

TOEL1=DISAB

TOEL2=CDRMISC

SSN: _____

Potential Section 301 CASE

ATTENTION: DISABILITY EXAMINER

ODO (pc 7) UNIT: _____

1500 Woodlawn Drive, Baltimore, MD 21241

Priority Workload - DO NOT BACKLOG

TYPE OF CLAIM:

- Title II Only Claim
- Title XVI Only Claim
- Concurrent Title II/XVI Claims
- **Case NO5/S9 effective (mm/yy/yy). Participation in VR or Similar Program ceased or program ended (mm/yy/yy).**
- Claimant statement included

Continued Payment Determination Needed

Please process per DI 14510.015- .025

Note : for CEF cases- SSA-4290 faxed into eVIEW

FO Code: _____ FO Contact: _____

FO Phone: _____ FO Fax: _____