved the difficulty in formally establishing the date of onset of the impairment that was being clinically assessed, as required by the SSA. This date conceivably could precede the period of disability under review (Pincus, 1991).

### Results

As a result of the study, the childhood mental impairment listings were substantially revised by taking into account the child's age. The list included: mental retardation, psychoactive substance dependence disorders, autistic and other pervasive developmental disorders; attention deficit hyperactivity disorders; developmental and emotional disorder of newborn and younger infants (birth to age one); organic mental disorder; schizophrenic somatoform, eating disorders; and personality disorders. Also included: multiple body dysfunction due to hereditary, congenital, or acquired conditions.

This listing would be used to determine disability resulting from fetal alcohol syndrome, mental retardation with known causes associated with impairment of other body systems (Ford, 1992). However, the conclusion was that the basic construct of

the medical standards and guidelines should be retained. They suggested some recommendations for modifications:

1. The SSA should develop clearer instructions for defining the period of disability under review
2. The SSA should continue efforts to improve the collection of medical and other evidence and introduce a standardized federal form to be distributed for use by treating psychiatrists and psychologists and by consultative examiners for the collection of medical evidence for all claim based on mental impairments.
3. The SSA should develop standardized comprehensive training programs and manuals for the reviewing medical consultants in the Disability Determination Service.

Furthermore, the panel devised a sequence of steps taken in determination of disabilities. The following questions guide each of the steps:

- Step 1: Is the child engaged in substantial gainful activity?
- Step 2: Does the child have a severe impairment or combination of impairments that causes more than a minimal limitation in his or her ability to function?
- Step 3: Does the child have a medically determinable impairment that meets or equals a listed impairment at a level of severity precluding any gainful activity? If not, does the child have an impairment or combination of impairments that is equivalent in severity to any impairment in the listing of impairments, including those functionally equivalent to any listing?
- Step 4: Does the child have an impairment or combination of impairments that so limits his or her physical or mental abilities to function independently, appropriately, and effectively in an age-appropriate manner that the limitations are comparable in severity to those that would disable an adult (Pincus, 1991)?

### Specific Impairments

Finally, if a child has one of the specific impairments listed below he or she may be found “presumptively eligible” for disability payments. The conditions are as follows

- amputation of two limbs
- amputation of a leg at the hip
- total blindness
- bed confinement or immobility because of a long-standing condition
- stroke/cerebral vascular accident that occurred more than three months ago, with the child having continued marked difficulty in walking, speaking, or using a hand or arm
- cerebral palsy, muscular dystrophy or muscular atrophy, and marked difficulty in walking, speaking, or coordinating the hands
- Down syndrome
- for a child seven years and older, severe mental deficiency
- renal disease requiring dialysis on a regular basis
- birth weight less than 1200g

A child may receive benefits for up to six months while being evaluated as presumptively eligible applicant. The pediatrician treating the child with one or more of these conditions should provide the parents with a statement concerning the diagnosis of the child’s disabling condition. This is a significant step because the decision of whether the child is presumptively eligible is based solely on the family’s statements and the doctor’s recommendation; the SSA’s observation is not taken into consideration (Reiss, 1995).

This predicament places the SSA into a peculiar situation. Although the SSA does not make initial disability determinations directly, the administrators are responsible for reviewing a case every six months. This review is accomplished by either a home visit or an in-person interview. At that point, the SSA has the authority

to continue or interrupt disability payments. Their evaluation relies mainly on the families' income. If their income has increased, the payments could be cut off, the child's condition, at this point, is not taken into consideration.

## CHAPTER V

### RESULTS OF RECENT POLICY CHANGES

#### Revision Flaws

The implementation of the revisions in the program also contained flaws. Although the 1990 Supreme Court decision helped thousands of low-income families with disabled children, its revision was exclusive to three factors in the SSI program. Other variables are need to be reevaluated to maximize the effectiveness of the program.

One variable suggested is that the SSA places all of the emphasis on children with behavioral and emotional disorders and give little thought to the medically fragile children and other children with severe and multiple disabilities for whom SSI is a much-needed form of assistance.

Child care for these children is hard to find; many parents remain in the home full-time. Private insurance is not a consideration because of the exclusions for preexisting conditions or life-time caps on benefits (Ayers, 1994). For example, the case of Brandy Edwards, of Cheraw, South Carolina exemplifies the above.

Incomplete reviews of her medical condition led to a rejection of benefits. She applied for SSI under the new rules on June 23, 1991 and was denied aid on October 2, 1991. She is a brittle diabetic and has been in the hospital three times in nine and a half months. Her illness brings on headaches, blurred vision and nausea. She missed 78 days of school in 1990. Social Security officials told her mother that with the two



different kinds of insulin shots that the girl receives daily she can function reasonably normally for a child her age. She has health insurance through her father's job of \$18,000 per year, but it does not cover all medical expenses (Rich, 1994). Even Medicaid would have helped her considerably.

Another variable is the exceptions to income rules. Eligibility rules in regard to income are different for SSI and Medicaid in many states. Various states have special rules that allow a family to deduct the cost of some medical expenses for a child with a disability in calculating total family income. Obviously, there are exceptions to those rules, but generally, a family must meet eligibility rules to qualify for SSI or Medicaid.

Such states that do not "allow" exceptions to the rules are open to a flood of appeals at all levels. There will always be exceptions. Why is the decision left up to the states concerning eligibility rules in regard to income when the rules in regard to "income deductions" are left to federal interpretation? This decision itself has left a number of loopholes for the court system to settle. This problem occurs frequently due to the inadequacy of the guidelines. Obviously, this situation serves as another example as to the lack of afterthought to the administrators of the program.

In my opinion, cases concerning medically fragile children previously denied SSI and Medicaid benefits should almost always be appealed. The following recent case in Virginia illustrates my point. Parents of a 12-year-old boy who is blind, mentally retarded, has cerebral palsy, and hydrocephalus applied for SSI. Although their combined was too high to be eligible for SSI/Medicaid payments, the child's medical bills were outrageous, leaving little money for the family to survive. The family was denied benefits even after countless interviews and forms. They were informed that there was no clause in Virginia's eligibility rules that allows families to deduct the cost of medical expenses when calculating the total family income (Epstein, 1995).

Finally, a third variable to blame for revision flaws is the improved “listings” as a guideline for childhood disabilities. Critics are suggesting that some disabilities added to the “listings” could be easily faked by a child that is coached by the parent(s). The reward for their deception is up to \$458.00 per month. On the other hand, forms of disabilities that did not “exactly” match the “listings” are denied benefits.

For example, Mr. Willie Lee Bell, Principal of Southside Elementary School in Lake Providence, Louisiana blames the SSI program for encouraging the children to act up in school in hopes of qualifying for aid. He contends that because most of the families live at the poverty level in Lake Providence, parents are instructing their child(ren) to act up in school in order to try and qualify for the SSI program. Furthermore, the SSA is called to his school to gather information about a child’s behavior and/or academic performance in deciding whether to grant the child benefits.

Mr. Bell testified at a hearing this past year in order to publicize some of the abuses he sees to the program. He stated that parents said, “Look, just fill out the form this way and help me out (Schaiberg, 1995).” Charges of fraud brought against the parents include reports of them purchasing luxury items such as new automobiles and television sets. Although the House was expected to pass the welfare-reform bill that would tighten SSI eligibility requirements, it is moving slowly (Schaiberg, 1995).

For Vanessa Cooke of Philadelphia, Pennsylvania the description of the “listings” for childhood impairments generates a problem of the opposite character. Ms. Cooke’s daughter, LaShaira, form of diabetes did not “exactly” meet a “listings” description. It took five years under the appeals process before she was awarded disability benefits.

Ms. Cooke stated that she was very angry because others qualified so easily, and felt that her child was being punished for her disability. Moreover, Ms. Cooke said she had no choice but to continually appeal denials until she had won. She

said the cash award allows her to buy special food and cab rides to her daughter's school when the nurse will not administer the child's injections. Because of LaSairas' health needs, Ms. Cooke says it is impossible for her to seek employment (Llosa, 1994).

Both Mr. Bell's and Ms. Cooke's situation sounded oddly familiar. First, Mr. Bell's comments concerning parents' actions of children in his school and abuses he had testified to were almost identical to that of Ms. Mary Beach, the Principal of Coolidge Elementary School in Enid, Oklahoma. Second, Ms. Cooke's dilemma is comparable to that of Linda's, the parent of the severely disabled boy, I interviewed in Stillwater, Oklahoma. But these situations, comparable as they may be, did not surprise me. Flimsy federal guidelines implemented with little thought, and outrageous policies that cannot be viable bring about catastrophes. Delve into the numerous programs the SSA provides and Congress implements, and my point is easily proven.

Obviously, Congress has brought about a situation where once again "money was thought to be the answer." They gave no thought to placing the child in a facility or a program where the emphasis might be placed on the needs of the child. This idea, of course an afterthought to the implementation of the program, is one of many added to list of ideas of overhauling the system.

### The "Basic" Benefits

Essentially, the program is intended to provide basic, minimum support to qualified people who have little income and resources. It is intended to pay for food, clothing and shelter. People receiving the highest monthly benefit level that SSI allows are still living below the poverty level. As suggested by the SSA, this "support" enables the families to meet the needs of the child, but mentions nothing concerning long-term needs or programs in order to function and cope with the disabilities.

Another concern arising from the Court's decision is the misuse of retroactive payments to the certain individuals that qualify. These "lump sum payments", that have been reported to reach as high as \$35,000, have caused a great deal of criticism since the allotments began. Low-income families who have little or no previous knowledge of money management were "handed" large sums of money. These families were directed to spend the money within a six-month time frame and towards something that would benefit the child.

Obviously, with the absence of strict guidelines and guidance, most of the money spent have gone towards luxuries that the family cannot afford. For instance, they may buy an expensive vehicle that would certainly help their child but then be unable to pay for its repair or maintenance.

Gerald D Kleczka, U.S. Representative (D-Wis.), for example told the House Ways and Means subcommittee concerning human resources about a child whose parents used one of the lump-sum payments to pay for a new car, furniture and an extravagant vacation. He also spoke of another case where a parent of an SSI recipient refused medication for a child because it would jeopardize the receipt of future benefits; if the child got "better", he/she could be denied payments (Kleczka, 1994).

## CHAPTER VI

### BASIC GUIDELINES FOR DISABILITIES

#### Current Guidelines

Before delving into the problems of the guidelines set by the SSA, I have listed the current guidelines updated as of January 1995. This helps in assessing the programs' weaknesses and demonstrate a need for modification.

The applications for childhood disabilities are long and difficult (see Appendix B). Parents at a lower income level may not have the education or have their own disabilities and may be unable to complete these forms. Therefore, friends or relatives may be asked to fill them out, allowing room for error. Currently, there are no programs in the Oklahoma system (school or social security) to aid families with SSI applications. Incomplete or incorrectly completed forms can cause delays or even rejection.

Basic guidelines for SSI are outlined in a pamphlet updated yearly and provided to the public by the SSA.

- 1 SSI benefits for children--These are benefits payable to children with disabilities under age 18 who have limited income and resources, or who come from homes with limited income and resources (see attached sheet outlining resources).
2. Defining child--A person who is neither married nor the head of a household and who is either under age 18, or is under age 22 and a student regularly attending an educational or vocational training institution in a course of study designed to prepare him or her for a paying job. A child qualifies on the same basis as a blind or disabled adult, but there can be differences in the effect of income and resources.
3. Your income and the things you own--Whether you can get SSI also depends on what you own and how much income you have. SSI

doesn't count everything you own. For example, the home you live in and the land it's on does not count, unless its too valuable. Your personal, household goods and life insurance policies may not count, depending on their value. Your car usually does not count. Burial plots for you and members of your immediate family do not count. Up to \$1,500.00 in burial funds for you and up to \$1,500.00 in burial funds for your spouse may not count. If you are blind or have a disability, some items may not count if you plan to use them to work or earn extra income. SSI supplements a person's income up to a certain level. The level varies from one state to another and can go up every year based on cost-of-living increases.

