

## **Social Security Supplemental Income Application Tips**

**Disclaimer:** This is not legal advice. This is advice from a parent who has been through the SSI application process. This is not intended to be legal advice. If you have any questions, please consult an attorney who specializes in Social Security Disability for proper legal advice.

### **When your child is 16 years old:**

- Schedule an independent psychological evaluation for when they turn 17. This is critical and will reduce the chances of them requiring one with their examiner.

### **When your child is 17 years old collect the following:**

- Every single psychological evaluation from age 3 to the present.
- A detailed letter from the pediatrician stating that they are incompetent to make decisions without substantial support from family. (see example attached)
- A detailed letter signed by a physician stating their detailed medical history. (see example attached)
- The most recent physician notes from every single doctor.
- Therapy notes from the past year
- Nursing notes from the past year
- All the discharge summaries from all the hospital admissions from the past 5 years
- 5 years of IEPs, 504 plans, Service plans (if applicable. If homeschooled due to illness, write a letter indicating this and why. Also include your most recent declaration of intent for documentation.

### **On the First day of the the month AFTER your child turns 18 do the following:**

- Go on social security's website and request an appointment online for SSI
- Once you get the appointment, they will send you a link so you can provide medical history, medications, names of doctors, therapists, hospitals, and schools. Fill out that link.

Once you get your appointment date, send all your records and information to the local social security office where you have the appointment.

- Make a cover letter when you send in these documents and have everything detailed (there is an example cover letter for reference)
- Send in via UPS with a tracking number. This is important for your records.

Make sure that you have copies of everything incase of denials. This will make your attorney's work much easier.

Do not rely on the social security office to collect medical and educational records for you. Sending in information yourself will reduce the wait time for a decision.

Please Acknowledge Receipt Of Delivery and Documents

To:  
SOCIAL SECURITY

FROM:

DOB:

SSN:

RE: SSI Application

Appointment Date:

Appointment Time:

Address:

email:

Prepared by Authorized Representative:

Included Documents:

- SSI Application Cover Letter
- Physician Letter of Competency
- Form SSA 1696
- Form SSA 827
- Rental Agreement
- Signed Physician Letter of Medical History
- Diagnostic Psychological evaluations from 2007 to present
- Medical Records

Please Acknowledge Receipt Of Delivery and Documents

To Whom It May Concern:

is currently 18 years old and was born 9 weeks early at 31 weeks gestation, weighing 3lbs 12oz due to his mother developing HELLP syndrome. He spent about 8 weeks in the NICU and struggled with learning how to breathe, eat, and grow and was sent home on reflux medications and an apnea monitor. As a baby, he struggled with eating and breathing frequently and spent a lot of time in the hospital due to respiratory and stomach issues caused by aspiration and severe respiratory issues. Before he turned two years old, he was diagnosed with autism. When he turned 3, he got a feeding tube because he was losing weight and needed extra help so he could grow because he was also diagnosed with eosinophilic esophagitis and was restricted from eating wheat, dairy, soy, eggs, tree nuts, peanuts, fish, shellfish, and corn. He was also diagnosed with mitochondrial disease at age 6. Also at age 6-years-old, he was diagnosed with restrictive lung diseases and started bipap at night through a ventilator and during the day when sick. requires gastrojejunostomy-tube feeds daily that provide 90% of his nutrition; daily nebulizer medications; diapers at night due to nocturnal incontinence; and requires daily nursing checks for vital sign checks. is homeschooled due to significant medical complexity and fragility. is nonverbal and has severe issues with communication. He cannot communicate independently. He recently had a psychological evaluation and scored on the Vineland Adaptive Behavior Scale Composite 44, Gilliam Autism Rating Scale - Third Edition (GARS-3) of 119, and Childhood Autism Rating Scale, Second Edition (CARS 2-ST) of 63.

(DOB ) has been a patient under the care of this medical practice since . was diagnosed in with conditions resulting in significant cognitive impairment. It is the professional opinion of this medical practice that does not have the capacity to make independent legal, medical, and financial decisions as well as filling out SSI disability forms and paperwork. This condition is not expected to improve. At this time, parents are assisting with all legal, medical, and financial decisions as well as filling out SSI disability forms and paperwork as reflected in current advanced care directive on file.

Feel free to contact me at if you require further information.

