

The Department for Children and Families along with Kansas Legal Services is trying to find children who might be eligible for Supplemental Security Income (SSI) benefits from the Social Security Administration. Children may be eligible to receive SSI benefits if they have problems doing things that are appropriate for their age. A child may be able to receive over \$400 monthly if eligible for SSI. The child would also automatically be eligible for Medicaid.

Please, fill out this form and bring it when you are called in for your interview with your Economic and Employment Support case worker.

If none of your children have problems with any of the activities listed, check the box at the bottom of this page to indicate this.

If you have a child with one or more of the problems listed, fill out all information on the form for that child. If more than one child has problems listed, ask your worker for additional forms.

If you indicate that a child has any of the problems listed and you mark the box below that you would like help in applying for SSI benefits, a referral will be made to Kansas Legal Services to assist you in applying for these benefits.

CHILD INFORMATION

Child's Name _____ Sex _____ Date of Birth _____ Social Security Number _____

Parent's or Guardian's Name _____ Telephone Number _____

Address (Street, State, Zip Code) _____

The following information will help in determining if the child has a physical or mental problem and could receive SSI (Please check any that apply) Remember to consider the child's age-inability of a child to do an activity is a problem only if he or she should be capable of it at that age. Does the child have problems:

- | | | | | |
|--|--|---------------------------------------|--|---|
| <input type="checkbox"/> communicating | <input type="checkbox"/> feeding | <input type="checkbox"/> playing | <input type="checkbox"/> socializing with others | <input type="checkbox"/> understanding speech |
| <input type="checkbox"/> walking | <input type="checkbox"/> with head control | <input type="checkbox"/> with turning | <input type="checkbox"/> crawling | <input type="checkbox"/> paying attention |
| <input type="checkbox"/> going to school | <input type="checkbox"/> with school performance | <input type="checkbox"/> speaking | <input type="checkbox"/> bathroom | <input type="checkbox"/> washing |
| <input type="checkbox"/> swallowing | <input type="checkbox"/> eating | <input type="checkbox"/> dressing | <input type="checkbox"/> Other problem - explain _____ | |

Is the child in a special education class? Yes No Is the child in a special needs school? Yes No
Have you ever applied for SSI for the child? Yes No --- > If yes, when _____ Results: _____

REQUEST FOR ASSISTANCE:

- I do not have a child with problems listed above and do not wish to apply for SSI. (Please sign and date below--do not fill out the "Authorization to Release Information" section.)
- I am requesting referral and help through Kansas Legal Services in applying for SSI for my child with the problem(s) listed above. (Please fill out the "Authorization to Release Information" and sign and date below.)

AUTHORIZATION TO RELEASE INFORMATION:

Now on this _____ day of _____, 20____, I _____ hereby consent and authorize the State Department for Children and Families to release any and all records and information in their possession, control, and custody to Kansas Legal Services for the purpose of providing advice and/or representation concerning my child's Social Security disability claim. I release the State Department for Children and Families from any liability for giving such information.

I also consent and authorize Kansas Legal Services to release any and all records and information in their possession, control, and custody concerning advisement and/or representation of my child's Social Security disability claim to the State Department for Children and Families for purposes of program administration, monitoring, and evaluation of the Social Security Disability Advocacy Project. I release Kansas Legal Services from any liability for giving such information.

FOR AGENCY USE ONLY

Parent/Guardian/Signature _____ Date _____

Worker _____
Referred to KLS No Yes

Local Office _____
Date _____