- 4 Rules for children under 18--consider the parent's income and assets when deciding if the child qualifies. This process is referred to as "deeming" of income and assets. Rules for children 18 and older--when a child with a disability who is getting SSI turns 18 continues to live with his/her parents, but does not pay for food or shelter, a lower payment rate may apply.
- 5 How to decide if a child is disabled for SSI--The local Social Security office decides if your child's income and assets are within the SSI limits. All documents and evidence pertaining to the disability are sent to a state office usually called the Disability Determination Service (DDS). For Oklahoma, this office is located in Oklahoma City.
6. Deciding SSI disability for children under 18--Because of the 1990 Court decision, a child's disability cannot be evaluated using work-related adult criteria. The law states that a child will be considered disabled if he/she is not working and has an impairment that is as severe as one that would disable an adult. This means the condition must limit the child's ability to function like other children of the same age to such a degree that the impairment is comparable to one which would make an adult disabled. To make this decision, the disability evaluation specialist first checks to see if the child's disability can be found in a specific listing of impairments that is contained in Social Security's regulations, or if the condition is equal to an impairment that is not on the list. These listings are descriptions of symptoms, signs, or laboratory findings of physical and mental problems. If a disability cannot be established using the "listing" criteria, then the disability evaluation team will assess the child's ability to function in everyday life. Children are considered "disabled" for SSI purposes if their impairment substantially reduces their ability to do the things and behave in the ways that children of a similar age normally do.
7. Social Security Benefits for Older children with disabilities--When a child reaches 18, those benefits generally stop unless one of the following conditions is met:
  1. The child is a full-time student in an elementary or high school. In this case, benefits continue until age 19.

2. The child is disabled. In this case, benefits can continue as long as the child remains disabled, even in his/her adult years.
8. How we decide if an "adult child" is disabled--To qualify for disability, an adult must have a physical or mental impairment or combination of impairments, that is expected to keep him/her from doing "substantial" work for at least a year or is expected to result in death. Substantial is considered as a job that pays \$500.00 or more per month.
9. Applying for SSI benefits: the medical evaluation specialists at the DDS need thorough and detailed medical records to help them decide if your child is disabled. If your child is under age 18 and applying for SSI, you will be asked to describe how your child's disability affects his/her ability to function as a child of similar age normally would. Therefore, we will ask you to provide the names of teachers, day care providers, and family members who can give us information about how your child functions in his/her day-to-day activities. If the medical information is not available from existing resources, SSA will pay for you to see a doctor; it may also pay your travel costs to get to the exam.
10. In Oklahoma, you must sign-up in order to receive Medicaid which is available to most people on SSI. Some children can get Medicaid coverage even if they don't qualify for SSI.
11. If your claim is denied--If your claim is denied or you disagree with any decision made, you may appeal the decision. There are four levels of appeal. You have 60 days from the time you receive the decision to file an appeal to the next level. You may also ask for a hearing as a part of the process by completing form SSA-501 (Request for Hearing). If you disagree with the final decision of the Appeals Council, you may appeal the decision by filing a civil action suit with the U.S. District Court in your area. This is to be filed within 60 days after you receive the Appeal Council decision.
12. Benefits are not usually taxed, you do not have to pay federal income taxes, unless your total income is unusually high.
13. Redetermination of your SSI income--This is conducted generally, once within six month after benefits are awarded and then every one to three years. There are three ways that SSA does a redetermination: by telephone interview, in person and by mail.
14. Reviewing your disability-- 1. If medical improvement is "expected", your case will normally be reviewed within 6 to 18 months. 2. If medical improvement is "not expected" your case may be reviewed no sooner than seven years.
15. For people who are blind or have a disability--As you earn more money, your SSI checks may go down or stop. Even if your SSI checks stop, you may be able to keep your Medicaid coverage.

It is important to read the guidelines above in order to understand the confusion over the present program. In short, the SSI program is for people with severe disabilities, and the process for determining disability for children is rigorous. By following the above guidelines set by the SSA, social workers often are not able to award benefits to severely disabled children; the combination simply does not make the “listings”.

This complaint is documented by the Supreme Court ruling in the Zebley decision that held the previous rules for children were illegal. The decision opened the door for many children who were previously denied benefits, ruling the adult standards of disability were not comparable to children. But it erred by ignoring the rigid guidelines stating that a potential recipient’s disability must exactly match the “listings” This oversight has cause havoc for many involved in the program, because a great deal of the applicants have a combination of disabilities that supersedes any one disability listed. These children are actually the “most” eligible, but are often denied benefits. Hence, the program caters to children who are not labeled as “needy” to most of the school administrators, physicians, and SSA officials; often abuse to the system results.



## CHAPTER VII

### EXPERTS COMMENT ON SSI IN OKLAHOMA

#### Social Security Administration

Since 1989, Mrs. Cheryl Jordan Smith, has been the case worker supervisor for the Department of Human Resources in Stillwater, Oklahoma. Mrs. Smith suggested that the medical examination was the "main" determination for childhood disabilities. Other factors taken into consideration are school recommendations, daycare reports, and treatment centers. Although these factors may provide information about a child, making it possible to compare the activities of that child and what are age-appropriate for that child, they may not even be considered if the medical report supports the families' claim.

Mrs. Smith considers the present SSI determinations to be more fair because it looks at one child's development at a certain age compared to a normal child. She commented that the previous legislation, comparing workers' disabilities with children's disabilities was ludicrous.

Mrs. Smith remarked that some complications arose out of the court decision in regard to the retroactive payments. The "lump sum" payment given was to be calculated by taking an average of the monthly payment that the child would have received and multiplied it by the number of months between original and present claims. She said that this process became complicated. She was short staffed and could not allot the time for each claim to be calculated. So it was determined that

each child meeting the requirements from the court case in the area would receive an average benefit over the years. I questioned her concerning the appropriateness of the decision. She simply stated that her office does the best that they can... that the SSA places demands on her that she cannot fill. I asked her if the officials were aware of her situation, and she said, "yes they are... and this was not an unusual circumstance."

Finally, Mrs. Smith gave her thoughts on the SSI program. She stated that it replaced many programs that were considered welfare programs. Generally, it was the same type of program because the determination of resources is based on income and assets. Moreover, funding for SSI is taken from General Tax Revenues i.e. the Federal Income Tax on your paycheck (Interview, Department of Human Resources, September, 29, 1995).

#### School Officials

Dr. Cindy Mead is on the Board of Education for the Stillwater Public School system and has been on the board for five years. She holds the "final" authority in the school system to recommend or reject a claim of a child with "disabilities". The information upon which she bases her decision comes from confidential school records. These records contain several kinds of data, which help with her decision, but she refused to comment on the specific information contained by the records.

Commenting on the Stillwater area, she stated that there are 585 children in the program as of January 1, 1995. They have approximately 25 children a year apply for the program. Ms. Mead suggested that this number is very low. She felt like the program is too restrictive and that only severe cases in the Stillwater area are accepted for SSI. Further, every case that she has been aware of was turned down the first time that they applied.

On a positive note, she was happy to report that approximately ten school districts in Oklahoma were suppliers of Medicaid. This benefit is not enjoyed in all states. Her suggestions for the modification of SSI included programs set-up in the school to help the families fill out the forms. "This is half of the battle" she stated. She also stated that Wal-mart is the largest company in town that hires people with disabilities (Dr. Cindy Mead, phone interview, October, 24, 1995).

Mary Loftin has been the principal of Dr. John Hole School in the Enid Public School system for over fifteen years. In the past, she has handled many forms received from parents with children claiming disabilities. She contends that these forms are a "waste of her time"; the SSA really does not listen to the input of the school. Rather, determination solely depends on the medical report. She goes further to say that doctors can be easily manipulated by what the parents say. She suggests that "cloudy" measures are the main contributor to this problem. For example, children diagnosed with learning disability can have a normal intelligence and learn to compensate for the deficiencies. Some of the mental impairments are difficult to measure; the parents dictate to the doctor the symptoms of the child. The doctors simply write down this information. This data is then sent to Oklahoma City for evaluation.

Further, while Ms. Loftin acknowledges that some valid claims cross her desk, the majority of the cases are not supported. The 1990 court case, she included, has flooded her with applicants. A variable that led to this problem, she suggested, is the advertisement of the media about the Court's decision and the potential benefits that a family may receive.

Ms. Loftin spelled out the problems the current program entails: one, when the child is accepted into the program, it is seldom that the school hears from a case worker; two, once the child is accepted into the program, it is difficult for him/her to be suspended; three, the parents have an aggressive attitude toward the school system

and display a negative behavior towards the principal when the family is questioned about the forms, four, the program does not look into the progression of the child in the school. For example, if a child has a speech impediment that is steadily improving, the parents do not want this reported to the SSA; they just want the money.

Ms. Lofton concluded by giving ideas on improving the program. She stated that the SSA needs to differentiate solvable and unsolvable disorders. The system needs to protect the parents who are disabled as well as the children. Mentally handicapped parents do not know how to take care of retarded children. One way to hinder wrongful payments of SSI is for the SSA not to accept a child's disability claim if he/she is functioning in a regular classroom despite their disability (Interview, Dr. John Hole Elementary School, October 5, 1995).

### Parents

Lorrie, a graduate student in psychology counseling at Oklahoma State University, is a mother of a child with a long-term disability. Her son is 17 years old and is bed-ridden; his spinal column has rods that run through it. Numerous surgeries have not improved his condition and the prognosis is that he will always need continuous care.

Lorrie's son was initially denied SSI benefits. After talking with other parents who have children with disabilities, she feels that the Stillwater area is very strict in accepting claims for SSI. She laid the blame on the authority in charge and stated that there have been several court actions against this person by parents that felt her recommendation has denied them benefits.

After two years of appeals, Lorrie was awarded full SSI benefits for her son; she is a full-time student and does not receive a countable income ( her income is alimony) (Interview, October, 18, 1995).

## CHAPTER VIII

### PROBLEMS WITH CURRENT POLICY

#### Guidelines

The Supreme Court decision of 1990 has offered relief to many previously denied claims, but did not recommend badly needed revisions of guidelines. The basic guidelines for the SSI program are vague. There are few set rules. Moreover, some of these guidelines indirectly produce long-term problems. For example, if a disabled child works, whether his income is a dollar or \$100.00 dollars, this is taken into consideration. As a result, his SSI checks may go down. Although the child may be working for his self-esteem, gaining experience, or trying to fit into a non-handicap world, this effort is counted against him/her. This system encourages people not to work, not to better themselves for fear of losing their benefits. High school students have refused jobs commenting, "Why should I? I get SSI benefits and cannot afford to lose them (Dr. Cindy Mead, phone interview, October 24, 1995)."

#### Redetermination Process

Another problem is the redetermination process. According to the guidelines, they are conducted from one to three years after the benefits are awarded. Redetermination of benefits may be reviewed over the telephone, in person or by mail. Lorrie, who has a disabled child, (mentioned previously) reported that she had not been called upon by a case worker in four years. Despite the absence of the review,

receives the maximum amount of benefits that the SSA allows following each supplemental update.

