

SSI Applications and Appeals Training Manual



SSI Applications and Appeals for Children

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Introduction

Families caring for children with disabilities often face higher health care costs and experience more financial insecurity than other families.¹ In fact, in 2024, almost 40 percent of child SSI recipients living with their parents had no source of income other than the child(ren)'s Supplemental Security Income (SSI), \$943 per month in 2024 and \$994 today.²

However, applying for and ultimately obtaining SSI can be a lengthy and complicated process, especially for families who are dealing with economic and other hardships. Families must submit school and medical records documenting their child's disability and the impacts of those disabilities on their ability to function compared to other children their age. Gathering these records and packaging them in a way that shows that the child meets Social Security's strict standards can be daunting for low-income parents advocating for their children while dealing with economic and other hardships. And if a child is denied benefits, the appeals process is lengthy.

Through this project, you will represent clients and guardians who are pursuing SSI benefits on behalf of their minor children. You will work with clients facing a range of circumstances throughout this project. Some will have many barriers that impede their ability to secure SSI benefits for their children and some will be easily able to work with you on this matter. However, all of these families are caring for at least one seriously disabled child, which imposes financial and bandwidth constraints on all families, regardless of income.

It is therefore important to approach this representation with an understanding of the challenges that many clients face. That means that there may be times when you can't reach your client, not because they are not invested in their case and don't want what's best for their kids. In reality, they may not have minutes on their phone until the beginning of next month, or they are having to go to their child's school repeatedly or they are working a job that does not allow them the flexibility to take calls. Also, clients may be dealing with their own health issues, including experience with trauma.

We recommend that pro bono attorneys begin their representation by speaking with clients about how best to communicate with them (phone, text, email) and possibly setting up a regular time for communication about the case.

Background on SSI for Children

SSI is a federal, means-tested benefit program administered by the Social Security Administration under Title XVI of the Social Security Act. A child may qualify only if the child satisfies both non-medical eligibility rules—principally income, resource, residency, and citizenship or eligible immigration-status requirements—and the

¹ Kathleen Romig, *Proposed Cuts to SSI Would Hurt Disabled Children and Their Families*, CTR. ON BUDGET & POL'Y PRIORITIES (Mar. 5, 2025, 2:49 PM), <https://www.cbpp.org/blog/proposed-cuts-to-ssi-would-hurt-disabled-children-and-their-families>. <https://www.cbpp.org/blog/proposed-cuts-to-ssi-would-hurt-disabled-children-and-their-families>

² SOC. SEC. ADMIN., SSI ANNUAL STATISTICAL REPORT, 2024, tbls. 25–26 (2025), https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2024/sect04.html#table25.

child-specific disability or blindness standard. 42 U.S.C. §§ 1382, 1382c(a)(1), (a)(3)(C); 20 C.F.R. § 416.202 (2026); 20 C.F.R. pt. 416, subpt. I (2026).

The legal framework for SSI is contained in 42 U.S.C. § 1382 (which establishes SSI financial eligibility and benefit rules) and 42 U.S.C. § 1382c (which defines who is aged, blind, or disabled for SSI purposes). SSA's implementing regulations are primarily in 20 C.F.R. pt. 416 with the Listings standard contained in 20 C.F.R. pt. 404, subpt. P, app. 1 (2026). Additional sources of authority are contained in Social Security Rulings and the Program Operations Manual (POMS).

Non-Medical Eligibility Factors

Financial Standards

Income and resource limit for SSI. SSA considers the child's own income and resources and, for a child living with a parent and/or stepparent, may "deem" part of the parent's income and resources available to the child. Not all income and resources are countable. 42 U.S.C. §§ 1382(a), 1382a, 1382b, 1382c(a)(1); 20 C.F.R. §§ 416.1100–416.1266 (2026). Parent-to-child deeming generally applies when a child under age 18 lives in the same household with an ineligible natural or adoptive parent and/or that parent's spouse.³ There is generally no parental deeming from parents who get TANF and/or SNAP benefits (even if they have other income as well). 20 C.F.R. §§ 416.1142(a)(1), (8), 416.1161(a)(2)–(3) (2026); POMS SI 01320.141(A)–(C).

Income Deeming. If parental income remains after relevant exclusions and disregards, SSA treats the remaining amount as the child's unearned income. If there is one eligible child in the household, the remaining parental income is deemed to that child. If there is more than one eligible child under age 18 in the household, SSA first divides the parental deemed income equally among the eligible children. SSA then compares each child's share, together with that child's own countable income, against the amount that would reduce that child's SSI payment to zero. 20 C.F.R. § 416.1165(e) (2026); POMS SI 01320.500(C)–(D).

Resource Deeming. SSA will also deem to a child any countable resources of a parent or step-parent. As with income, not all assets count as a resource for eligibility purposes. Unlike with the deeming of income, there is no resource allocation for ineligible children in the household that reduces the number of countable resources for these purposes. 20 C.F.R. §§ 416.1202(b), 416.1210 (2026); POMS SI 01330.001(B)(3), SI 01330.200.

Immigration Standard

Eligibility for SSI is limited to citizen children and children from a limited number of immigrant statuses.⁴ Parents who are not citizens can still be representative payees for their citizen children, but the process for

³ In that situation, SSA first determines the parent's current monthly earned and unearned income, applies exclusions, and then deducts allocations for ineligible children in the household and, where applicable, sponsored noncitizens whose income is deemed from the parent. SSA next deducts the parent allocation, including the general income exclusion, earned-income exclusion, and the applicable Federal Benefit Rate allocation for one or two parents. 20 C.F.R. §§ 416.1161(a), 416.1165(a)–(d) (2026); POMS SI 01320.500(B).

⁴ See *Tanya Broder et al.*, Overview of Immigrant Eligibility for Federal Programs, NAT'L IMMIGR. L. CTR. (Dec. 2025), <https://media.nilc.org/wp-content/uploads/2024/05/overview-immeligfedprograms-2025-12-pdf.pdf>; Overview of

applying to be a representative payee is more difficult (because an in-person interview is required, POMS GN 00502.113(B)(2)), and the reporting and verification requirements are harder to meet because of the inability to set up a mySSA account (an online portal that allows you to apply for benefits, appeal denials and report changes without having to go into a field office) without a Social Security Number.⁵

Medical Eligibility Factors — Disability Standard

Childhood disability is assessed by determining whether a child’s documented impairments prevent them from functioning at the same level as a child their age without such impairments. The legal standard is whether the child has a medically determinable physical or mental impairment, or combination of impairments, that results in “marked and severe functional limitations” (measured by whether a child “meets, medically or functionally equals a listing”) and that has lasted, or is expected to last, at least 12 continuous months or result in death. 42 U.S.C. § 1382c(a)(3)(C)(i); 20 C.F.R. §§ 416.906, 416.909, 416.924, 416.925–416.926a (2026).

