

(Attachment 2)
ALJ Bench Decision Checksheet – Print Version

Claimant Name: _____ SSN: _____

DIB Application Date: _____ Hearing Date: _____

SSI Application Date: _____ DWB Application Date: _____

Date Last Insured: _____ Established Onset Date: _____

EOD is AOD Amended AOD Current Appl. Date Prior Appl. Date
(SSI Only) (SSI Only)

EOD w/in Widow/Widower prescribed period

Prior Application Reopened Not Reopened

Prior Application Date(s): T2 _____ T16 _____

Reason for Reopening Within one year Good cause Grounds for reopening at any time

Work After Onset UWA Not SGA TWP

Severe Impairment(s) (singly or in combination):

Impairment(s) MEETS Listing # _____ based on ME testimony

Impairment(s) EQUALS Listing # _____ based on ME testimony

Child is Functionally Equal to Listings based on ME testimony

Mrk Extr

Mrk Extr

1. Acquiring and Using Information 4. Moving about and Manipulating objects

2. Attending and Completing Tasks 5. Caring for Self

3. Interacting with Others 6. Health and Physical Well-being

Mental Impairment Analysis (Part B)

Restriction of Activities of Daily Living None Mild Moderate Marked Extreme

Difficulties Maintaining Social Functioning None Mild Moderate Marked Extreme

Difficulties Maintaining Concentration-Pace None Mild Moderate Marked Extreme

Episodes of Decompensation None One or Two Three Four or More

Mental Impairment Analysis (Part C)

12.02, 12.03, or 12.04 w/ 2 yrs med. history & more than minimal limitation &

Residual disease process w/ marginal adjustment so that minimal changes cause decomp.

Current Hx. 1+years in highly supportive living arrangement w/ continuing need for same

Repeated episodes of decompensation, each of extended duration

12.06 (inability to function independently outside area of home)

Residual Functional Capacity:

- Full range of Sedentary Light Medium
 Less than full range of Sedentary Light Medium (describe below)
 Nonexertional only (describe below)

Function by Function:

Rationale for Decision (Include Assessment of Credibility and Medical Opinions):

Claimant has PRW w/ Job Title(s):

Claimant is unable to perform PRW as actually or normally performed based on VE testimony
PRW was unskilled skilled/semiskilled

Claimant "disabled" based on:

Direct application of Medical-Vocational Rule # _____
 Framework of Medical-Vocational Rule # _____

based on VE testimony based on SSR# _____
 Section 204.00 Framework based on VE testimony based on SSR# _____

Recommend Representative Payee

Medical reexamination in _____ Months

Evidence of Workers Compensation Claim/Payment

Fee Agreement Approved-Representative Name:

Fee Agreement Denied-Reason:

ALJ: _____ DATE: _____