Medical determinations by the SSA are also open to criticism. Many mental impairments are difficult to test. A child may not respond when asked questions by a doctor in determining if he/she is disabled. Therefore, it is the parent(s) who may explain the difficulties the child is having. Whether these problems are real or not, the doctor makes note of the parents' concerns and writes a report accordingly

Another problem, thought to be "solved" by the Zebley decision, still exists; a severely disabled child is denied benefits. The Court ruled that, even if a child did not meet one specific mental or physical disability test used by the SSA as a criteria of eligibility, the agency should not immediately rule out benefits. Instead, the SSA must give the child an individualized assessment to determine his/her ability to function normally for age-appropriateness. Still, in many instances families of severely disabled children denied benefits have gone through the appeals process three to four times before awarded benefits (Rich, 1991).

In reality, there are very few safeguards for the children. If the parents wish to spend the supplemental income on things that do not benefit the child, they can do so. Technically, it is against the rules, but the SSA does not police the activities of the families. Furthermore, there are few or no programs to help parents meet the needs of their children.

#### Retroactive benefits

Another criticism is the distribution of retroactive benefits stemming from the court case. Recipients were given a six months to spend it. The SSA instructed state agencies to send case workers into the homes of the families who received the retroactive benefits. The job of the case workers was to educate the families about

money management. The workers are also given guidelines to explain to the families what the money could be spent on and not be seen as "countable" income when calculating disability payments. Mrs. Smith (mentioned earlier) stated that there was not enough staff in the office to send out to each beneficiary. Although the families may have had good intentions in spending the money on luxuries for the child, these things were not practical. The SSA did not follow-up to ensure a goal explanation to the families, and disaster resulted in some cases. The problems with the allocation of SSI benefits have been previously noted. Low-income people cannot be expected to have long-term goals for the money when they cannot consistently produce food on the table and have had no experience in handling large sums of money.

#### State Determination Process

Problems also arise from the state determination process. Although the "listings" for disabilities is applicable nationwide, each state has its own determination process. The extent of qualifications may vary from state to state. Also, each state determines the amount of state supplement an individual receives. The amount of money allocated by each state does not vary a great deal (as presented in the expenditure of funds in the time series analysis). Instead, the main problem is the use of a nationwide application and guidelines interpreted and implemented by the power of the states.

#### Vague Terminology

Criticism is also given to the broad use of terminology in the guidelines in determining SSI. These guidelines are spelled out earlier in the paper. By using broad terms, the SSA leaves the program open to an array of discretionary powers. This problem may open the doors to abuses of the program.

For example, the term "countable" income (see Appendix B) is vague. All resources that the family owns may be included as countable unless, the family can prove that it benefits the disabled child or children. This guideline can be easily manipulated to the benefit of the family. For instance, a car, regardless of its value may not be countable income if it is necessary for employment or medical treatment; modified for use by a disabled person, or necessary because of climate, terrain, distance or similar factors to perform essential daily activities. If the use of the car does not meet one of these condition, then up to \$4,500.00 of its market value is excluded. The remaining value is counted against the resource limit. This particular resource guideline is a generous one. I am sure if one put any thought into it, most automobiles would meet this criteria.



## CHAPTER IX

### ALTERNATIVES OFFERED

#### System of Checks

There are many alternative proposals to modify the present program. First, SSI benefits would be directed to an institution or an approved agency to manage instead of the disabled individual or family. This will help ensure that the money is used to benefit the disabled individual. This system of "checks" may benefit the recipient if treatment or medical attention is deemed necessary. Parents themselves may have mental disabilities along with their disabled child. These families need someone who is an "expert" in the field to look after their best interests. The parents may not be mentally capable to do so themselves. They trust the system to take care of them.

This is how the SSI program is intended to be used. Severe cases need our help, as they always will. The system should go to great lengths to take care of these people. But at the same time, it should take appropriate measures to prevent abuses in the system. Only a certain amount of money can be allotted for this program. This country wants to care for their truly need. Why not take action to ensure that it is the needy who are receiving the help (programs, medical treatment, etc.)?

#### Distribution of Lump Sum Benefits

Second, control the distribution of lump sum retroactive payments. The families who have no knowledge of money management need long-term investments explained and done for them. The individual may suffer from severe or a continuing disability.

Investing the money will provide a "nest egg" or an insurance that the person will be taken care of in case of the loss of financial support from family members.

The SSA needs to ensure that their instructions on the handling of retroactive benefits are enacted. If the program says guidelines are to be followed when handling these claims, then they should be followed.

### Continual Reviews

Third, the SSA should be required to conduct continuing reviews of individual eligibility and have all state governments agencies monitor them. Presently, no one has a monitoring agency in the state. The present guideline for reviewing disabilities is every one to three years; severe disabilities are up to seven years. It does not take a great deal of imagination to see the problems with the review process. The way in which the reviews are conducted is questioned as well. These do not have to be in-person interviews. They may be conducted over the phone and the medical records are sent accordingly. Any type of control at this point is lost.

### Treatment Centers

Fourth, in addition to the supplemental income, make treatment and programs available for disabled children. Treatment centers may improve or "stabilize" a child's disability and/or help he/she have a more productive life. Program proposals include: educating parents to understand and teach them how to cope with their child's disabilities; helping the child function to the best of his/her ability with their disability(ies); teach the child about his/her disability and the things that he/she can achieve despite it.

### Countable Income

Fifth, severely disabled children should be allowed to work without the income being seen as "countable" income. These children do not make enough money to support themselves. If they want to function in society, we should encourage it. Instead, we punish them for trying to cope in a world that does not readily adjust to their disability. We should support them and applaud them for their effort. They could just as easily sit on the couch and collect the benefits, but they want to build their self-esteem and be accepted in the real world. Most of the jobs these children receive do not pay a great deal. Let them keep their money and encourage them to become a part of an "exclusive" society.

### Strict Penalties

Sixth, set strong penalties for those who defraud the disability programs. People who are defrauding the SSI program are not only stealing from the government, they are taking money away from the people who need it the most. Severely disabled people are dependent upon society; this country has taken this concern upon itself. If we are the safeguard for people who cannot help themselves, then we need to follow through making sure the intentions of the program are being implemented. Corruption is everywhere. At what point do we say enough is enough? Does it have to go to an extreme such as cases filed before the Supreme Court to draw attention to one problem in the midst of many? Modifications have been implemented to resolve the problem in the 1990 court case, but what about all of the others? Improvements to any organization should be thought of as a continuum. Improvements can only better the organization and its society.

### Commitment by Professionals

Finally, efforts from the SSA and the DDS are needed to help ensure that the SSI program is implemented to the fullest extent, meaning that the low income, disabled children and their families receive the support and benefits they need. One example to illustrate this point is that the American Academy of Pediatrics should invite the staffs of the SSA and DDS to participate in state-wide educational meetings and workshops. Because these three agencies work together providing evidence for the applications of SSI potential recipients, a combined effort and good working relationship among these agencies could result in the development of more efficient methods for providing reports.

## CHAPTER X

### DATA METHOD

The data used in this research study is obtained from the Social Security Bulletin, Annual Statistical Supplement, 1974-1994. It contains the data for all 50 states participating in the SSI program for childhood disabilities. Table I reveals the federal expenditures in the state of Oklahoma from 1974-1994. Table II illustrates the amount of state expenditures in Oklahoma from 1974-1994.. It is important to study the time from the implementation of the SSI program for childhood disabilities until the present to view the changes both positive and negative in expenditures due to additional policies enacted. In addition, the amount of expenditures since the 1990 Supreme Court decision are significant to this study because it allows for generalizations to be made about the Court's impact.

Lastly, Table III presents the number of children redeiving federally administered payments in the state of Oklahoma from 1974-1994 for the SSI childhood disabilities program. It is important to study these figures as well to analyze the impact of policies as well as the Court's ruling since the emphasis of this study is placed on the state of Oklahoma.

## CHAPTER XI

### DATA ANALYSIS

A time series study was used to analyze the program's progression from the time the program was implemented to the present. Obviously, the impact of the Court's decision in 1990 is of importance, because it illustrates how major policy changes affects the program. The findings suggest that the Zebley decision of loosening the guidelines for granting a child disability benefits has significantly increased the overall number of claims accepted into the SSI program.

The results of data analyzed from federal expenditures in the state of Oklahoma supports this hypothesis (refer to Table I). For example, the highest increase of federal expenditures before 1990 is \$10,074 dollars between the years 1983 and 1984. Yet, the highest increase since the 1990 decision is \$53,123 dollars between 1994 and 1993

Data analysis of the years since the start of the program also supports the notion that the SSA in Oklahoma maintained strict guidelines after the Supreme Court decision was rendered (see Table II) For example, the largest increase before 1990 is \$2,353 between 1975 and 1976. Although there is a noticeable increase of spending from 1981 to 1983, these figures are pertinent to factors of this study. This increase of expenditures in that time period was due to the fact that \$75,000 dollars was not reported by overall State's income assessment and \$27,957,000 paid to Indochina refugees not reported by the State administration. When referring to "State", all states are included nationwide.

Table III represents the number of blind and disabled children receiving federally administered payment in the state of Oklahoma from 1974-1994. Results from the analysis of this data, suggest that there remains a steady increase of children accepted for SSI benefits. Yet, there is only a slight increase is shown in the number of disabled children qualifying for the program since the 1990 Zebley decision. There was an increase of 2,442 children receiving disability benefits from 1991 to 1992. This figure represents the highest increase since the program's implementation.

This supports the hypothesis that the decision opened the doors for previously rejected disabled children to receive benefits. However, in the state of Oklahoma, there is not a great increase in state supplemental spending.

## CHAPTER XII

### CONGRESSIONAL ACTION

#### Federal Level

Congress has tried with little success to build controls into the system. Congressmen are the key players to work on passing proposed policy legislation that would result in revisions and modifications in the program. From February through September 1991 about 146,000 cases, mostly involving new applicants have been handled under the new rules by state disability agencies. Of these, 56,000 requests for benefits were denied and 90,000 allowed. The sampling process indicated one-fifth of the denials involved some procedural error (Rich, 1991). The reason for relaying this information is that the dispute over the rules in 1990 has attracted the attention of a number of politically active groups concerned with disability issues. Representatives of Congress from your state can send an inquiry to the SSA on the Zebley (decision) process. Additionally, Congressional records document that many members of Congress have devoted themselves to the implementation of the SSI program and its improvement over the years.

#### State of Oklahoma

Since the Congressmen in the state of Oklahoma are pertinent to the passage of proposed legislation, I have included Oklahoma's Senators and Representatives policy preferences for the SSI program. A questionnaire was sent to all of the current Congressmen in the state of Oklahoma.



Five questions were asked concerning the SSI program. The answers were then placed on a Likert scale (see Appendix A, Table III questionnaire). First, both Senators Inhofe and Nickols did not place welfare reform at the top of their agendas. However, they did suggest that the welfare system is the sole cause of the breakdown of the family. Blame mainly lies on the shoulders of young, single women having children. Senator Inhofe's thoughts on our current welfare system is that, "...welfare should not mean a cycle of dependency." Neither of the Senators had any specific comments on the SSI program for the state of Oklahoma.

House Representative, Steve Largent, for District 1 stated that preservation of the family was his top priority. He believes that the nation's welfare system has failed the American people. While he did not directly address the SSI program, he did support disabled people working without losing their disability benefits.

Both House Representatives Bill Brewster (Republican-District 3) and J.C. Watts (Republican-District 4) share similar views on welfare reform. First, they both placed this issue among their top priorities. Second, they did express some knowledge of the SSI program. They supported tough penalties for welfare fraud, and suggested that the welfare system as a whole should end, except for those who are truly needy.