In making this determination, SSA must consider all evidence in the case record. 20 C.F.R. § 416.913 (2026). Evidence can consist of medical sources (including doctors, physical therapists, occupational therapists) and non-medical sources (including parents and teachers). 20 C.F.R. § 416.924a(a) (2026).⁶

Meeting a Listing

The Listing of Impairments found in Appendix 1 to Subpart P of 20 C.F.R. pt. 404 describes impairments that cause “marked and severe functional limitations” in children. 20 C.F.R. §§ 416.924(d), 416.925(a) (2026). The childhood listings are contained in Part B. 20 C.F.R. § 416.925(b) (2026). Within certain individual listings, including Listing 112.10 for Autism Spectrum Disorder, the criteria are divided into paragraph A, which sets out the required medical findings, and paragraph B, which sets out the required level of functional limitation. A child meets Listing 112.10 when the evidence satisfies both paragraphs A and B. For example, consider a common listing in our practice: Listing 112.10 for Autism:

Immigrant Eligibility for Federal Programs (Table), NAT’L IMMIGR. L. CTR. (Dec. 11, 2025), https://media.nilc.org/wp-content/uploads/2024/04/tbl1_ovrvw-fed-pgms-rev-2025-12.pdf.

⁵ See *Creating an Account*, SOC. SEC. ADMIN., <https://www.ssa.gov/myaccount/creating-an-account.html> (last visited Sept. 18, 2026).

⁶ An impairment must be established by objective medical evidence from an acceptable medical source. 20 C.F.R. §§ 416.902(a), 416.921 (2026). Once a medically determinable impairment is established, SSA considers all relevant evidence in the case record, including evidence from other medical and non-medical sources, in evaluating the severity of the impairment and the child’s functional limitations. 20 C.F.R. § 416.924a(a) (2026); SSR 09-2p.

Diagnosis	Part A	Part B
Autism Spectrum Disorder <i>as defined in 112.00(B)(8)</i> PLUS	Medical documentation of <u>both</u>: 1. Qualitative deficits in verbal communication, nonverbal communication, and social interaction; and 2. Significantly restricted, repetitive patterns of behavior, interests, or activities. PLUS	<u>Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 112.00(F)):</u> 1. Understand, remember, or apply information (see 112.00(E)(1)). 2. Interact with others (see 112.00(E)(2)). 3. Concentrate, persist, or maintain pace (see 112.00(E)(3)). 4. Adapt or manage oneself (see 112.00(E)(4)).

Medical Equivalence to Listing

If the impairment does not meet a listing exactly, SSA considers whether the impairment medically equals a listing. Medical equivalence may be found when the impairment is at least equal in severity and duration to the criteria of a listed impairment. 20 C.F.R. § 416.926(a) (2026).

Functional Equivalence to Listing

If the impairment does not meet or medically equal a listing, SSA considers whether the child’s impairments functionally equal the listings when the impairment causes either “marked” limitations in two of six domains of functioning or an “extreme” limitation in one domain. A marked or extreme limitation may be reflected by a valid test score at least two or three standard deviations below the mean, respectively, when the child’s day-to-day functioning is consistent with that score. 20 C.F.R. §§ 416.926a(e)(2)–(4) (2026). However, test scores alone “taken in isolation” cannot establish a marked or extreme limitation. *Id.* § 416.926a(e)(4).

The six functional domains are:

1. Acquiring and using information ([Social Security Ruling 09-3p](#))
2. Attending and completing tasks ([Social Security Ruling 09-4p](#))
3. Interacting and relating with others ([Social Security Ruling 09-5p](#))
4. Moving about and manipulating objects ([Social Security Ruling 09-6p](#))
5. Caring for yourself ([Social Security Ruling 09-7p](#))
6. Health and physical well-being ([Social Security Ruling 09-8p](#))

20 CFR 416.926a(b)(1) (2026)

In assessing whether a child has a marked or extreme limitation in the above domains, SSA evaluates the “whole child,” meaning accounting “for all of the effects of a child’s impairments singly and in combination — the interactive and cumulative effects of the impairments,” and considering “actual functioning in all settings.”

[Social Security Ruling 09-1p](#). The agency should examine the child’s functioning across home, school, and community settings, including the need for extra help, structured supports, medication or treatment effects, and the cumulative impact of all impairments. 20 C.F.R. §§ 416.924a, 416.926a(b), (g)–(l) (2026); SSR 09-1p. As a general matter, the more extra help, structured settings and other supports that a child receives, the more difficult it is for them to function as other children without severe impairments function. [Social Security Ruling 09-2p](#).

Post-Eligibility Considerations

Dedicated Accounts

When a child under age 18 receives a large past-due SSI payment and has a representative payee, SSA may require the payee to establish a dedicated account before SSA will release the back benefits. A dedicated account is a separate checking, savings, or money-market account at a financial institution. It must be separate from the account used for the child’s regular monthly SSI benefits, may not be commingled with other funds, and must be titled to show that the child owns the funds and that the adult is acting only as representative payee. The chart below indicates what amount of back benefits triggers the need for a dedicated account:

Amount of Back Benefits	Dedicated Account Required	Payment in Installments or Lump Sum
Less than or equal to 3 x Federal Benefit Rate (FBR) (\$2,982 in 2026)	No	Lump sum payment
Greater than 3 x and 6 x FBR (\$2,982 - \$5,964 in 2026)	No	Installment payments: • 1st installment: up to 3 x FBR • 2nd installment: 6 months later; remaining balance, up to 3 x FBR
Greater than 6 x FBR (more than \$5,964 in 2026)	Yes	Installment payments: • 1st installment: up to 3 x FBR • 2nd installment: 6 months later, up to 3 x FBR • 3rd installment: 6 months later; remaining balance

See 42 U.S.C. § 1383(a)(2)(F); 20 C.F.R. §§ 416.545–.546, 416.640(e) (2026); SOC. SEC. ADMIN., PROGRAM OPERATIONS MANUAL SYSTEM (POMS) SI 02101.010, SI 02101.020.

