



Social Security Disability Application Tracking Notes

Section	Details / Notes	Dates / Deadlines	Contact Info / Reference Numbers	Completed / Follow-Up
Child's Information Name, SSN, DOB, Disability Onset Date				
Program Type SSI/SSDI/Child/Adult Child				
SSA Office Contact – Local SSA Office Name, Address, Phone				
LOCAL SSA Representative / Case Worker – Name, title, direct line, email address				
Attorney / Advocate Contact Firm name, phone, email, fee info, etc.				



Social Security Administration Forms Completed

Form Name / Number	Date Completed	Submitted (Y/N)	Notes
SSA-16 (Application)			
SSA-3373 (Function Report)			
SSA-3380 (Third-Party Report-Name of Third Party)			
SSA-3380 (Third-Party Report-Name of Third Party)			
SSA-3380 (Third-Party Report-Name of Third Party)			
Other SSA Forms			
Other SSA Forms			
Other SSA Forms			
Other SSA Forms			
Other SSA Forms			



Correspondence Records (Page 1)

Date	From / To (SSA, Doctor, etc.)	Summary / Purpose	Reference # / Case ID	Follow-Up Needed / Done

 **Medical Providers Contact List**

Provider Name	Specialty / Type	Phone / Email	Facility / Address	Last Visit Date	Notes



Medical Records Requested

Facility / Provider	Date Requested	Date Received	Method (Fax, Mail, Portal)	Notes



Therapists / Counseling Services

Therapist Name	Type (Speech, OT, Behavioral, etc.)	Phone / Email	Frequency / Duration	Notes



Testing / Evaluation Organizations

Test Type / Name	Date	Examiner / Facility	Summary of Findings	Notes



School / Vocational Records

Institution / Program	Record Type (IEP, Evaluation, Transition Plan, etc.)	Date Requested	Date Received	Notes



Consultative Exams (Scheduled by SSA)

Exam Type	Date / Time	Location / Doctor	Results / Outcome	Notes



Appeals / Reconsiderations

Type of Appeal	Date Filed	SSA Contact / Office	New Evidence Submitted	Status / Notes



Correspondence Records (Page 2)

Date	From / To (SSA, Doctor, etc.)	Summary / Purpose	Reference # / Case ID	Follow-Up Needed / Done



Attorney / Advocate Contact

Name	Firm / Organization	Phone / Email	Fee Agreement Date	Notes

Follow-Up Tasks / Updates

Task Description	Due Date	Status (Pending / Complete)	Notes



Notes / Observations

Date	Details / Updates / Observations

SD **Benefit Information (When Approved)**

Decision Date	Program (SSI/SSDI/DAC)	Monthly Amount	Back Pay Amount / Date Received	First Payment Date