

Application Tracking Worksheet

SOAR Online Application Tracking (OAT) ID#:	
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Appointed Representative Rep ID#:	
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Applicant Contact Information

Name:	DOB:	SSN:
Email:	Phone:	

Residence Address/Location:

Identifying Information <i>(useful when speaking with SSA)</i>	Birthplace (city, state):
	Mother's Maiden Name:

Third Party Contact <i>(if applicable)</i>	Name:
	Phone: Email:
	Address:

Other agencies/programs involved:
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SSA Information

SSA Claims Representative Name:
Office address:
Phone: Fax: Email:
Dates of follow-up contact:

DDS Information

Disability Examiner Name:
Phone: Fax: Email:
Dates of follow-up contact:
Consultative examination Date(s) (if applicable):

Application Information

Protective filing date (PFD): / /	PFD set: <input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> By Phone
Online Application Reentry #:	Date of onset: / /
Application Submission Date Online: / /	Paper Packet: / /

Evidence Submission Dates

Medical records/evidence: / /	Method: <input type="checkbox"/> ERE <input type="checkbox"/> Bar-Coded Fax
Medical Summary Report (MSR): / /	Method: <input type="checkbox"/> ERE <input type="checkbox"/> Bar-Coded Fax
MSR reviewed prior to submission by: <input type="checkbox"/> Supervisor <input type="checkbox"/> SOAR Lead <input type="checkbox"/> TA Center Liaison	
<i>(If requested)</i> Function Report: / /	Work History Report: / /

Outcome and Follow-up

SSI Date of decision: / /	<input type="checkbox"/> Denied <input type="checkbox"/> Approved	Amt. awarded: \$
SSDI Date of decision: / /	<input type="checkbox"/> Denied <input type="checkbox"/> Approved	Amt. awarded: \$
If denied, Reconsideration/Appeal request filed on: / /		