Use of dedicated account funds is restricted. They may be used for medical treatment, education or job-skills training, and, when related to the child’s impairment, personal-needs assistance, special equipment, housing modifications, therapy or rehabilitation, or other items or services approved by SSA. These funds should not be used for ordinary monthly maintenance expenses such as food, clothing, shelter or overpayment repayment,

because regular monthly SSI benefits are intended to cover those needs. 20 C.F.R. § 416.640(e)(2) (2026); POMS GN 00602.140(B)(1).

If the family is in an emergency situation in which SSA determines that the “unavailability of dedicated account funds for basic living expenses may result in the child becoming homeless or malnourished,” SSA can approve the expenditure of funds from the dedicated account to address the emergency. 20 C.F.R. § 416.640(e)(2)(iii) (2026); POMS GN 00602.140(B)(1).

The representative payee should keep receipts, bank statements, and an expense log because SSA may review how the dedicated-account funds were spent and may require repayment for misuse. 20 C.F.R. § 416.640(e)(3)–(4) (2026); POMS GN 00602.140(B)(2)–(3), GN 00603.025.

Representative Payees

To become a representative payee, the proposed payee must apply to SSA and be selected by SSA; a power of attorney or custody order alone does not make someone the representative payee. For most child SSI cases, SSA appoints a parent, legal guardian, relative, or other person who is concerned with the child’s welfare and able to manage the benefits in the child’s best interests. The proposed payee generally completes SSA’s payee application process, provides identifying information, explains the relationship to the child, participates in SSA’s suitability review, and agrees to use the benefits for the child’s needs, save conserved funds, report relevant changes, and respond to SSA accounting or review requests. 20 C.F.R. §§ 416.601, 416.610, 416.621, 416.625, 416.630, 416.635, 416.640 (2026); *Representative Payee Program—When People Need Help Managing Their Money*, SOC. SEC. ADMIN., <https://www.ssa.gov/payee/> (last visited Sept. 22, 2026); *Representative Payee Program*, SOC. SEC. ADMIN., <https://www.ssa.gov/ssi/text-repayee-ussi.htm> (last visited Sept. 22, 2026).

After appointment, the representative payee receives the child’s SSI payments and must use them for the child’s current maintenance first, including food, shelter, clothing, medical care, and personal comfort items. Any remaining funds should be saved for the child, preferably in an interest-bearing account that shows the child owns the money. Even when SSA does not require a parent or guardian living with the child to file an annual Representative Payee Report, the payee should keep records and be prepared to show SSA how benefits were used or conserved. 20 C.F.R. §§ 416.640(a), 416.645, 416.665(b)–(c) (2026); *Representative Payee Program—When People Need Help Managing Their Money*, SOC. SEC. ADMIN., <https://www.ssa.gov/payee/> (last visited Sept. 22, 2026); *Representative Payee Program*, SOC. SEC. ADMIN., <https://www.ssa.gov/ssi/text-repayee-ussi.htm> (last visited Sept. 22, 2026).

Continuing Disability Reviews

When a child is approved for SSI benefits, SSA will set them on a continuing disability review schedule. The parent/representative payee will receive notice of these reviews when they are scheduled.

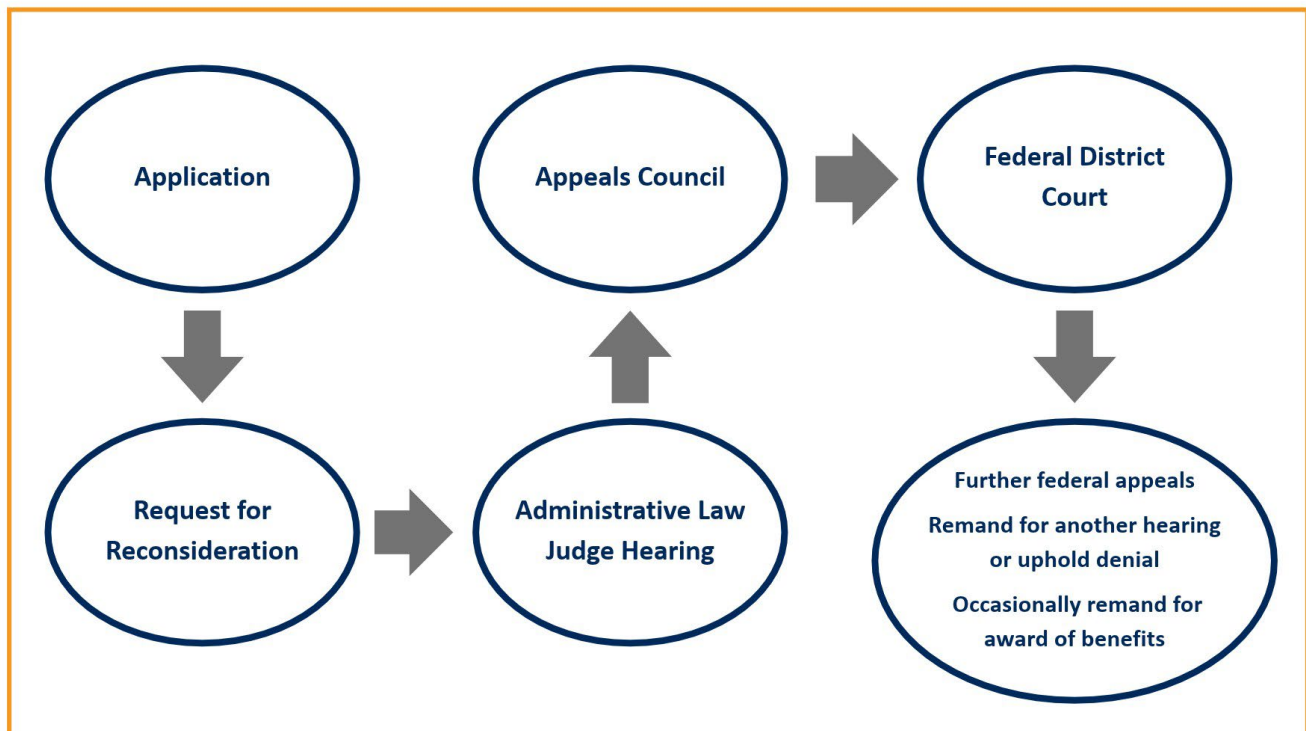
Children who received SSI based on disability before age 18 are subject to an age-18 disability redetermination during the one-year period beginning on their 18th birthday. Children under 18 are reviewed based on SSA’s expectation of their medical improvement (improvement in impairments between the review and the most recent favorable determination of disability):

- Medical Improvement Expected – every 6 to 18 months
- Medical Improvement Not Expected – once every five to seven years.
- Medical Improvement Possible – once every three years.⁷

20 C.F.R. § 416.990(c)–(d) (2026).

If there is medical improvement for a child under 18 and the impairment no longer meets or equals the severity of the listing it previously met or equaled, SSA will evaluate whether the child is currently disabled under the child standard. With a few exceptions, most children turning 18 are evaluated under the adult disability standard to determine eligibility for ongoing benefits.