House Representative Tom Coburn (Republican-District 2) also expressed interest in welfare reform. He believes that welfare benefits should be awarded to those who absolutely cannot work or earn sufficient income to maintain their basic needs.

### Questionnaire Analysis

After analyzing the data, I concluded that the most of the answers could be viewed as typical "politician" answers. The cause of this may be because the interviews took place at the time of the 1994 up-coming election; candidates do not want to take a specific stance on an issue until after the election. Another aspect to

consider when analyzing the Congressmen's general comments concerning the SSI program, is that the program is one of many under the SSA administration. Hence, the politicians may not specialize in SSI but have experts who give them the information when it is needed. Still, data taken from the questionnaires is important when considering which Congressman would best represent your interest in Congress.

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Note: Data was unavailable from both House Representatives Istook (District 5) and Lucas (District 6).

## CHAPTER XIII

### CONCLUSION

This study demonstrates a need to modify the SSI childhood disabilities' program. The Social Security Act, Title XVI, was amended to the worker's disability program. The program was intended to set more stable rules in determining disabilities. However, this nationwide program is subjected to the variance of state determination in eligibility. States also maintain their own set of guidelines for state supplement benefits.

Loose terms and open-ended guidelines set by the SSA allow for the states to interpret their own "rules" for determining eligibility. Many problems arise from this including the question of "fairness" as the determinations vary from state to state. The original legislation for childhood disabilities should not have been amended to the worker's disabilities act. The call for the children's disability program does not share the same needs or goals as that of the worker's disability program.

Major changes brought about by the 1990 Supreme Court decision in determining SSI childhood disabilities also required the three key agencies involved with chlordane who are disabled work together, providing the best possible information needed for child assessment. All practitioners undertaking this project will need to expend their knowledge of the new regulations so that the parents of children with disabilities may be appropriately counseled (Ford, 1992).

Professionals may also better the program by becoming more aware of welfare policy implications. For example, SSI benefits assisting families may lead to other avenues including: child protective services, foster-care, and family support.

Currently, pamphlets distributed by the SSA for families of disabled children do not mention other funding or programs offered to help their child(ren) or themselves.

Research also needs to be conducted out of the children benefiting from the Zebley decision that insurmountably changed the policies concerning disabled children. Presently, there are very few documented studies. It is only reasonable to suggest that funded studies of this program would better position agencies involved in making very difficult and important decisions concerning the welfare of a child's life if they are armed with the "best" updated information possible. Although the Court's ruling opened the door for potential abuse to the program, the decision drastically improved the quality of life for thousands of low-income disabled children, who were otherwise forgotten.

Ultimately, it is in the hands of the Congressmen in each state to push for legislation that would revise the current program. Through revision, this program may become its own entity. A new realization of this program and its problems call for the need to implement changes that are badly needed to meet the needs of the disabled children; children, with little or no voice that cannot truly help themselves.

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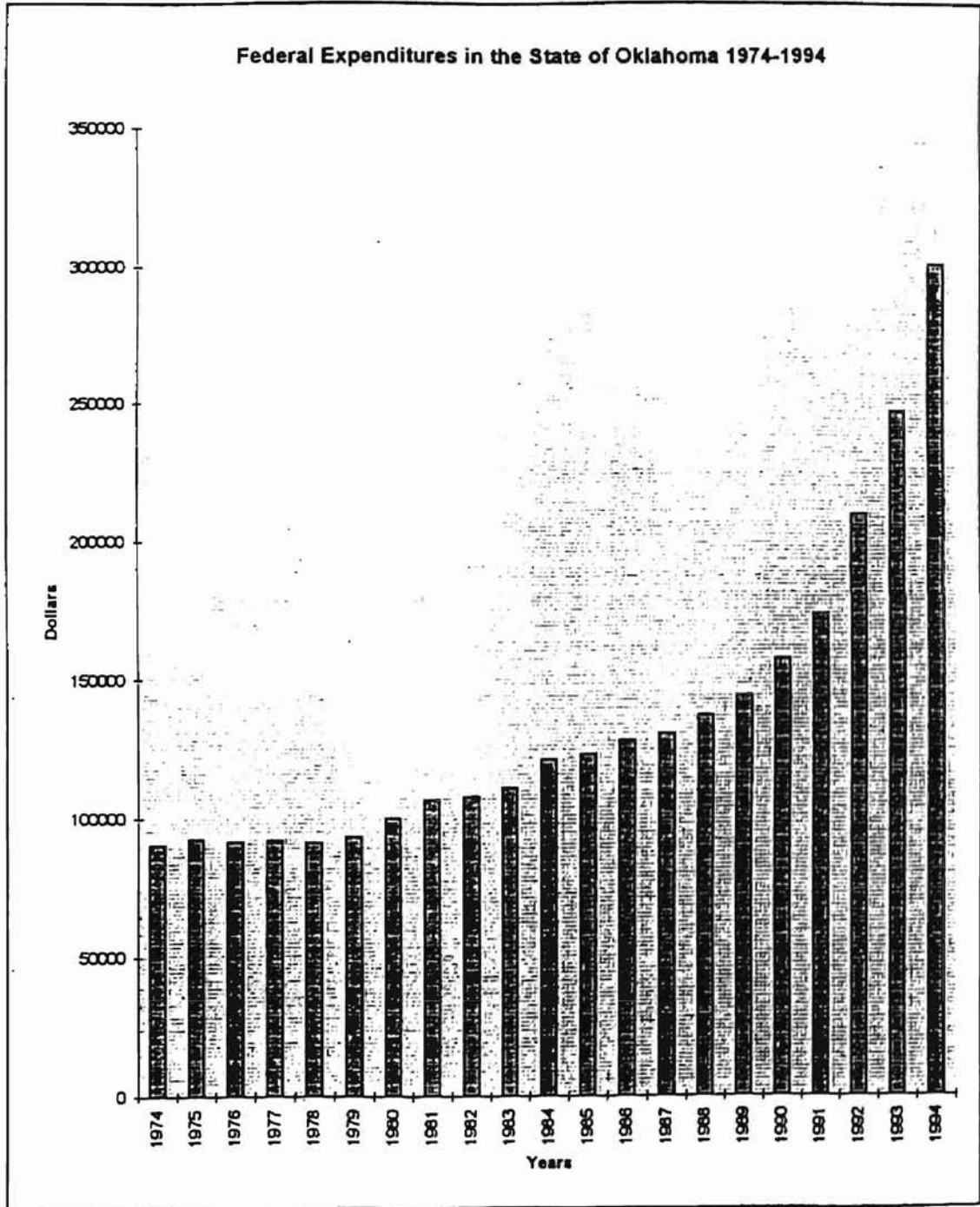
## APPENDICES

APPENDIX A

DATA TABLES

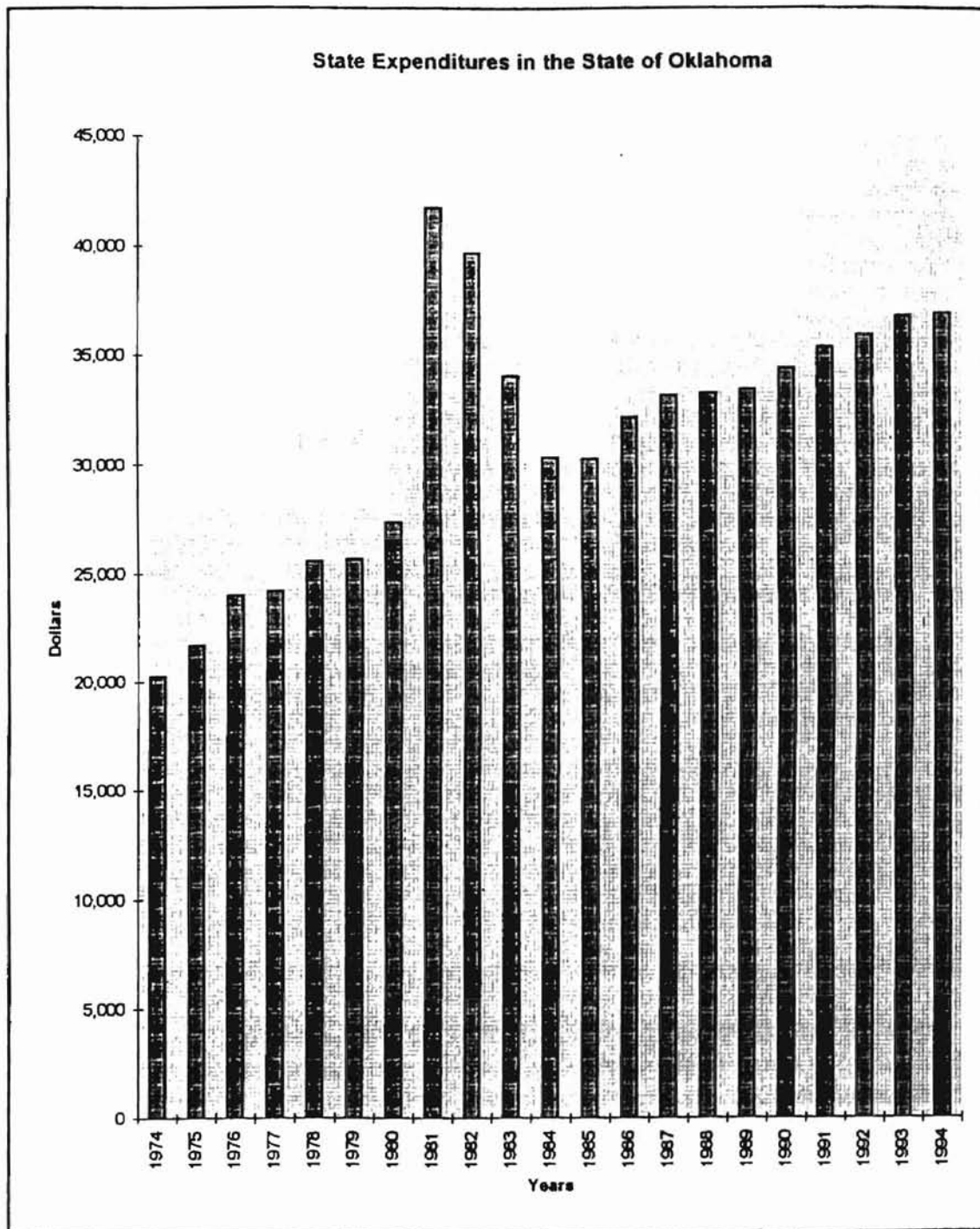


Table I



Data extracted from Social Security Publication Annual Statistical Report for the Social Security Administration.

Table II



Data extracted from Social Security Publication Annual Statistical Report for the Social Security Administration.

**TABLE III**  
**Supplemental Security Income:**  
**Number of Blind and Disabled Children Receiving**  
**Federally Administered Payments in the State of**  
**Oklahoma 1974-1994**

Year	Total	Blind	Disabled
1974	1,930	42	1,888
1975	2,370	66	2,304
1976	2,681	90	2,591
1977	2,869	80	2,789
1978	2,976	94	2,882
1979	2,951	83	2,868
1980	3,068	82	2,986
1981	2,885	95	2,790
1982	2,760	92	2,668
1983	2,540	87	2,453
1984	2,882	93	2,789
1985	3,013	101	2,912
1986	3,355	110	3,245
1987	3,580	109	3,471
1988	3,644	108	3,536
1989	3,727	109	3,618
1990	4,486	123	4,363
1991	5,669	143	5,526
1992	8,130	162	7,968
1993	9,430	187	9,243
1994	11,139	201	10,938

\*These figures represent the number of children receiving SSI benefits as of December 1974. The increase in claims accepted after 1990 is due to the Supreme Court decision. These figures include cases that were previously rejected, and now are accepted under the "new" guidelines. Another factor contributing to the increase in claims accepted is due to widening the "listings" of mental impairments.