Sincerely,

---

s, MD

(Date)

DOB:



## 12. History

is currently 16 years old and was born 9 weeks early at 31 weeks gestation weighing 3lbs 12 oz. He had sepsis at birth that caused damage to his lungs and digestive system. He spent about 6 weeks in the NICU and struggled with learning how to breathe, eat, and grow. As a baby, he struggled with eating and breathing frequently and spent a lot of time in the hospital due to respiratory and stomach issues caused by aspiration. Before he turned 2 years old, he was diagnosed with eosinophilic esophagitis because he was choking on foods, vomiting, and aspirating. At this time he was also diagnosed with autism. When he turned 3, he got a feeding tube because he was losing weight and needed extra help so he could grow. He was also restricted from eating wheat, dairy, soy, eggs, tree nuts, peanuts, fish, shellfish, and corn. When he turned 4, he started struggling with gastroparesis and wound up in the hospital frequently with stomach issues that were causing him trouble with breathing. He started to become frequently constipated. While he was in preschool, he had a nissen and fundoplication to help stop him from vomiting all the time and to prevent further aspirations. He was diagnosed with mitochondrial disease at age 5. He was also diagnosed with restrictive lung diseases and started bipap at night and when sick. When he was 7, his bipap was switched over to a trilogy ventilator because his need for bipap support increased and he needed more specialized settings. When he was 8 years old, his feeding tube was changed from a g-tube to a gj-tube in order to help him from aspirating while he got tube feeds. When he was 9 years old, a chait tube was placed so that daily bowel irrigations could be performed because his colon no longer works. At age 10, was placed on long term prednisolone due to severe airway and gastrointestinal inflammation. At age 11, he was placed on 2lpm of O2 at night to be bled through the bipap when sleeping and when sick. At age 13, he was diagnosed with corticosteroid induced osteoporosis and adrenal insufficiency. At age 14, he was diagnosed with corticosteroid induced diabetes. requires daily gj-tube feeds that provide 90% of his nutrition, daily nebulizer medications, diapers at night due to nocturnal incontinence, blood sugar monitoring, bowel irrigations due to colon failure, and requires nursing care due to medical fragility. is homeschooled because of significant immunocompromise and severe medical complexity and fragility.

recently had a psychological evaluation and scored 37 on the Vineland Adaptive Behavior Scale Composite and 122 on the Gilliam Autism Rating Scale (GARS-3).

## 13. Diagnosis

Autism Spectrum Disorder

F84.0

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB \_\_\_\_\_

Disorders of Mitochondrial Metabolism E88.40  
Developmental or Speech Language Disorder F80.9  
Hypotonia  
Corticosteroid dependence  
Fine and Gross Motor Delay  
Global Developmental Delay  
Asthma  
Corticosteroid induced adrenal insufficiency  
Failure to Thrive  
Feeding Difficulty  
Corticosteroid induced osteoporosis  
Mitochondrial Disease  
Reflux  
Allergy  
Slow Transit Constipation  
Sleep Disturbance  
Abnormal Feces  
Metabolic Disorder  
Bradycardia  
Immunocompromised  
Sensory Integration Disorder  
Corticosteroid induced diabetes  
Dysautonomia  
ADHD Combined Type  
Snoring  
Respiratory Insufficiency  
Vomiting/Persistent  
Obstructive Sleep Apnea  
Inflammation of the esophagus  
Acid reflux disease  
Abnormal decrease of muscle tone  
Disorder of autonomic nervous system  
Feeding by G-tube  
Nocturnal hypoxia  
Optic nerve glioma  
Migraines  
Eosinophilic Esophagitis  
Cough  
Recurrent Pneumonia  
Nocturnal Hypoventilation

**14. Medications**

**azithromycin 500 mg tablet**

Take 0.5 tabs (250 mg) by g-tube every mon, wed, fri

**ipratropium 0.02 % inhalation solution**

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB

Inhale 2.5 ml (0.5 mg) into lungs 3 times a day

**ipratropium 17 mcg/actuation oral inhaler**

Inhale 2 puffs into lungs every 6 hours as needed (cough, wheeze, shortness of breath despite albuterol use)

**mometasone-formoterol 100-5 mcg/actuation inhaler**

Inhale 2 puffs into lungs 2 times a day

**mometasone furoate 50 mcg/actuation nasal spray**

Commonly known as: NASONEX

Apply 2 sprays into the nose once a day

**prednisolONE sodium phosphate 15 mg/5 mL oral solution**

Take 10 ml (30 mg) by g-tube once a day

**budesonide 0.5 mg/2 mL nebulization solution**

Inhale 2 ml (0.5 mg) into lungs 2 times a day brush teeth or rinse mouth after administration