Overview of Process for Obtaining SSI Benefits



SSI Applications

An SSI claim may begin with a protective filing date, which can preserve the earliest possible month of eligibility if the formal application is completed within SSA's required timeframe. For a child's SSI claim, the claimant or representative payee must provide identifying information, household composition, income and

⁷ A child whose low birth weight was a contributing factor material to the disability determination generally will receive a continuing disability review by the child's first birthday, subject to the exception in the regulation. 20 C.F.R. § 416.990(b)(11) (2026).

resource information, medical providers, school information, medications, treatment history, and functional limitations. SSA develops both the non-medical eligibility issues and the disability issues; the state Disability Determination Services agency generally makes the initial medical determination using SSA's childhood disability standard. 20 C.F.R. §§ 416.305, 416.315, 416.340, 416.345, 416.903(a), 416.912, 416.924, 416.1015 (2026).

Practically, the application packet should be organized to make the theory of disability easy to identify: a cover letter or narrative should identify the child's medically determinable impairments, the relevant Blue Book listing or functional-equivalence domains, the most important medical and school evidence, and any gaps that SSA should help develop. The applicant should submit signed medical releases, school records, individualized education program materials, therapy notes, testing, hospitalization records, medication records, and statements from caregivers, teachers, or providers when available. SSA must consider all evidence in the case record and has responsibility for developing a complete medical history before deciding disability. 20 C.F.R. §§ 416.912(b)(1), 416.924a(a) (2026).

Application Packet

1. Cover Letter
2. Child Disability Narrative (drafted by pro bono attorney/staff)
3. Child Disability Report -- [SSA-3820](#) (completed by pro bono attorney/staff)
4. Authorization to Disclose Information to SSA -- [SSA-827](#)
5. School and medical records
6. Consent for SSA to Release Information -- [SSA 3288](#)

Preparation and Submission of Application

Meeting with Client

At the first meeting, you should:

- Confirm: medical providers; conditions and diagnoses; recent testing; school services; limitations; and best way to get in touch and expectations re meetings. You can prepare for this meeting by using the SSA-provided [checklist and worksheet](#) to keep track of the information you need to get from your client or through the child's medical and school records.
- Sign retainer (engagement letter) and releases.
- Provide information and/or assistance on setting up a [mySSA account](#). Doing so will make it easier for the client to track the status of their application or appeal and report changes to SSA.

Records

Requesting Process

You will regularly request records from DCPS Schools, Children's National Hospital, Mary's Center, and Unity Medical Center. Below are some general guidelines for requesting records from these locations. *If you encounter problems with getting records using these processes, please reach out to your CLC mentor.*

DCPS Schools. There is a DCPS-specific [release](#). You can also adapt the [CLC release](#) and have the client

complete that. The general release is useful if you have more than one location you need to request records.

You should always call the school to ask where the education request (which includes special education records) should be sent. Different people are responsible for collecting records at different schools. For example, it may be the special education coordinator at one school and the registrar at another, so it is best to always call and confirm before sending the request.

For younger children, you might need to request records from [Early Stages DC](#) (a DCPS pre-K program for children with disabilities, ages 3-5) or [Strong Start](#) (DC's early intervention program for children with disabilities, ages 0-2).

Children's National Medical Center. All requests will be processed through the platform Chart Swap Insights.

- You will first have to make a profile on [Chart Swap Insights](#).
- Next, select *New Request* and enter the facility details. For Children's National Medical Center, you can use their site ID, 93033.
- You will then enter the details of the person for whom you are requesting records – First Name, Last Name, Date of Birth.
- You should upload the release of information signed by the client. You should also upload a [records request letter](#).
- Next, you will select the request reason; this will most likely be either *Social Security/Disability > Social Security Claim/Application* or *Attorney > Represent Indigent*.
- Select the type of records you are requesting. At the application stage, it should be the entire file.
- The date range of the records request can be from Birth to Today, but it may be more useful to limit the date range if possible.
- The only delivery method you should be selecting unless otherwise approved is Secure Record Access, which costs \$37.
- Next *Approve Fees and Submit*. You will be able to track the status of your request on your Chart Swap Insights profile. If you receive a "Failed" or "Unable to Fulfill" status on your request, you should follow up with a Chart Swap agent. You should be able to do this through the chat feature.

Mary's Center. You can request medical records through the Mary's Center website at <https://www.maryscenter.org/participants/medical-records/>. Click the link for "Attorney" and provide the requested information and forms.

Unity Health Care. You can fax your cover letter and authorization to 202-617-2986 or email HIMS Correspondence at CArmstrong@UnityHealthCare.org. If you have any problems, you can call 202-459-0234.

Using Records for Childhood Disability Report (CD Report)

When you fill out the Child Disability Report (CD Report), you will be asked about a child's regular doctors, the hospitals they frequent, any inpatient and outpatient appointments they have had, any emergency room visits, any medication they take, and any medical evaluations they have had. If a child has specialists, you can use something like the grid below to keep track of that information. However, some children don't see the same doctors regularly and instead visit "whoever is available" at their parent's preferred hospital. In this situation,

there is a section in the CD Report to just list the hospital itself and note that the child sees “staff doctors” there.

With regards to inpatient and outpatient visits, the way that the CD Report is written makes it seem that they are looking for every time that the child has ever set foot in a hospital (every time they have ever sneezed, stubbed their toe, etc). Since we can receive medical records that are thousands of pages long, it is not efficient to list every time they have gone to the doctor for a cold. Instead, you can note every inpatient/outpatient visit that is directly related to their disability.

Finally, the report will also ask for “other” sources of medical information, which can include school psychologists, speech and occupational therapists and others who can provide information about the child’s symptoms and limitations. 20 C.F.R. § 416.924a(a) (2026). 20 C.F.R. § 416.902(a) (2026) provides a list of “acceptable medical sources” which should be added to your chart as well.

