



SOAR PROJECT
(SSI/SSDI Outreach, Access, and Recovery)

Consent for Release of Information

Sign this form only if you want the Social Security Administration to give information or records about you to _____ (service provider).

TO: Ms. Nicole Yueng, SOAR CLAIM, On.veung@SSA.gov

Customer's Name _____

Date of Birth _____ Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION			
	No Record	Supplemental Security Income	Social Security Disability Income
	Terminated	Date Terminated _____	(MM/DD/YY)
	Record of Suspense	Effective Date of Suspension _____	(MM/DD/YY)
Current Claim Status			
SSI Claim Pending:		SSDI Claim Pending:	
Initial Claim	Date File: _____	Initial Claim	Date File: _____
Reconsideration	Date File: _____	Reconsideration	Date File: _____
Hearing Level	Date File: _____	Hearing Level	Date File: _____
SSI Claim Denied:		SSDI Claim Denied:	
Initial Claim	Date File: _____	Initial Claim	Date File: _____
Reconsideration	Date File: _____	Reconsideration	Date File: _____
Hearing Level	Date File: _____	Hearing Level	Date File: _____
(Circle One)			
Denial Reason: Medical Non-Medical		Denial Reason: Medical Non-Medical	
Date Last Insured: _____			
Allowance			
SSI Eligibility Date _____		SSDI: Eligibility Date _____	
SSA Claims Information was provided by: _____ (SSA Liaison)			
Date of Response _____		Protective Filing Date _____	
Telephone Number: _____		SSA Field Office Code: _____	

I authorize SSA to release the dates and status of my Social Security Disability Insurance and/or Supplemental Security Income application(s) to:

_____ (Service Provider) _____ (Fax#)

This consent for release of information is in effect from _____ to _____ (not to exceed 1 year).
(MMDDYY) (MMDDYY)

I want this information released because I am pursuing entitlement to and intend to file for Social Security Benefits, including but not limited to SSI and/or SSD.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information that I provided on this form and that it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____

Relationship (if signed by other than Customer) _____

Date: _____