**albuterol HFA 90 mcg/actuation inhaler**

Inhale 2-4 puffs into lungs every 4 hours as needed (every 3-4 hours, as needed for cough and wheeze)

**albuterol 2.5 mg /3 mL (0.083 %) nebulization solution**

Inhale 3 ml (2.5 mg) into lungs every 4 hours as needed for wheezing, shortness of breath or cough

**lansoprazole 30 mg SoluTab extended release tablet**

Take 1 tab (30 mg) by g-tube once a day

**OneTouch Verio test strips Strp**

1 each by miscell. (med.supl.;non-drugs) route as needed (test bg 1-2 times a day when suspect low blood sugar)

**cholecalciferol 10 mcg/mL (400 unit/mL) oral drop**

Give 2 ml (800 units) in the gastric tube once a day

**Solu-CORTEF Act-O-Vial (PF) 50 mg/mL injection solution**

Generic name: hydrocortisone

Give 100 mg im for adrenal crisis.

**Lancets misc**

By miscell. (med.supl.;non-drugs) route 3 times a day to be compatible with one touch verio

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB \_\_\_\_\_

**gabapentin 250 mg/5 mL oral solution**

Take 4 ml (200 mg) by g-tube at bedtime

**riboflavin (vitamin B2) 100 mg tablet**

Take 1 tab (100 mg) by g-tube every morning

**sodium chloride 3.5 % nebulization solution**

Take 4 ml by nebulization 2 times a day

**EPINEPHrine 0.3 mg/0.3 mL IM syringe**

Inject 0.3 ml (0.3 mg) into the muscle as needed (for anaphylaxis)

**ondansetron 8 mg rapid dissolve tablet**

Take 1 tab (8 mg) by g-tube every 8 hours as needed for nausea/vomiting

**fluoride (sodium) 1.1 % dental paste**

Commonly known as: PREVIDENT

Take by mouth 2 times a day brush twice a day with toothpaste

**Guanfacine 2mg tablet**

1 tablet by g-tube at bed time

**OneTouch Verio IQ Meter Kit**

1 each by miscell. (med.supl.;non-drugs) route 6 times a day

**ubidecarenone 100 mg cap**

Take 400 mg by g-tube once a day

**melatonin 10 mg tab**

Learn more

Take 10 mg by g-tube at bedtime

**Lactobacillus rhamnosus (GG) 10 billion cell capsule**

1 cap by g-tube route once a day

**LORATADINE (CLARITIN PO)**

10 mg by g-tube route once a day

**MULTIVITAMINS WITH FLUORIDE (MULTIVITAMIN PO)**

Take 1 tab by g-tube once a day flintstones mvi po

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB

**SENNOSIDES (SENNA PO)**

25 mg by g-tube route at bedtime

**Fasenra 30 mg/mL injection solution**

Inject 1 mL (30 mg) into the skin every 8 weeks

**15. Diagnostic & Treatment Procedures**

Type	Frequency
Assistance with Self Care and ADL	Daily
Speech/Communication Therapy	Daily
Social and Community Based Assistance	Daily
Feeding Assistance	Daily
Vital Sign Monitoring	Daily
Geneticist	As Needed
Gastroenterologist	Every 6 months
Motility Specialist	Every 3 months
Pulmonary Function Testing	Every 3 months
Lab Work for Medication/Health Management	Every 3 months
Cardiology	Yearly
Neurology	Every 6 months
Allergist	As Needed
Pediatrician	As Needed
Vision Assessment	Yearly
Pediatric Dentist	Every 6 months
Other Specialists visits	Every 3 months
Other Medical Testing and Lab work	Every 3 months