Medical source name	Specialty	Hospital or clinic name, address, phone number	Child’s patient ID number and reason for visits	First visit	Latest visit
(Example) Dr. Brain	Neurologist	Children’s National Hospital Neurology Department 111 Michigan Ave NW, Washington, DC 20010 202-476-2120	ID #: 5555555 Dr. Brain is familiar with child’s seizures, sees her every 3 months	04/20 /2017	06/09/2025
(Example) Dr. Heart	Cardiologist	Children’s National Hospital Cardiology Department 111 Michigan Ave NW, Washington, DC 20010 202-476-2020	ID #: 5555555 Dr. Heart has been seeing child about her heart murmurs since birth	06/06 /2016	09/11/2025
(Example) Dr. Pepper	Pediatrician	Unity Health Care 1660 Columbia Rd NW, Washington DC, 20009 202-469-4699	ID #: 676767 Primary care doctor; performs regular check-ups	05/12 /2016	07/07/2025
Sally speech	Speech therapist	Clinic	ID number	09/01 /2025	present

Using Records for Childhood Disability Narrative

Before reviewing documents, you should know how you plan to argue how a child qualifies for SSI (either by meeting a listing, medically equaling a listing, or functionally equaling the listings). 20 C.F.R. §§ 416.924(d), 416.925–.926a (2026); 20 C.F.R. pt. 404, subpt. P, app. 1 (2026); SSR 09-1p–09-8p.

You should also ascertain the sources of evidence that you have, which is important for your narrative and for completing the CD Report.

You can then populate your notes accordingly. Whenever possible, refer to a quantitative score that supports a finding of an extreme (3 or more standard deviations from the mean) or marked (between 2 and 3 standard deviations from the mean) limitation. 20 C.F.R. § 416.926a(e)(2)–(4) (2026).

Sample Analysis of Domains of Functional Equivalence

Acquiring and using information	Attending and completing tasks	Interacting and relating with others	Moving about and manipulating objects	Caring for yourself	Health and physical well-being
Ex.: Child’s psychological evaluation, med records pg. 35-38	Ex.: Child’s teacher describes their attention span in their IEP, IEP pg. 12	Ex.: doctor describes child’s capacity for language during check-up, med records pg. 40	Ex.: occupational therapy evaluation, med records pg. 77-86	Ex.: Child’s parent describes their eloping behavior in CLC intake interview (not something you can easily cite, but if you’re ghostwriting an application as the parent, it’s fine to include something like this)	Ex.: Child’s doctor lists child’s diagnoses during annual well-child visit, med records pg. 70

20 C.F.R. § 416.926a(b)(1) (2026); SSR 09-3p–09-8p.

Sample for child with autism who meets medical listing 112.10

Listings Criteria	Evidence from Medical and School Records		Evidence from Parents/Caretakers	Notes/Need for additional documentation
Medical documentation of qualitative deficits in verbal communication, nonverbal	Ex.: comprehensive psychological evaluation on pg. 100			

Listings Criteria	Evidence from Medical and School Records		Evidence from Parents/Caretakers	Notes/Need for additional documentation
communication, and social interaction				
Medical documentation of significantly restricted, repetitive patterns of behavior, interests, or activities	Ex. doctor describes the child stimming on pg. 88			
Extreme or marked limitation in understanding, remembering, or applying information	Ex. child's neurologist describes cognitive functioning on pg. 24	Ex. child's teacher explains that child doesn't retain information from previous lessons, IEP pg. 9	Ex. Child's parent says that child cannot remember how to tie their shoes.	
Extreme or marked limitation in interacting with others	Ex. doctor's note about child's aversion to eye contact and how they don't respond to their name during routine exam, pg. 90	Ex. child's teacher describes how the child does not interact with their peers during the school day, IEP pg. 16		
Extreme or marked limitation in concentrating, persisting, or maintaining pace		Ex. child's teacher describes the constant need to redirect the child to get them to focus on their work, IEP pg. 2	Ex. client describes child's inability to focus at home during client interview, pg. 60	
Extreme or marked limitation in adapting or managing oneself		Ex. Teacher describes how child cannot self-soothe when upset, IEP pg. 7	Ex. Client describes how child can't dress or bathe themselves without assistance	

20 C.F.R. pt. 404, subpt. P, app. 1, § 112.10 (2026); POMS DI 34005.112.

Filling Holes in the Records

You also can look to see if there are any medical sources who it would be helpful for the child to see to help the child and their application (or eventual appeal). For example, if the child is having anxiety that keeps them from performing in school, and they are not seeing a mental health professional (therapist, psychologist,

psychiatrist), you could advise the client that they might want to check with their pediatrician to see if seeing such a professional would be beneficial for the child.

And if there are other holes in the record, you could consider contacting the social worker at the clinic to see if they could work with the pediatrician to put together a letter documenting the child's symptoms and impairments to submit to SSA.

Completing Application Packet

Childhood Disability Report (CD Report)

The CD Report contains the following components:

1. Information about the child
2. Contact Information
3. Disabling illness, injuries, or condition
4. Information about the child's medical records
5. Medications
6. Tests
7. Additional Information (e.g., participation in public benefits)
8. Education
9. Work History
10. Date and Remarks

Collect the required information from the client, as well as from the medical and educational records, and complete a copy of the form. Once you complete it, verify the information with the client.  A sample Child Disability Report can be found [here](#).

Then submit the online version [here](#) using the following tips to document your submission:

- Write down your reentry number in case you get kicked off the server.
- Screenshot or print the confirmation screen at the end of the submission.

Childhood Disability Narrative

Because you don't get a lot of space for details on the CD Report form, CLC also submits a disability narrative in which we can show how a child meets, medically equals, or functionally equals a listing. The narrative should generally consist of the following elements:

- Table of referenced documents
- Information about the child: age, school, disability, services received
- Argument for eligibility: what listing does the child meet and/or what domains do they have marked or extreme limitations that result in a functional limitation
- Explain how the child meets and/or functionally meets a listing
- Conclusion

See the following disability narrative samples: [Autism Example Narrative](#), [Developmental, Learning, and Speech Delays Example Narrative](#), [Mowat-Wilson Syndrome Example Narrative](#).

As with the CD Report, you should confirm all of the information in the narrative with the client and then finalize it for submission.

Rest of the application packet

In addition to the CDN, your application packet should include a cover letter (with the date of submission for the online CD Report and a list of the documents included in the packet), SSA-827 Form, the PDF of the CD Report and confirmation of online submission, and supporting documentation (education records, medical records).

