| Social Security Administration | | | | TOE CODE REQUEST CODE | | | | |
|---|-------------------------------------|----------|------|---|---------------|--|---------------------|--|
| SSA REQUEST FOR CASE ACTION | | | | FILE NO. | FILE NO. DATE | | | |
| TO: (NAME OF DDS) | | | ODE | SOCIAL SECURITY NUMBER NAME OF DISABLED INDIVIDUAL | | | | |
| | | | | | | | | |
| FROM: | | | | WAGE EARNER'S NAME, IF AUXILIARY FILING | | | | |
| CO-MOD | | | | TYPE CLAIM (TITLE II) | | | | |
| RO-DQB PSC-DRS | | | | DIB FZ DWB CDB-R CDB-D P-R P-D MQFE | | | | |
| INITIAL RECONSIDERATION REOPENING CON DISA | | | | TYPE CLAIM (TITLE XVI) DI DS DC BI BS BC | | | | |
| | TE ACTION AS INDICATED BELOW | | 1 | | | | | |
| A. Action Requested 1. Prepare determination as to: a. Disability - Form SSA-831-U5 b. Continuance or cessation - Form SSA-832-U5 or SSA-833-U5 c. Impairment severity - EPE Case - Form SSA-832-U5 or SSA-833-U5 2. Review - new evidence received subsequent to your determination 3. Other (see remarks) REMARKS: | | | 2. | B. Case Characteristics QC requirement last met and ends and ends and determination as to disability factor - a determination as to disability is now necessary Transfer of jurisdiction under Federal-State agreement (see A.1) New application after ALJ or AC decision - period rules on by ALJ or AC through | | | | |
| ENCLOSURE: Disability File | MCS REVIEW: ☐ PHYSICIAN'S SIGNATURE | YES | □ NC | | APP | | NUED ON CHED SHE | |
| | | FILE YES | | | | | | |