Table IV

Actual Figures From Table I  
Federal Expenditures in  
the State of Oklahoma 1974-1994

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1974-\$ 90,328	1984- \$121,505
1975- 92,520	1985- 123,491
1976- 91,710	1986- 128,523
1977- 91,950	1987- 130,920
1978- 91,413	1988- 137,402
1979- 93,580	1989- 144,357
1980- 100,039	1990- 157,778
1981- 106,884	1991- 173,996
1982- 108,062	1992- 209,838
1983- 111,431	1993- 247,018
	1994- 301,151

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Actual Figures From Table II  
State Expenditures in  
the State of Oklahoma 1974-1994

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1974-\$ 20,242	1984-\$ 30,269
1975- 21,640	1985- 30,202
1976- 23,993	1986- 32,101
1977- 24,186	1987- 33,103
1978- 25,591	1988- 33,224
1979- 25,665	1989- 33,428
1980- 27,342	1990- 34,408
1981- 41,697	1991- 35,395
1982- 39,655	1992- 35,947
1983- 34,018	1993- 36,804
	1994- 36,909

---

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME

Do not write in this space

I am/We are applying for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act.

FS-SSA/APP  FS-REFERRED

Filing Date  
Month, Day, Year

Actual or  Protective

TYPE OF CLAIM  Individual with Ineligible Spouse  Couple  Individual  Child  Child with Parent(s)

**PART I—BASIC ELIGIBILITY**—The questions in this section pertain to the period beginning with the first moment of the filing date month through the date this application is signed unless a question specifies a different time period.

1.	(a) First Name, Middle Initial, Last Name	Birth (month, day year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number _ _ _ / _ _ / _ _ _
	(b) Did you ever use any other names (including maiden name) or other Social Security numbers? →		<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #2
	(c) Other Names and Social Security Numbers Used			
2.	(a) Are you married? →		<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
	(b) Spouse's Name (First, middle initial, last)	Birth (month, day, year)	Social Security Number _ _ _ / _ _ / _ _ _	
	(c) Did your spouse ever use any other names (including maiden name) or other Social Security Numbers? →		<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
	(d) Other Names (including maiden name) and Social Security Numbers Used by Spouse			
	(e) Are you and your spouse living together? →		<input type="checkbox"/> YES	If your spouse is not filing go to #3; otherwise go to #4. <input type="checkbox"/> NO Go to (f)
	(f) Date you began living apart	Address of spouse or name and address of someone who knows where the spouse is.		
	<b>(g) IF YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU SEPARATED SINCE THE FIRST MOMENT OF THE FILING DATE MONTH GO TO #3. IF YOUR SPOUSE IS FILING FOR SUPPLEMENTAL SECURITY INCOME, GO TO #4.</b>			
3.	(a) Is your spouse the sponsor of an alien for supplemental security income? →		<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
	(b) Alien's Name	Alien's Social Security Number _ _ _ / _ _ / _ _ _		

4.	(a) Have you been married before? →		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #5		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #5		
	(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #5.										
		FORMER SPOUSE'S NAME (including maiden name)	SOCIAL SECURITY NUMBER (if none or unknown, so indicate)		DATE OF MARRIAGE	DATE MARRIAGE ENDED	HOW MARRIAGE ENDED				
You											
Your Spouse											
5.	(a) Are you blind or disabled? →		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #6		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #6		
	(b) GIVE THE FOLLOWING INFORMATION:	DATE IMPAIRMENT BEGAN	NATURE OF THE IMPAIRMENT								
You											
Your Spouse											
6.	In what city and State or foreign country were you born? →				You			Your Spouse, if filing			
7.	Are you a United States citizen by birth? →		<input type="checkbox"/> YES Go to #11		<input type="checkbox"/> NO Go to #8		<input type="checkbox"/> YES Go to #11		<input type="checkbox"/> NO Go to #8		
8.	Are you a naturalized United States citizen? →		<input type="checkbox"/> YES Go to #11		<input type="checkbox"/> NO Go to #9		<input type="checkbox"/> YES Go to #11		<input type="checkbox"/> NO Go to #9		
9.	(a) Are you lawfully admitted for permanent residence in the United States? →		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #10		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #10		
	(b) Give the month, day, and year of lawful admission for permanent residence. If date is within 3 years of the filing date, go to (c); otherwise go to #11. →		DATE				DATE				
	(c) Was your entry into the United States sponsored by any person or promoted by an institution or group? →		<input type="checkbox"/> YES Go to (d)		<input type="checkbox"/> NO Go to #11		<input type="checkbox"/> YES Go to (d)		<input type="checkbox"/> NO Go to #11		
	(d) Give the following information about the person, institution, or group:										
Name			Address				Telephone No. (Include Area Code) ( ) -				
<b>(e) GO TO #11</b>											
10.	(a) Is the Immigration and Naturalization Service (INS) aware of your presence in the United States? →		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #11		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #11		
	(b) Through what date will INS allow you to remain in the United States? (If indefinitely, so indicate) →		DATE (month, day, year)				DATE (month, day, year)				
11.	(a) When did you first make your home in the United States? →		DATE (month, day, year)				DATE (month, day, year)				
	(b) Have you lived outside the United States since then? →		<input type="checkbox"/> YES Go to (c)		<input type="checkbox"/> NO Go to #12		<input type="checkbox"/> YES Go to (c)		<input type="checkbox"/> NO Go to #12		
	(c) Give dates of residence outside the United States. (Month, day, year) →		FROM: _____ TO: _____				FROM: _____ TO: _____				
12.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date? →		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #13		<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to #13		
	(b) Give the date (Month, day, year) you left the United States and the date you returned to the United States. →		Date Left				Date Left				
		Date Returned				Date Returned					

**PART II—LIVING ARRANGEMENTS—The questions in this section pertain to the signature date.**

13. Check the applicable block to show where you live now:

<input type="checkbox"/> House	<input type="checkbox"/> Room (commercial establishment)	<input type="checkbox"/> Transient	<input type="checkbox"/> School	<input type="checkbox"/> Rehabilitation Center
<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail
<input type="checkbox"/> Room (private home)	<input type="checkbox"/> Foster Home		<input type="checkbox"/> Rest or Retirement Home	<input type="checkbox"/> Other (Specify) _____
			<input type="checkbox"/> Nursing Home	

**IF YOU ARE LIVING IN A FOSTER HOME, AN INSTITUTION, OR ARE A TRANSIENT, EXPLAIN IN REMARKS AND GO TO #21.**

14. Do you live alone or with your spouse only? →  YES Go to #16  NO Go to #15

15. (a) Give the following information about everyone who lives with you (or with you and your spouse):

NAME	RELATIONSHIP TO YOU OR SPOUSE	SEX		DATE OF BIRTH (Month, day, year)	BLIND OR DISABLED		IF UNDER AGE 22						
		M	F		YES	NO	MARRIED		STUDENT				
							YES	NO	YES	NO			

(b) Do all the persons listed in 15(a) receive assistance or income based on need? →  YES Go to (c)  NO Go to (c)

(c) Does anyone listed in 15(a) who is not married and under age 18 OR between ages 18-21, not married, and a student receive income? →  YES Go to (d)  NO Go to #16

(d) CHILD RECEIVING INCOME	SOURCE & TYPE	MONTHLY AMOUNT
		\$
		\$
		\$

16. (a) Do you (or does anyone who lives with you) own or rent the place where you live? →  YES Go to #17  NO Go to (b)

(b) Name and address of person who owns or rents the place where you live: \_\_\_\_\_ Telephone number, if known (Include Area Code) (\_\_\_\_) - \_\_\_\_\_

**(c) GO TO #20**

17. (a) Are you (or your living with spouse) buying or do you own the place where you live? →  YES Go to (c)  NO If you are a child living with parent(s) go to (b); otherwise go to #18.

(b) Are your parent(s) buying or do they own the place where you live? →  YES Go to (c)  NO Go to #18

(c) What is the amount and frequency of the mortgage payment? → Amount \$ \_\_\_\_\_ Frequency of Payment \_\_\_\_\_

**(d) GO TO #20**

18. (a) Do you (or your living with spouse) have rental liability for the place where you live? →  YES Go to (d)  NO If you are a child with parent(s) go otherwise go to

(b) Do your parent(s) have rental liability? →  YES Go to (d)  NO Go to (c)

(c) Does anyone who lives with you have rental liability for the place where you live? →  YES Give name of person with rental liability in Remarks and go to #19  NO Give name of person with home ownership in Remarks and go to #20.

(d) What is the amount and frequency of the rent payment? → Amount \$ Frequency of payment

19. (a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? →  YES Go to (b)  NO Go to #20

(b) Name of person related to landlord or landlord's spouse: Relationship Name and address of landlord (include telephone number and area code, if known):

20. (a) Does anyone who does NOT live with you provide your household with all or part of the food and shelter (including payment of the bills for food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewerage) or give the household money for these items? →  YES Go to (b)  NO Go to (c)

(b) ITEM	CONTRIBUTOR'S NAME AND ADDRESS (TELEPHONE NUMBER AND AREA CODE, IF KNOWN)	MONTHLY AMOUNT	MONTH RECEIVED
		\$	
		\$	
		\$	
		\$	

(c) GO TO (d) IF YOU (OR YOUR LIVING WITH SPOUSE) OWN OR RENT AND LIVE WITH OTHERS (OTHER THAN SPOUSE ONLY) BUT YOU DO NOT LIVE IN A PUBLIC ASSISTANCE HOUSEHOLD; OTHERWISE, GO TO #21.

(d) Does anyone living with you give you (or your living with spouse) money for or help pay for all or part of your food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewer bills? →  YES Go to #21  NO Go to #21

21. (a) Has the information given in items #13 through #20 been the same since the first moment of the filing date month? →  YES Go to (b)  NO Explain in Remarks and go to (b).

