

NOTIFICATION FROM DEAP TO THE LOCAL DEPARTMENT

PROGRAM: TDAP  TCA  PAA

PART I

Date \_\_\_\_\_

DSS Office Name and Number \_\_\_\_\_

Client ID \_\_\_\_\_ AU No. \_\_\_\_\_

Applicant/Recipient Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

DEAP Client Advocate \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

PART II

Completed by the DEAP Client Advocate to the LDSS Case Manager

CUSTOMER COOPERATING WITH DEAP

- 1.  Social Security claim filed. Attached completed DHR/FIA 340 form - **Refer to SRT**
- 2.  Change in Representative. Attached completed SSA-1696 U4 form
- 3.  Customer continues to cooperate
- 4.  Reconsideration filed. Attached completed DHR/FIA 340 form - **Do not refer to SRT**
- 5.  Appeal filed. Attached completed DHR/FIA 340 form - **Do not refer to SRT**

CUSTOMER FAILED TO COOPERATE WITH DEAP

1.  **FAILED TO KEEP SCHEDULED APPOINTMENT(S) OR RESPOND TO**

- DEAP. See attached copy of letter to customer
- Provider for consultative examination. See attachment.
- Social Security Administration. See attachment.
- Need medical lab work. See attachment.
- Other \_\_\_\_\_

2.  **FAILED TO COMPLETE /SUBMIT THE FOLLOWING INFORMATION**

- DHR/FIA 340
- SSA 1696 U4 form
- Proof of other representation
- Proof of continuing to pursue SSA benefit claim
- Other \_\_\_\_\_