Customer Declaration of Disability Form

PROGRAM: TDAP

PART I   Print Legibly   Date _____

DSS Office Name and Number _____

Client ID _____   **AU No.** _____

Applicant/Recipient Name _____

Social Security No._____   **DOB** _____

Address _____   **Telephone No.** (_____) _____

_____ **Zip code** _____

LDSS Case Manager _____   **Telephone No.** (_____) _____

PART II

Check the system used: ☐ **SDX**   ☐ **SOLQ**   ☐ **SVES**

☐ The above checked system shows no application filed for Social Security benefits

☐ The above checked system indicates one or more of the following:
- The customer filed and application for Social Security benefits, and the claim is pending
- The Social Security Admin. determined the customer not disabled, benefits denied
- The customer filed a Reconsideration or an Appeal on the denied Social Security claim.

The customer states their TDAP application is based on: (Indicate on the chart)

	√
The **same** impairment (s) alleged in the Social Security benefit application shown on the above checked system	
New evidence of the impairment(s) alleged in the Social Security benefit application shown on the above checked system	
A **new** impairment (s) than alleged in the Social Security benefit application shown on the above checked system	
A **different** impairment (s) than alleged in the Social Security benefit application shown on the above checked system	
A **change** in the impairment (s) alleged in the Social Security benefit application shown on the above checked system	
Deterioration of the impairment (s) alleged in the Social Security benefit application shown on the above checked system	

DHR/FIA 902