(b) Do you expect this information to change? →  YES Explain in Remarks and go to #22.  NO Go to #22

**PART III—RESOURCES—The questions in this section pertain to the first moment of the filing date month.**

22. (a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →  YES You Go to (b)  NO You Go to #23  YES Your Spouse Go to (b)  NO Your Spouse Go to #23

(b) OWNER'S NAME	DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?		CURRENT MARKET VALUE	AMOUNT OWED
			YES	NO		
					\$	\$
					\$	\$



23. (a) Do you own or are you buying any life insurance policies?  YES  NO  YES  NO  
 Go to (b) Go to #24 Go to (b) Go to #24

(b) Give the following information on each policy:

OWNER'S NAME	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY
Policy (#1)		
Policy (#2)		
Policy (#3)		

POLICY NUMBER	FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST	
				YES	NO
Policy (#1)	\$	\$		\$	
Policy (#2)	\$	\$		\$	
Policy (#3)	\$	\$		\$	

24. (a) Do you (either alone or jointly with any other person) own any:  YES  NO  YES  NO  
 Life estates or ownership interest in an unprobated estate? →  
 Household or personal items worth more than \$500 each? →

(b) Give the following information for any "Yes" answer in 24(a); otherwise go to #25

OWNER'S NAME	NAME OF ITEM	VALUE	AMOUNT OWED ON ITEM	WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION
		\$	\$	
		\$	\$	

25. (a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items?  YES  NO  YES  NO  
 Cash at home, with you, or anywhere else →  
 Checking Accounts →  
 Savings Accounts →  
 Credit Union Accounts →  
 Christmas Club Accounts →  
 Certificates of Deposit →  
 Notes →  
 Stocks or Mutual Funds →  
 Bonds →  
 Other items that can be turned into cash →

(b) Give the following information for any "Yes" answer in 25(a); otherwise go to #26

OWNER'S NAME	NAME OF ITEM	VALUE	NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE	IDENTIFYING NUMBER
		\$		
		\$		
		\$		
		\$		

26. (a) Do you have any land, houses, buildings, real property, property in foreign countries, equipment, business, mineral rights or other money or property of any kind (including belongings held in safe deposit boxes) that have not been shown elsewhere on the application? (Include assets set aside for an emergency or to provide for your heirs.) →	<b>You</b>		<b>Your Spouse</b>	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #27	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to

(b) Give the following information:

DESCRIPTION OF PROPERTY (If real property, include type and size of structure, acreage or lot size, location.)	HOW IS IT USED? (If not used now, when was last used and what is next planned use.)
--	---

Item 1	Item 1

Item 2	Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT ON ITEM
Item 1	\$	\$	\$	\$
Item 2	\$	\$	\$	\$

27. (a) Have you sold, transferred title, disposed of or given away any money or other property, including property or money in foreign countries, since the first moment of the filing date month or within the 30 months prior to the filing date month?	<b>You</b>		<b>Your Spouse, If fi</b>	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #28	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to

(b) Give the following information:

OWNER'S NAME	DATE OF DISPOSAL	DESCRIPTION OF PROPERTY
Item 1		
Item 2		

**IF THE DATE OF DISPOSAL IS BEFORE 7/1/88 AND LESS THAN 24 MONTHS PRIOR TO THE MONTH OF FILING OR IF THE DATE OF DISPOSAL IS AFTER 6/30/88, GO TO 27(c); OTHERWISE GO TO 27(d)**

(c) Give the following about the information in 27(b):

NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	SOLD OR OPEN A	
		YES	
Item 1			
Item 2			

VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALES PRICE OR OTHER AGREEMENT	ARE ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED? EXPLAIN	DO YOU STILL O OF THE PROP	
			YES	
Item 1				
\$				
Item 2				
\$				

(a) Have you acquired any resource since the first moment of the filing date month? →	You		Your Spouse	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)

(b) Explain any "Yes" answer given in 28(a)

<b>You</b>	<b>Your Spouse</b>

(c) Has there been any increase or decrease in the value of your resources since the first moment of the filing date month? →	You		Your Spouse	
	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #29	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #29

(d) Explain any "Yes" answer given in 28(c)

<b>You</b>	<b>Your Spouse</b>

29. (a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #22 through #26 and item #28. →	You		Your Spouse	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30

(b) DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)	VALUE	WHEN SET ASIDE (Month, Day, Year)	OWNER'S NAME
Item 1	\$		
Item 2	\$		

FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?	
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #30	<input type="checkbox"/> NO Explain in (c)
Item 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #30	<input type="checkbox"/> NO Explain in (c)

(c) Explanation:

Item 1

Item 2

30. (a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? →	You		Your Spouse	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #31	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #31

(b) OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR SPOUSE	CURRENT MARKET VALUE (if applicable)
				\$
				\$

**PART IV—INCOME—The questions in this section specify time period.**

31. (a) Since the first moment of the filing date month, have you received or do you expect to receive income in the next 14 months from any of the following sources?	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
<b>FEDERAL BENEFITS:</b>				
Social Security				
Railroad Retirement				
Veterans Administration (Based on need/not based on need)				
Office of Personnel Management (Civil Service)				
Military Pension, Special Pay, or Allowance				
Black Lung				
Bureau of Indian Affairs				
Earned Income Tax Credits				
<b>STATE/LOCAL BENEFITS:</b>				
Unemployment Compensation				
Workers' Compensation				
State Disability				
State or Local Pension				
Aid to Families with Dependent Children				
State or Local Assistance Based on Need				
<b>PRIVATE BENEFITS:</b>				
Employer or Union Pension				
Insurance or Annuity Payments				
<b>MISCELLANEOUS:</b>				
Interest (bank accounts, stocks, CD's, etc.)				
Rental/Lease Income				
Dividends/Royalties				
Alimony				
Child Support				
<b>OTHER INCOME NOT PREVIOUSLY MENTIONED</b>				

(b) Give the following information for any "Yes" answer in 31(a); otherwise go to #32.

PERSON RECEIVING	TYPE OF INCOME	AMOUNT	FREQUENCY	DATES EXPECTED OR RECEIVED	SOURCE (Name/Address of Person, Bank, Company, or Organization)	IDENTIFYING NUMBER
You		\$		From: ----- To:		
You		\$		From: ----- To:		
You		\$		From: ----- To:		
Your Spouse		\$		From: ----- To:		
Your Spouse		\$		From: ----- To:		
Your Spouse		\$		From: ----- To:		

32. Since the first moment of the filing date month, have you received or do you expect to receive any clothing, meals, or other gifts which are not cash? →

You	<input type="checkbox"/> YES Explain in Remarks and go to #33	<input type="checkbox"/> NO Go to #33	Your Spouse	<input type="checkbox"/> YES Explain in Remarks and go to #33	<input type="checkbox"/> NO Go to #33
-----	--	--	-------------	--	--

33. (a) Have you received wages since the first moment of the filing date month through the current month? →

You	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (d)	Your Spouse	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (d)
-----	---	--	-------------	---	--

(b) Name and Address of Employer (include telephone number and area code, if known)

You	Your Spouse
-----	-------------

(c) Total wages received (before any deductions) for each month:

		Month(s)					
You	Month(s)						
	Amounts						
Your Spouse	Month(s)						
	Amounts						

(d) Do you expect to receive any wages in the next 14 months? →

You	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #34	Your Spouse	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #34
-----	---	--	-------------	---	--

(e) Name and address of employer if different from 33(b) (include telephone number and area code, if known)

You	Your Spouse
-----	-------------

(f) Give the following information:

	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (Month, day, year)
You	\$ per				
Your Spouse	\$ per				

(g) Do you expect any change in wage information provided in 33(f)? →

You	<input type="checkbox"/> YES Go to (h)	<input type="checkbox"/> NO Go to #34	Your Spouse	<input type="checkbox"/> YES Go to (h)	<input type="checkbox"/> NO Go to #34
-----	---	--	-------------	---	--

(h) Explain change:

You	Your Spouse
-----	-------------

34. (a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year? →

You	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #35	Your Spouse	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #35
-----	---	--	-------------	---	--

(b) Give the following information:

TYPE OF BUSINESS	LAST YEAR'S:			THIS YEAR'S:			DATES OF SELF-EMPLOYMENT
	GROSS INCOME	NET		GROSS INCOME	NET		
		INCOME	LOSS		INCOME	LOSS	
You	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
Your Spouse	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

**IF YOU OR YOUR SPOUSE ARE DISABLED AND RECEIVE WAGES OR EXPECT TO RECEIVE WAGES OR ARE SELF-EMPLOYED OR EXPECT TO BE SELF-EMPLOYED, ANSWER #35; OTHERWISE, GO TO #36.**

35.	Do you have any special expenses related to your illness or injury that you paid which are necessary for you to work? →	<b>You</b>		<b>Your Spouse</b>	
		<input type="checkbox"/> YES Describe in Remarks and go to #36	<input type="checkbox"/> NO Go to #36	<input type="checkbox"/> YES Describe in Remarks and go to #36	<input type="checkbox"/> NO Go to #36

**IF YOU ARE FILING AS A CHILD, AND YOU ARE EMPLOYED OR AGE 18-22 (WHETHER EMPLOYED OR NOT GO TO #36; OTHERWISE, GO TO #37.**

36.	(a) Have you attended school regularly since the filing date month? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months? →	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months? →	<input type="checkbox"/> YES Explain absence in Remarks and go to (d)	<input type="checkbox"/> NO Go to #37
	(d) Give the following information:		

NAME AND ADDRESS OF SCHOOL	NAME OF PERSON AT SCHOOL WE MAY CONTACT	DATES OF ATTENDANCE		COURSE OF STUDY
	NAME	FROM	TO	
	PHONE (include area code) (____) - _____	HOURS ATTENDING OR PLANNING TO ATTEND:		

**PART V—POTENTIAL ELIGIBILITY FOR OTHER BENEFITS/FOOD STAMPS/MEDICAL ASSISTANCE**

37.	(a) Have you or a former spouse (or if you are filing as a child, have you or your parents) ever:	<b>YOU</b>		<b>YOUR SPOUSE</b>		
		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	
		Worked for a railroad?				
		Been in military service?				
		Worked for the Federal government?				
		Worked for a State or local government?				
		Worked for an employer or belonged to a union with a pension plan?				
		Done work that was covered under the Social Security system or pension plan of a country other than the United States?				
(b) Explain and include dates (if appropriate) for any "Yes" answer given in 37(a); otherwise go to #38.						
<b>YOU</b>			<b>YOUR SPOUSE</b>			

38.	(a) Are you currently receiving food stamps or has a food stamp application been filed for you within the past 60 days on which there has not been a decision? →	<input type="checkbox"/> YES Go to #39	<input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to #39	<input type="checkbox"/> NO Go to (b)
	(b) Do you wish to apply for food stamps? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. Where this application is an application for Title XIX under the Social Security Act, I/we understand that if I/we refuse to assign my/our rights to medical support and payments for medical care from any individual or private, group, or government health insurance, or refuse to cooperate in giving information regarding any health insurance I/we may have, that the Social Security Administration cannot determine whether I am/we are eligible for Medicaid and that I/we must then apply for Medicaid at the Medicaid agency. I/we also understand that as a condition to become eligible for Medicaid, I/we must cooperate with the Medicaid agency in establishing paternity and in obtaining medical support and payments from third party payers.					
IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, GO TO 39(b).					
39.	(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #40	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #40
	(b) Do you, your spouse, parent or step-parent have any private, group, or government health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid) →	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PART VI—MISCELLANEOUS**

**ANSWER #40 ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE, GO TO #41.**

40.	(a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number
			____ / ____ / ____
	(b) Do you wish to be selected as the claimant's representative payee? →	<input type="checkbox"/> YES	If you are applying on behalf of a child go to (c); otherwise go to #41. <input type="checkbox"/> NO Explain in Remarks and go to #41.
	(c) Are you the natural or adoptive parent with custody? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (d)
	(d) Have you ever been convicted of a felony? →	<input type="checkbox"/> YES Explain in Remarks and go to (e)	<input type="checkbox"/> NO Go to (e)
	(e) Are you serving, or have you ever served, as representative payee for anyone receiving a Social Security or Supplemental Security Income benefit? →	<input type="checkbox"/> YES Enter SSN's in Remarks and go to (f)	<input type="checkbox"/> NO Go to (f)
	(f) Does the claimant have a legal representative or a legal guardian appointed by a court? →	<input type="checkbox"/> YES	If you are NOT the legal rep/guardian, go to (g); otherwise go to (h). <input type="checkbox"/> NO Go to #41
	(g) Give the following information about the legal representative or legal guardian:		
	Name	Address	Telephone Number (Include area code, if known) (____) - _____
	(h) Explain what led the court to appoint a legal representative or a legal guardian.		





**IMPORTANT INFORMATION—PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ If you are disabled or blind, you must accept any appropriate vocational rehabilitation services offered to you by the State agency to which we refer you.

**PART VIII—SIGNATURES**

I/We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I/we know it.

