**CDR Recontact SSA-5002 Template**

List the Beneficiary Address and Phone number in the corresponding fields on the form:

Add the following to the body of the SSA-5002, and provide responses. Use the “More” button at the bottom of the form if more space is needed:

* Third Party Contact Information (Name, Phone, and Address):
* Have there been any changes in their medical condition since the date SSA received the SSA-454? If yes, list the new conditions.
* Are there additional medical sources/treatment since the SSA-454 was received? If yes, provide facility/Dr contact information and dates of service.
* Was the SSA-827 signed and dated no more than 9 months prior to the date of refresh review? If no, develop for a new SSA-827 prior to transferring to DDS.
* Has there been any work activity since the SSA-454 was completed? If yes, develop work prior to transferring to DDS.
* Has the beneficiary begun participating in support services such as vocational rehabilitation? If yes, provide contact information for the facility or primary contact and the dates of participation.
* Has the beneficiary received any new education and training? If yes, provide contact information and dates of attendance.
* Is there an appointed representative? If yes, ensure the SSA-1696 is in the file and all appropriate inputs have been made.