



**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. Mikki Xaysena [Mikki.Xaysena@ssa.gov](mailto:Mikki.Xaysena@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   |                        |                                    |                                   |
| <b>SSI Claim Pending:</b>  |                        | <b>SSDI Claim Pending:</b>         |                                   |
| Initial Claim  | Date File: _____       | Initial Claim                      | Date File: _____                  |
| Reconsideration  | Date File: _____       | Reconsideration                    | Date File: _____                  |
| Hearing Level  | Date File: _____       | Hearing Level                      | Date File: _____                  |
| <b>SSI Claim Denied:</b>   |                        | <b>SSDI Claim Denied:</b>          |                                   |
| Initial Claim  | Date File: _____       | Initial Claim                      | Date File: _____                  |
| Reconsideration  | Date File: _____       | Reconsideration                    | Date File: _____                  |
| Hearing Level  | Date File: _____       | Hearing Level                      | Date File: _____                  |
| (Circle One)   |                        |                                    |                                   |
| <b>Denial Reason:</b>  | Medical    Non-Medical | <b>Denial Reason:</b>              | Medical    Non-Medical            |
|  |                        | <b>Date Last Insured:</b> _____    |                                   |
| 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: \_\_\_\_\_