Submitting Application

The SSI application process can be started online by electronically submitting the CDR form, but the process has to be completed over the phone or in person at an [SSA field office](#). POMS DI 81007.040(A)–(B).

Once you have assembled your application packet, take the following steps to submit it:

1. Look up your client's local field office by inputting their zip code into the [SSA Field Office Locator](#). Click on the "office information" link to obtain the office's fax number.
2. Fax the application packet (including the CDR submission confirmation page) and all of the medical and school records you have obtained to the field office. You will likely have to break up the medical records into multiple faxes because of faxing page limits.
3. Save the fax confirmation pages.

Once you have confirmed receipt, provide the client with a copy of the application packet, all of the records you've collected and submitted and the fax confirmation sheets for their records.

Application Next Steps

Advise the client to call SSA to set up an appointment to complete their application with their financial and non-medical information.

The consideration time for applications is highly variable. Generally, it takes 1 to 2 months for SSA to review the application for financial eligibility and another 2 to 3 months for the Disability Determination Service to review medical eligibility.

Handling SSI Appeals

The deadline for all appeals is 60 days from the date of the notice (with an assumption of five days for mailing). If the deadline is missed, one can claim good cause for the late submission. 20 C.F.R. §§ 416.1401, 416.1409(a)–(b), 416.1411 (2026). At all stages of appeal, the important thing is to submit the required forms (detailed below). Evidence may be supplemented during the administrative-review process, subject to the applicable evidentiary deadlines and requirements at each stage. 20 C.F.R. §§ 416.1400(b), 416.1435, 416.1470 (2026). Up until the Appeals Council, the determination is *de novo* and new evidence can be submitted and new theories argued.

The claimant cannot submit a new application while the appeals process is going on until the appeal gets to the U.S. District Court. Therefore, clients will need to weigh the value of proceeding through a lengthy appeals process to collect back benefits with the possibility of more quickly getting benefits with a more fully developed record.

Request for Reconsideration

Reconsideration is the first level of administrative review and for an initial disability denial. It is a paper process with no hearing. The reviewer considers the existing record and any new evidence submitted with the appeal. 20 C.F.R. §§ 416.1407, 416.1413a(b) (2026); POMS DI 27001.001.

The required Request for Reconsideration forms are: [SSA-561](#) (request for reconsideration), [SSA-827](#) (authorization to disclose information to SSA) – medical denials only, [SSA-3441](#) (disability report – appeal), [SSA-3881](#) (Questionnaire for Children Claiming SSI Benefits). POMS DI 81010.150.

***Note:** If there is a timing crunch, the most important thing is to get the forms above submitted. You can always supplement the forms with a brief and additional medical and other evidence once you obtain it.*

Non-medical Denial. If the denial rests on non-medical issues, such as income, resources, living arrangements, or deeming, the [SSA-561](#) form should be filed with updated household and financial documentation and explanations of any applicable exclusions or allocations. POMS SI 04020.020(C)(1), SI 04020.030.

Medical Denial. At reconsideration for a medical denial, you should update medical and school records, identify and provide missing records (or work with medical and non-medical sources to create new records) and reiterate your argument for the child’s eligibility in a [short brief](#).⁸ SSA is unlikely to give any details about the reasons for the application denial; often the notice just says something like “your disabling condition(s) are not severe enough to meet the SSI standards.”

Medical denials are evaluated by the District’s Disability Determination Division of the Department of Disability Services (DDS). It is a good idea to contact the Disability Determination Division (DDD) at (202) 442-8500 (main number) to find out which examiner is working on your client’s reconsideration and getting a sense of their timing so that you know when you need to get your supplemental records and brief together.

Hearing before Administrative Law Judge

If the request for reconsideration is unfavorable, the claimant may request a hearing before an Administrative Law Judge with the SSA’s Office of Hearing Operations. 20 C.F.R. §§ 416.1429, 416.1433 (2026).

The required Request for a Hearing forms are: [HA-501-U5](#) (request for hearing before an Administrative Law Judge), [SSA-827](#) (authorization to disclose information to SSA) – medical denials only, [SSA-3441](#) (disability

⁸ The brief should only cite to the statute, regulations, POMS and Social Security Rulings. There is no need to cite to case law.

report – appeal), [SSA-1696](#) (appointment of representative).⁹ The required forms should be filed with the client’s field office, which will in turn transfer them to OHO.

Hearings before the Office of Hearings Operations (OHO) are informal. There is no opposing counsel. The ALJ will hear testimony from client or guardian, and they might ask older children to testify as well.¹⁰ Claimants can have testimony from others as well – such as doctor, case manager, therapist, etc. – but it is not necessary.

Pre-Hearing Preparation

Evidence and a pre-hearing brief¹¹ must be submitted or identified no later than five business days before the hearing unless an exception applies. 20 C.F.R. § 416.1435(a)–(b) (2026). You do not have to extensively state the relevant law – just a citation and application of a particular rule should be sufficient.

You should prep your client (the child’s client or guardian) to discuss their child’s functioning across settings, although their focus will mainly be on the child’s behavior at home. The client’s testimony largely serves the function of showing the ALJ what behaviors the child exhibits at home to complement the school and medical records. Below are some tips for preparing the client to testify:

- Prepare for detailed testimony – ALJ will often want to hear details about activities of daily living, getting along with other kids/parents/teachers, disciplinary issues, sports/activities, day-to-day limitations, supervision needs, treatment side effects, behavioral episodes, reasons for gaps in school attendance, therapy, hospitalizations, and differences between functioning at home, school, and in the community.
- Prepare the client to describe the full range of the child’s functioning, including the frequency, duration, and severity of bad days and periods of increased symptoms or limitations.
- The attorney should review any previous paperwork or forms the client has submitted to identify any inconsistencies between what the client said on the form and what they are testifying to now, and figure out how to address it.

Appeals Council

If the ALJ issues an unfavorable decision or dismisses the hearing request, the claimant may request Appeals Council review. A claimant may request Appeals Council review by submitting Form HA-520 ([Request for Review of Hearing Decision/Order](#)). The Appeals Council may deny review, dismiss the request, grant review

⁹ If the representative has not previously registered with SSA, the representative must submit Form [SSA-1699](#) (Representative Registration).

¹⁰ You should check with the SSA Office of Hearings Operations to confirm whether or not the child will need to attend and/or testify. See [sample](#) completed SSA-1699.

