

DEAP REFERRAL AND NOTIFICATION FORM**PART I**

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. (_____) _____

DEAP Case Manager _____ Telephone No. (_____) _____

PART II From The LDSS Case Manager To The DEAP Client Advocate Case Manager

1. Attached completed DHR/FIA 402B
2. Attached completed 4204 form
3. Attached completed DHR/FIA 334B
4. Attached completed DHR/FIA 334C
5. Attached other medical documentation
6. Customer determined disabled by SRT
 - Attached DHR/FIA 707 form from SRT
 - Attached CARES DEM 2 and UINC screens
7. Customer determined not disabled by SRT
 - Attached DHR/FIA 736-2 form from SRT
8. Case closed effective _____
(Date)
9. **Comments:** _____

PART III From The DEAP Client Advocate Case Manager To The LDSS Case Manager

1. Customer appeared for scheduled appointment and filed for Social Security benefits
 - Attached DHR/FIA 340 form
2. Customer failed to appear for the following scheduled appointment:
 - With DEAP staff
 - For Consultative Examination with health care provider
 - For lab work needed for determining medical disability
 - Required by the Social Security Administration
 - Other: _____
3. Customer failed to submit the following required information or verification:
 - Completed SSA-1696 U4 form.
 - Verification of continuing to pursue their Social Security benefit claim
 - Other: _____
4. Change in representative. See attached copy of completed SSA-1696 U4 form.
5. **Comments:** _____