41.	Your Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> )	Date ( <i>Month, day, year</i> )								
	SIGN HERE ▶	Telephone number(s) at which you may be contacted during the day (_____) - AREA CODE								
42.	Spouse's Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> ) (Sign only if applying for payments.)									
	SIGN HERE ▶									
43.	DIRECT DEPOSIT PAYMENT ADDRESS ( <i>FINANCIAL INSTITUTION</i> )									
	FOR OFFICIAL USE ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Routing Transit Number</td> <td style="width: 10%;">C/S</td> <td style="width: 30%;">Depositor Account Number</td> <td style="width: 30%;"><input type="checkbox"/> No Account</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Direct Deposit Refused</td> </tr> </table>	Routing Transit Number	C/S	Depositor Account Number	<input type="checkbox"/> No Account				<input type="checkbox"/> Direct Deposit Refused
Routing Transit Number	C/S	Depositor Account Number	<input type="checkbox"/> No Account							
			<input type="checkbox"/> Direct Deposit Refused							
44.	Applicant's Mailing Address ( <i>Number and Street, Apt. No., P.O. Box or Rural Route</i> )									
	City and State	ZIP Code								
		Enter name of county ( <i>if any</i> ) in which you live								
45.	Claimant's Residence Address ( <i>If different from applicant's mailing address</i> )									
	City and State	ZIP Code								
		Enter name of county ( <i>if any</i> ) in which the claimant lives								

**WITNESSES**

46.	Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.	
	1. Signature of Witness	2. Signature of Witness
	Address ( <i>Number and Street, City, State, and ZIP Code</i> )	Address ( <i>Number and Street, City, State, and ZIP Code</i> )

## RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

<b>NAME</b>	SOCIAL SECURITY NUMBER ____ / ____ / ____	DATE
<b>NAME</b>	SOCIAL SECURITY NUMBER ____ / ____ / ____	
Telephone Number (include area code) to call if you have a question or something to report.  _____ - _____	Social Security Office you may come in person or mail your request to:	

Your application for Supplemental Security Income will be processed as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within \_\_\_\_\_ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or a notice of determination within that time, please get in touch with us in person, by mail, or by calling the telephone number shown above.

### PAPERWORK/PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on your application form under Section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Supplemental Security Income payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments. Although the information you furnish on the application is rarely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social Security in establishing rights to Supplemental Security Income payments and (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs).

**Computer Matching** We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

**Time It Takes To Complete This Form:** We estimate that it will take you about 34 minutes to provide this information. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0229), Washington D.C. 20503. Do not send completed forms or information concerning your claim to these offices.

### REPORTING RESPONSIBILITIES

**The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change—while we process your application AND if you start receiving Supplemental Security Income.**

**Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or a child who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own.**

**You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.**

**HOW TO REPORT.** You can make your reports by telephone at the telephone number shown above or you may report in person or by mail at the address shown above. See reverse side of this page for "Changes to Report."

## CHANGES TO REPORT

**WHERE YOU LIVE — You must report to Social Security if:**

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

**HOW YOU LIVE — You must report to Social Security if:**

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
  - You get married, separated, divorced, or your marriage is annulled.
  - You separate from your spouse or start living together again after a separation.
  - You begin living with someone as husband and wife.

**INCOME — You must report to Social Security if:**

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

**HELP YOU GET FROM OTHERS — You must report to Social Security if:**

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

**THINGS OF VALUE THAT YOU OWN — You must report to Social Security if:**

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

**YOU ARE BLIND OR DISABLED — You must report to Social Security if:**

- Your condition improves or your doctor says you can return to work.
- You stop going to or refuse any vocational rehabilitation services.
- You go to work.
- You stop going to or refuse treatment for drug addiction or alcoholism.

**YOU ARE UNMARRIED AND UNDER AGE 22 — A report to Social Security must be made if:**

- If you are under age 18 and live with your parent(s), ask your parent(s) to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You start or stop school.
- You get married.

**YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES—You must report any change to Social Security.**

**YOU ARE SELECTED AS A REPRESENTATIVE PAYEE — You must report to Social Security if:**

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

### QUESTIONNAIRE FOR CHILDREN CLAIMING SSI BENEFITS

Please print, type, or write clearly and answer all items to the best of your ability. If you need help completing any part of this form, we will help you. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. If you do not know the answer, enter "unknown." If the question does not apply, enter "N/A." If you need more space to answer any of the questions, please use "REMARKS" and enter the number of the question next to your answer.

**PAPERWORK/PRIVACY ACT NOTICE**

The information requested on this form is authorized by Section 223 and Section 1632 of the Social Security Act. The information provided will be used in making a decision on your claim. While completion of this form is voluntary, failure to provide all or part of the requested information could prevent an accurate and timely decision on your claim and could result in the loss of benefits. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal law requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the *Federal Register*. If you want to learn more about this, contact any Social Security Office.

Child's Full Name		Social Security Number  ____ / ____ / ____
Informant's Name	Relationship to Child	Telephone Number at which you may be contacted during the day  (____) ____ - ____ area code

1. Is (was) the child cared for by a baby sitter? Does (did) the child attend any type of preschool, daycare and/or afterschool program? If so, please specify. If more than one of the above, use the "REMARKS" section.

Name	Address (Number, Street, City, State, Zip Code)
Telephone Number (____) ____ - ____ area code	Dates Attended

2. a. Is (was) the child in school? →  Yes  No

If "yes," and the school was not listed in Item 12A of the SSA-3820-F6, please show it here. (If more than one, use the "REMARKS" section.)

Name	Address (Number, Street, City, State, Zip Code)
Telephone Number (____) ____ - ____ area code	Dates Attended
Grade(s)	Last Teacher's Name

2.	b. Is the child in a special education program? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
	c. Does the school make any special accommodations for the child; e.g., adaptive furniture, wheelchair ramps, extra assistance or attention? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
	If "yes" in 2.b. or 2.c., indicate type of program and/or accommodation:	Specify number of hours per week the child is in special education program
	d. Do you have a copy of the child's individual education plan (IEP), the report in which the teacher outlines the child's problems and lists the plans for correcting them? _____ →  If "yes," please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the child receive any special counseling or tutoring?	
	a. In school _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Outside school _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes," in 3.a. or 3.b., please indicate: <i>(If more than one, use the "REMARKS" section.)</i>	
	Type of Counseling, Tutoring	
	Date Began and Ended <i>(If completed)</i>	Frequency of Visits
	Counselor's or Tutor's Name	Telephone Number ( _____ ) _____ - _____ <small>area code</small>
	Address <i>(Number and Street, City, State and Zip Code)</i>	
4.	Does the child or family have a child welfare, social services or early intervention caseworker? _____ →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes," please provide the following information: <i>(If more than one, use the "REMARKS" section.)</i>	
	Caseworker's Name	Organization
	Address <i>(Number and Street, City, State and Zip Code)</i>	Telephone Number ( _____ ) _____ - _____ <small>area code</small>
	File or Record Number	Date First Saw/Last Saw Caseworker



6. Does (did) the child receive any special therapy (physical, speech and language, occupational), exercises, or any other services for his/her impairments?  Yes  No

Include information about any therapy or exercises the parent, guardian or caregiver provides the child.

If "yes," indicate below the therapist's name, the name of the person who PRESCRIBED AND/OR DESIGNED the therapy program, the type(s) and frequency of treatment, when treatment began and ended (if completed), and where treatment was received (e.g., home, hospital, therapist's office, clinic.)

Therapist's Name	Telephone Number (____) _____ area code
------------------	---

Address (Number and Street, City, State and Zip Code)

Person Who Prescribed/Designed Therapy

Information about Therapy:

---

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Therapist's Name	Telephone Number (____) _____ area code
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Address (Number and Street, City, State and Zip Code)

Person Who Prescribed/Designed Therapy

Information about Therapy:

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7. Does (did) the child receive vocational rehabilitation services? →  Yes  No

If "yes," describe services received below the rehabilitation counselor's information. Include dates and record number.

---

Rehabilitation Counselor's Name Telephone Number  
(\_\_\_\_) \_\_\_\_\_  
area code

---

Address (Number and Street, City, State and Zip Code)

---

Services received:

---



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(If additional space is needed, use "REMARKS" section.)

8. **NOTE: PROVIDING INFORMATION ABOUT THE CHILD'S INVOLVEMENT WITH THE COURT SYSTEM IS OPTIONAL**

Has the child ever been involved with the court system other than in custody proceedings? →  Yes  No

If "yes," please explain involvement, including testing and evaluation:

---

Youth Development Center's Name

---

Address (Number and Street, City, State and Zip Code)

---

Probation or Parole Officer's Name Telephone Number  
(\_\_\_\_) \_\_\_\_\_  
area code

---

Address (Number and Street, City, State and Zip Code)

---

Involvement:

---



---



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DISABLED CHILD SUPPLEMENTAL QUESTIONNAIRE

CHILD'S NAME	SSN
INFORMANT'S NAME/RELATIONSHIP	DAYTIME TELEPHONE

1. Describe what the child does on an average day from the time he/she wakes up until bedtime.

\_\_\_\_\_

\_\_\_\_\_

Describe the child's sleep habits.

\_\_\_\_\_

\_\_\_\_\_

2. Please describe the child's disability and how it affects his/her ability to do things most children the same age do.

\_\_\_\_\_

\_\_\_\_\_

3. Describe any changes in the child's activities or behavior since his/her condition began:

\_\_\_\_\_

\_\_\_\_\_

4. A. Describe any other medical problems which limit the child's activities.

\_\_\_\_\_

\_\_\_\_\_

- B. Does the child have problems seeing or hearing?

yes \_\_\_ no \_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

- C. Does the child have any speech problems? yes \_\_\_ no \_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Can you understand the child's speech? yes \_\_\_ no \_\_\_

Can other people? yes \_\_\_ no \_\_\_

If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

5. How many children live with the child? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Describe how the child gets along with them:


\_\_\_\_\_

\_\_\_\_\_

6. Is the child under 3 years of age? yes \_\_\_ no \_\_\_

REMARKS (continued)

I AUTHORIZE ANY PERSON, AGENCY, OR ORGANIZATION TO DISCLOSE TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE AGENCY THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY ANY MEDICAL RECORDS OR OTHER INFORMATION ABOUT MY DISABILITY.

Signature of claimant or person filing on claimant's behalf  SIGN HERE	Date (Month, Day, Year)
---	-------------------------

Address (Number and Street)	Telephone Number (____) _____ area code
-----------------------------	---

City, State, Zip Code

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses the signing who know the applicant must sign below giving their full addresses. Also, print the applicant's name in the signature block.

1. Signature of witness	2. Signature of witness
Address (Number and Street, City, State, and Zip Code)	Address (Number and Street, City, State, and Zip Code)

**TIME IT TAKES TO COMPLETE THIS FORM**

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on how long it takes to complete this form or on any other aspect of this form, write to the Social Security Administration. ATTN: Report Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget Paperwork Reduction Project (0960-0499), Washington, D.C. 20503. **DO NOT SEND COMPLETED FORMS OR INFORMATION CONCERNING YOUR CLAIM TO THESE OFFICES.**

If yes, please check whether the child can or cannot do the following:

Yes	No		Yes	No	
___	___	Smile	___	___	Play with other children
___	___	Roll over	___	___	Say words besides Mama/Dada
___	___	Sit alone	___	___	Drink from a cup
___	___	Walk	___	___	Pull self up to stand
___	___	Run	___	___	Help in dressing self
___	___	Feed self	___	___	Unbutton clothing
___	___	Use spoon	___	___	Use the toilet

7. Is the child age 3 or older? yes \_\_\_ no \_\_\_  
If yes, please answer the following:

A. Does the child help with household chores? yes \_\_\_ no \_\_\_  
If yes, what are the chores?

\_\_\_\_\_  
\_\_\_\_\_

How often are they done?

\_\_\_\_\_  
\_\_\_\_\_

How well are they done?