¹¹ See the sample ALJ prehearing briefs ([Version 1](#) and [Version 2](#)) in the Appendix.

and issue its own decision, or remand the case to an ALJ for further proceedings. 20 C.F.R. §§ 416.1467, 416.1471, 416.1477, 416.1479 (2026).

This is the stage of the administrative process in which counsel should identify specific grounds for Appeals Council review, including an abuse of discretion by the ALJ, an error of law, findings or conclusions not supported by substantial evidence, a broad policy or procedural issue that may affect the public interest, or qualifying additional evidence. 20 C.F.R. § 416.1470(a) (2026). While it is possible to submit new evidence to the Appeals Council, the evidence generally must be new and material, relate to the period on or before the date of the ALJ's hearing decision, create a reasonable probability of changing the outcome, and satisfy the applicable good-cause requirement. 20 C.F.R. § 416.1470(a)(5), (b) (2026).

The Appeals Council brief should identify specific errors in the ALJ decision rather than just rearguing the disability theory. Common challenges include the ALJ's failure to: correctly apply the Listings, 20 C.F.R. § 416.925 (2026); appropriately consider all relevant evidence, 20 C.F.R. § 416.924a(a) (2026); account for the child's receipt of supportive services in assessing functional limitations, 20 C.F.R. § 416.924a(b)(5) (2026); and appropriately consider and evaluate test scores, 20 C.F.R. §§ 416.924a(a)(1)(ii), 416.926a(e) (2026). This is not an exhaustive list, and each attorney should review the regulations and Social Security Rulings to determine if additional challenges are appropriate in a given matter.

U.S. District Court

After the claimant exhausts the administrative review process and receives a final decision from SSA, the claimant may seek judicial review by filing a civil action in U.S. District Court.¹² Federal court review is not a new disability hearing; the court reviews the administrative record to determine whether SSA applied the correct legal standards and whether the final decision is supported by substantial evidence. 42 U.S.C. §§ 405(g), 1383(c)(3). The court may affirm, reverse, or remand the case for further administrative proceedings. 42 U.S.C. § 405(g).

Because federal court review is record-based, issue preservation during the administrative process is critical. However, the Supreme Court has held that, due to the non-adversarial nature of the Social Security administrative review process, issue exhaustion before the Appeals Council is not required. *See Sims v. Apfel*, 530 U.S. 103, 112 (2000). Therefore, advocates should not feel bound to only make legal arguments that were made before the Appeals Council.

The Court will consider whether the ALJ "has analyzed all evidence and has sufficiently explained the weight [they have] given to obviously probative exhibits." *Butler v. Barnhart*, 353 F.3d 992, 999 (D.C. Cir. 2004). However, the SSA "Commissioner's ultimate determination will not be disturbed if it is based on substantial evidence in the record and correctly applies the relevant legal standard." *Id.* In undertaking that analysis, the Court will consider whether the ALJ created a "logical bridge" between the evidence and their conclusions, thereby permitting "meaningful judicial review." *Lane-Rauth v. Barnhart*, 437 F. Supp. 2d 63, 67 (D.D.C. 2006) (citations omitted).

¹² See [attached guidance](#) (as well as [ProSeHandbookDDC Dec-2023.pdf](#)) for District Court filing. A [sample](#) Federal District Court Complaint and [sample](#) Federal District Court Opening Brief in the Appendix.

In child SSI cases, common federal-court issues often involve failure to apply the correct childhood disability standard, inadequate discussion of functional domains, selective treatment of school or medical evidence, or failure to consider the combined effect of impairments. 42 U.S.C. § 405(g); 20 C.F.R. §§ 416.924, 416.924a, 416.926a (2026).

Closing Out Matter

Applications

1. Send application packet and fax confirmation receipt to client.
2. Send next steps letter.
3. Check in to see if client made appointment with their SSA field office and then in 60, 90 and 120 days after to see if they have received an approval or denial letter.
4. Otherwise, please ask the client to call if/when they receive any communication from Social Security.
5. If client is approved for benefits:
 - a. Use closing letter template with information about dedicated accounts and representative payee application.
 - b. Send copy of closing letter to CLC mentor as well as client.
6. If client is denied benefits, contact your CLC mentor to discuss next steps, namely whether the firm wants to continue to represent the client in an appeal or send the appeal to CLC for consideration.

Appeals

1. Once the appeal is over, submit [Form SSA-1696-SUP2](#) (Representative's Withdrawal of Acceptance of Appointment) to SSA to withdraw from representation.
2. If client is approved for benefits:
 - a. Use closing letter template with information about dedicated accounts and representative payee application.
 - b. Send copy of closing letter to CLC mentor as well as client.
3. If client is denied benefits, contact your CLC mentor to discuss next steps, including advice about building a stronger future application.

Appendix

Samples/Templates

[Cover letter for medical records requests](#)

[Cover letter for school records requests](#)

[General authorization form](#)

[Sample SSA-1699 – Representative Registration Form](#)

[Redacted SSI Disability Narrative – Autism Spectrum Disorder](#)

[Redacted SSI Disability Narrative – Developmental, Learning, and Speech Delays](#)

[Redacted SSI Disability Narrative – Mowat-Wilson Syndrome](#)

[Redacted Brief in Support of Request for Reconsideration](#)

[Redacted ALJ Prehearing Brief – Autism Spectrum Disorder \(Version 1\)](#)

[Redacted ALJ Prehearing Brief – Autism Spectrum Disorder \(Version 2\)](#)

[Redacted Federal District Court Complaint](#)

[Redacted Federal District Court Opening Brief](#)

[Redacted Child Disability Report](#)

Forms

[SSA-1699 – Representative Registration](#)

[SSA-1696 – Claimant's Appointment of a Representative](#)

[SSA-1696-SUP2 – Representative's Withdrawal of Acceptance of Appointment](#)

[SSA-3820-BK – Disability Report – Child](#)

[SSA-827 – Authorization to Disclose Information to SSA](#)

[SSA-3288 – Consent for Release of Information](#)

[SSA-561 – Request for Reconsideration](#)

[SSA-3441-BK – Disability Report – Appeal](#)

[SSA-3881-BK – Questionnaire for Children Claiming SSI Benefits](#)

[HA-501 – Request for Hearing by Administrative Law Judge](#)

[HA-520 – Request for Review of Hearing Decision/Order](#)

Sample Medical Records Request

[Children's National Hospital]
[Attention: Health Information Management Department]

[DATE]

RE: Request for Medical and Mental Health Records for [CHILD NAME] (D.O.B.:)

Dear Records Custodian:

My name is [Name], and I am [Title/Firm]. Enclosed please find a release form signed by [Parent/Caregiver's Name], [Parent/Caregiver] of [Child's First Name] (D.O.B.:), which authorizes the release of [Child's First Name]'s medical records to our office.