**16. Treatment Plan**

**Recent Hospitalizations**

Hospitalization  
CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE

October 31, 2020 -  
November 01, 2020

Hospitalization  
CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE

January 05, 2021 -  
January 08, 2021

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB

Hospitalization  
CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE

October 21, 2021 -  
October 22, 2021

**Surgical History:**

GASTROSCOPY PERCUTANEOUS ENDOSCOPIC (PEG)	5/8/2009
BIOPSY W/ EGD	10/23/2009
REMOVAL FOREIGN BODY W/ EGD	2/26/2010
BIOPSY W/ EGD	4/30/2010
PH PROBE IMPEDANCE TEST	12/3/2010
NISSEN FUNDOPLICATION LAPAROSCOPIC	1/14/2011
BIOPSY MUSCLE	6/30/2011
PUNCTURE LUMBAR	6/30/2011
BRONCHOSCOPY FLEXIBLE	5/9/2012
BIOPSY W/ EGD	5/9/2012
PUNCTURE LUMBAR	5/9/2012
Cecostomy	4/6/2015
APPENDECTOMY LAPAROSCOPIC	4/6/2015

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB

INSERTION TUBE GASTROSTOMY

Rev Stoma 1/15/2016

BRONCHOSCOPY FLEXIBLE 6/24/2016

BRONCHOSCOPY FLEXIBLE 7/19/2018

BAL CELL COUNT/DIFF 7/19/2018

BIOPSY CILIARY 7/19/2018

BRONCHOSCOPY FLEXIBLE 7/19/2018

BIOPSY W/ EGD 3/13/2019

BRONCHOSCOPY FLEXIBLE 3/13/2019

IRAD 9/16/2019

RESTORATION DENTAL 9/16/2019

BIOPSY W/ EGD 6/17/2020

BRONCHOSCOPY FLEXIBLE 6/17/2020

GASTROSTOMY Percutaneous 1/6/2021

BIOPSY W/ EGD 1/6/2021

BRONCHOSCOPY FLEXIBLE 1/6/2021

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

DOB

**Rehabilitative Services**

Speech Therapy 30 minutes @ 2 times weekly privately

Occupational Therapy 60 minutes @ 2 times weekly privately (currently receiving 1 x wk)\*

Physical Therapy 60 minutes @ 2 times weekly privately (not currently receiving)\*

Applied Behavior Analysis Therapy 4 hours @ 5 times weekly privately (not currently receiving)\*

\*| is unable to participate in center based therapies because of the severity of medical complexity. In-home therapies are medically necessary for because is significantly immunocompromised, has severely low bone density, and has issues with respiratory distress during therapy sessions. Further complicating the situation is the fact that siblings are significantly immunocompromised and medically fragile. One sibling has significant developmental and medical needs. His other sibling has spinal cord tumors, has a tracheostomy, is ventilator dependent, is on oral chemotherapy, has a spinal cord injury, is frequently hospitalized, and also requires round the clock intensive care. Because both siblings' catastrophic medical situations limit time and availability for scheduling, is not receiving the full amount of medically necessary and prescribed therapies. Nathaniel is currently receiving Speech therapy twice weekly and Occupational therapy once weekly. Nathaniel is on several waiting lists for more Occupational therapy, to receive Physical therapy, and to receive Applied Behavior Analysis Therapy. There is a lack of therapist availability for to be able to receive these ordered and medically necessary services at home. The Coronavirus Pandemic has complicated this already difficult situation.

**Other Health Services**

Nursing Services 8 hours daily for 7 days a week/56 hours weekly privately (not currently receiving)\*

\* is unable to receive nursing services right now due to the severe nationwide nursing shortage. He is approved for nursing hours, however he is not currently staffed for nursing. However, his nursing agency is diligently trying to find staffing.

Date: 7/7/22

Physician's Signature: \_\_\_\_\_

ROOM AND BOARD AGREEMENT

The undersigned \_\_\_\_\_ (“Tenant”) and \_\_\_\_\_ (“Owner”) agree to enter into a room and board agreement, in the home located at \_\_\_\_\_(address) for the specific room described as \_\_\_\_\_, and for usage of all common areas located on the premises, including indoor and outdoor areas. This agreement was entered into on: \_\_\_\_\_ (date).

Both parties agree that this is a business arrangement such that Tenant and Owner are separate economic units. The parties do not pool their funds for household expenses. The parties do not share in any decisions related to the premises (including home repairs, maintenance, or services such as TV cable service or home phone service).

This Room and Board Agreement is on a month-to-month basis. Rent may be increased at any time with proper notice.

The Tenant agrees to pay monthly room and board in the amount of \$\_\_\_\_\_, which is payable in advance by the first day of each calendar month. This monthly room and board payment represents fair market value, and is the same amount the Owner would charge to other persons.

\_\_\_\_\_  
Tenant (or Legal Guardian or Conservator if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date