\_\_\_\_\_  
\_\_\_\_\_

How much supervision is needed?

\_\_\_\_\_  
\_\_\_\_\_

B. How does the child behave with adults (e.g., parents, other family members, teachers, neighbors)? Please give examples.

\_\_\_\_\_  
\_\_\_\_\_

C. Describe how the child gets along with friends and playmates. Are they in the same age group? How often and how well do they play together?

\_\_\_\_\_  
\_\_\_\_\_

D. Is the child able to take care of his/her personal needs (e.g., bathing, dressing, brushing teeth, toileting, etc.) as well as other children the same age? yes \_\_\_ no \_\_\_

PLEASE INCLUDE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF PERSONS WHO COULD PROVIDE CORROBORATING EVIDENCE OR ADDITIONAL INFORMATION ABOUT THE CHILD'S BEHAVIOR, LIMITATIONS, ABILITIES, ETC. USE THE REMARKS SECTION OF THE SSA-3820 OR SSA-3881.

### MEDICAL HISTORY AND DISABILITY REPORT—DISABLED CHILD

PLEASE PRINT TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

**PRIVACY ACT PAPERWORK REDUCTION NOTICE.** The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(a) of the Social Security Act. The information on this form is needed by Social Security to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on your claim and could result in the loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows: (1) To enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration); and (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

**TIME IT TAKES TO COMPLETE THIS FORM**

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate or on any other aspect of this form, write to the Social Security Administration, ATTN: Report Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0504) Washington, D.C. 20503. Send only comments relating to our estimate or other aspects of this form to the offices listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed in your telephone directory under the Department of Health and Human Services.

**PART I — IDENTIFYING INFORMATION**

Print name of person on whose Social Security record this claim is being filed. (First name, middle initial, last name)	Enter his or her Social Security Number  ____ / ____ / ____
2. Print your name (disabled person) (First name, middle initial, last name)	Enter your Social Security Number  ____ / ____ / ____

**PART II — INFORMATION ABOUT YOUR CONDITION AND TREATMENT**

3A. What is your disabling condition? (Briefly describe the disabling illness or injury.)

3B. When did you become disabled? \_\_\_\_\_ → MONTH      DAY      YEAR

4A. Have you worked since you became disabled?       YES       NO

4B. If "yes," show the dates you worked and the amount of money you earned.

DATES	AMOUNTS		
5. If you are <u>no longer</u> disabled, show the date you believe your disability ended _____ →	MONTH	DAY	YEAR

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received in Part III.

6. List the name, address and telephone number of the doctor who has the latest medical records about your disabling condition If you have no doctor, check here

NAME	ADDRESS	
TELEPHONE NUMBER (include area code)		
HOW OFTEN DO YOU SEE THIS DOCTOR?	DATE YOU FIRST SAW THIS DOCTOR.	DATE YOU LAST SAW THIS DOCTOR

REASONS FOR VISITS (show illness or injury for which you had an examination or treatment.)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

7. Have you seen any other doctors since your disabling condition began?  YES  NO  
If "yes" show the following:

NAME	ADDRESS	
TELEPHONE NUMBER (include area code)		
HOW OFTEN DO YOU SEE THIS DOCTOR?	DATE YOU FIRST SAW THIS DOCTOR	DATE YOU LAST SAW THIS DOCTOR.

REASON FOR VISITS (show illness or injury for which you had an examination or treatment.)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits in Part III.

8. Have you been hospitalized or treated at a clinic for your disabling condition?  YES  NO  
If "yes" show the following:

NAME OF HOSPITAL OR CLINIC	ADDRESS	
PATIENT OR CLINIC NUMBER		
Were you an inpatient (Stayed at least overnight?) <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" show:	Were you an outpatient? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" show:	
DATES OF ADMISSIONS	DATES OF DISCHARGES	DATE OF VISITS

REASON FOR HOSPITALIZATION OR CLINIC VISITS (show illness or injury for which you had an examination or treatment.)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits in Part III.

9. Have you been seen by other agencies for your disabling condition? (VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.) If "yes" show:  YES  NO

NAME OF AGENCY	ADDRESS OF AGENCY	
YOUR CLAIM NUMBER		
DATES OF VISITS		

TYPE OF TREATMENT, EXAMINATION, OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, show "NONE".)

10. Have you had any of the following tests in the last year?

TEST	CHECK APPROPRIATE BLOCK OR BLOCKS	If "Yes", show	
		WHERE DONE	WHEN DONE
Electrocardiogram	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Chest X-Ray	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other X-Ray (Name the body part here)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Breathing Tests	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Blood Tests	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other (Specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

11. If you have a Medicaid card, what is your number (some hospitals and clinics file your records by your Medicaid number)?

12A. Give the name(s) and address(es) of any school(s) where you received special training or attended special classes. Also, show the dates you attended such school(s). If you did not attend any such school or classes show "None."

NAMES AND ADDRESSES OF SCHOOLS	DATES ATTENDED

12B. What is the highest grade you completed in school?

HIGHEST GRADE COMPLETED

13. Daily Activities - Describe what you do in a typical day. For example: describe your household duties, recreational activities, your social contacts with other people, etc. Also describe any help you receive from others in a typical day.



**PART III — REMARKS**

Use this section for additional space to answer any previous questions and to provide any additional information that you think will be helpful in making a decision on your disability claim. Please refer to the previous questions by number.

**PART IV — AUTHORIZATION AND NOTIFICATION STATEMENTS**

I authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State Agency that may review my claim or continuing disability, any medical records or other information about my disability.

I agree to notify the Social Security Administration if my medical condition improves or I go to work.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF CLAIMANT OR PERSON FILING ON THE CLAIMANT'S BEHALF (First name, middle initial, last name)	DATE (Month, Day, Year)
	TELEPHONE NUMBER(S) at which you may be contacted during the day (include area code)

MAILING ADDRESS (Number and Street, Apt. No., P. O. Box, or Rural Route)

CITY AND STATE	ZIP CODE	ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and Street, City, State, and Zip Code)	ADDRESS (Number and Street, City, State, and Zip Code)

## SSI RESOURCES

### WHAT ARE RESOURCES?

Resources are things you own such as:

- Cash
- Bank accounts, stocks, U.S. savings bonds
- Land
- Life insurance
- Personal property
- Automobile(s)
- Anything else you own which could be changed to cash and used for food, clothing, or shelter
- Deemed resources

Sometimes we count a portion of the resources of a spouse, parent, or sponsor of an alien. If a child under 18 lives with one parent, \$2,000 of the parent's resources do not count. If the child lives with two parents, \$3,000 does not count. Amounts over these limits are counted as the child's resources.

### WHAT IS THE IMPORTANCE OF RESOURCES IN THE SSI PROGRAM?

- The value of your resources is one of the factors which determines whether or not you are eligible for SSI payments.
- But remember, not all resources count for SSI.
- If the value of your resources that SSA counts is over the allowable limit at the beginning of the month, you cannot receive SSI for that month.

### WHAT IS THE ALLOWABLE RESOURCE LIMIT?

The limit for countable resources is:

- \$2,000 for an individual; and
- \$3,000 for a couple.

### WHAT RESOURCES DO NOT COUNT FOR SSI?

For SSI, SSA does not count:

- The home you live in and the land it is on (SSA does not place a lien on your home.)
- Household goods and personal property that are not worth more than \$2,000
- One wedding ring and one engagement ring
- Burial spaces for you or your immediate family
- Burial funds for you and your spouse, each valued at \$1,500 or less (See SSI Spotlight on Burial Funds, page 49.)
- Life insurance policies with a combined face value of \$1,500 or less
- Retroactive SSI or Social Security checks for up to 6 months after you receive them

- One car, regardless of value, if it is:
  - Necessary for employment or medical treatment; or
  - Modified for use by a disabled person; or,
  - Necessary because of climate, terrain, distance or similar factors to perform essential daily activities.

If your use of the car does not meet one of these conditions, then up to \$4,500 of its market value is excluded. The remaining value is counted against the resource limit.

#### **OTHER RESOURCES WHICH DO NOT COUNT FOR SSI:**

- Property essential to self-support. (See SSI Spotlight on Property You Need for Self-Support, page 58.)
- Resources that a blind or disabled person needs for an approved plan for achieving self-support. (See SSI Spotlight on Plans for Achieving Self-Support, page 57.)
- Support and maintenance assistance and home energy assistance that we do not count as income are not resources.
- Cash received for medical or social services that we do not count as income is not a resource for 1 month. (EXCEPTION: Cash reimbursement of expenses already paid for by the person is counted under the regular income and resources rules.)

**NOTE:** See page 12 for the regular resource counting rules and page 14 for the regular income counting rules.

- Disaster relief assistance which we do not count as income.
- Cash received for the purpose of replacing an excluded resource (e.g., a house) that is lost, damaged, or stolen.
- Property in a trust set up according to State law—to which the SSI beneficiary has no access.

**NOTE:** There are different Medicaid rules on trusts. See SSI Spotlight on Trusts, page 48.

#### **WHAT IF I WANT TO SELL A RESOURCE?**

If you own real property or other resources that you are trying to sell, you may be able to get SSI while you are trying to sell them. When the resource is sold, you must pay back the SSI payments. These are called "conditional payments."

**NOTE:** See SSI Spotlight on Getting SSI While You Try to Sell Excess Resources, page 61.

Form III

Questionnaire  
Social Security Income  
by Mary Leewright  
October 13, 1994

1. SSI is in need of reform.

disagree totally			neutral			agree totally
1	2	3	4	5		

2. SSI covers only immediate needs for those eligible.

disagree totally			neutral			agree totally
1	2	3	4	5		

3. Since the 1990 court ruling, children are now receiving a disproportion of SSI benefits.

disagree totally			neutral			agree totally
1	2	3	4	5		

4. Giving children eligibility because of a combined disability will bankrupt SSI.

disagree totally			neutral			agree totally
1	2	3	4	5		

5. The SSI program has gone astray from its original intentions.

disagree totally			neutral			agree totally
1	2	3	4	5		

VITA

Mary A. Leewright

Candidate for the Degree of

Master of Arts

Thesis: SUPPLEMENTAL SECURITY INCOME: CHILDHOOD DISABILITIES

Major Field: Political Science

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma, On June 6, 1965, the daughter of Joyce C. Bean.

Education: Graduated from Centerville High School, Centerville, Ohio, in May 1983; received Bachelor of Arts degree in Political Science from Oklahoma State University, Stillwater, Oklahoma in July 1994. Completed the requirements for the Master of Arts degree specializing in Public Administration at Oklahoma State University in May 1996.

Experience: Held various personnel management positions from 1989 to 1994. Employed by Oklahoma State University, Department of Political Science as a graduate teaching assistant; Oklahoma State University, Department of Political Science, 1994 to present.

Professional Memberships: Member of Phi Kappa Phi National Honor Society and Pi Sigma Alpha, Political Science National Honor Society.

OKLAHOMA STATE UNIVERSITY  
INSTITUTIONAL REVIEW BOARD  
HUMAN SUBJECTS REVIEW

Date: 02-01-96

IRB#: AS-96-064

Proposal Title: SOCIAL SECURITY INCOME: CHILDHOOD DISABILITIES

Principal Investigator(s): Michael Hirlinger, Mary Leewright

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD  
AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A  
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD  
APPROVAL.

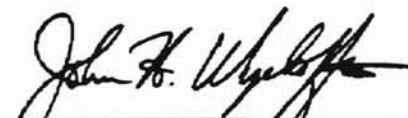
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR  
APPROVAL.

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Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval  
are as follows:

Revisions received and approved.

Signature:



Chair of Institutional Review Board

Date: March 29, 1996