I am requesting copies of the entire file from [Children's National Hospital] and its outpatient clinics including, but not limited to: progress notes, evaluations, diagnoses, therapy notes, discharge documentation, prescriptions, and all other documentation related to [Child's First Name].

Please fax these records to me at [Fax Number] or email me at [Email Address].

Thank you in advance for your timely response. If you have any questions, please feel free to contact me.

Sincerely,

NAME

TITLE

FIRM

FIRM ADDRESS

Phone & Fax: []

Email: []

Sample Educational Records Request

[School Name]
[School Street Address]
[School City, State, Zip Code]
Telephone: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX

Sent via email to: [Recipient Email Address]

[DATE]

RE: Request for School Records for [Child's Name] (Child's D.O.B.:)

Dear [Records Custodian/Recipient's Name]:

My name is [Name], and I am [Title/Firm]. I work with [Parent/Caregiver's Name], [Parent/Caregiver's Relationship to Child] of [Child's Name] (Child's D.O.B.:). I am writing to request that a copy of the entire cumulative school record file that you have for [Child's First Name] be provided to me by mail, e-mail, or fax. Alternatively, I am requesting to inspect and, if necessary, copy [Child's First Name]'s education records at the school's expense.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), [School Name] is required by federal law to grant [Parent/Caregiver's Name] access to [Child's First Name]'s education records within 45 days of this request (20 U.S.C. § 1232g (a)(1)(A)). Today is [Date], and you are thus obligated to provide access to [Child's First Name]'s education records by [Date]. If [School Name] believes it has legal grounds for denying access to any specific record(s) in [Child's First Name]'s file, [FIRM] requests that you identify the record(s) withheld and the basis for withholding the record(s).

I am specifically requesting to review, inspect, and, if necessary, copy:

- [Child's First Name]'s **complete** regular education file, special education file, and disciplinary file.
- Please be sure to include all:
 - General education report cards and progress reports
 - Attendance records
 - Documents in and screenshots from Special Programs (SP), including but not limited to:
 - The communications log
 - Document list
 - LRE documentation
 - Consent for evaluation forms
 - Meeting notes
 - IEP progress reports
 - IEPs
 - All special education evaluations, analysis of existing data, and eligibility documents
 - Behavior intervention plan(s)
 - Data collected relating to RTI, BIP implementation, related services, specialized instruction, etc.
 - Service tracker reports for any and all related services
 - Other special education records, including but not limited to any LRE referrals, LRE team reports, dedicated aide referrals and reports, LOS team referrals and LOS reports

- Documents relating to 504 evaluations or 504 plans
- Disciplinary records, including disciplinary reports, incident reports and any suspension notices
- Teachers' notes related to [Child's First Name]
- Copies of any formal or informal evaluations or testing done or reviewed, including DC CAS scores, DC BAS scores, PARCC scores and any regular classroom assessments such as DIBELS, Paced Interim Assessments, Fountas and Pinnell or any other standardized assessment

If you will be sending me copies of the file, you can mail them to me at the address below, fax them to me at [Fax Number], or e-mail them to me at [Email Address]. Otherwise, please let me know whom to contact to schedule a time to review and inspect all the above records.

Please find attached an Authorization for Release of Documents and Information signed by [Parent/Caregiver's Name].

Thank you in advance for your timely response. If you have any questions, please call me at [Phone Number].

Sincerely,

[Name]

[Title]

[Firm]

[Firm Address]

Phone & Fax: [Phone/Fax Numbers]

Email: [Email Address]

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION IN ACCORDANCE WITH 45 C.F.R. §164.508 (HIPAA)
& THE DISTRICT OF COLUMBIA MENTAL HEALTH INFORMATION ACT OF 1978**

I hereby authorize [ORGANIZATION] to send and/or release all documents that are found in my child's, [CHILD'S NAME] (Date of Birth: XX/XX/XXXX) education file, housing file, public benefits file, social security file, employment file, medical file, mental health file, and social work file, including information about my child's medical diagnosis, condition, and treatment, including information about my child's mental health condition or treatment, my child's health insurance information, and information that identifies my child, including my child's name, address, telephone number, and other demographic information, to [FIRM] its attorneys and agents (collectively, "X"), and to discuss those documents and the information contained in them with [X]. [X] may receive, use, and share the information described above in order to provide legal services to my child and for [X]'s internal evaluation and research to improve legal service delivery.

[X] may further disclose this information to those involved in my child's case, such as experts and other supporting professionals, including in court at trial, for the purpose of providing legal services to my child.

I understand that once my child's health information is shared with [X], federal privacy laws may no longer protect the information, which may be shared with other third parties by [X] pursuant to this authorization and may be subject to re-disclosure by those individuals.

I further understand that:

- I do not have to sign this authorization. My treatment, payment for treatment, insurance enrollment, or eligibility for insurance benefits will not be directly affected.
- I am entitled to a copy of this signed authorization.
- This authorization will remain in effect until I revoke (cancel) it, at which point it will expire.
 - I may revoke (cancel) this Authorization at any time by faxing a signed, written request to [ORGANIZATION], at which point [ORGANIZATION] will immediately cease disclosing my child's health information to [X]. However, revoking this authorization will not affect [X]'s ability to use and disclose my child's health information that it has already received.
- This authorization will expire 365 days from the date of this authorization indicated below.
- This information has been disclosed to [X] from records whose confidentiality is protected by District of Columbia law. The unauthorized disclosure or re-disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosure or re-disclosure may be made pursuant to this valid authorization by me or as provided in Titles III and IV of the Act. The Act provides for civil damage and criminal penalties for violations.
- I have the right to inspect the record of my child's mental health information.

ACCEPTED AND AGREED:

By: _____

Name:

Relationship to Patient:

Date: _____

**UNLESS YOU SIGN HERE, NO INFORMATION
ABOUT ALCOHOL/SUBSTANCE ABUSE, GENETIC
TESTING, HIV/AIDS, OR MENTAL HEALTH WILL BE
DISCLOSED.**

YES, DISCLOSE THIS INFORMATION

NO, DO NOT DISCLOSE THIS INFORMATION