

Electronic Records Express (ERE)

User Guide for

Uploading Files Without a Barcode



November 2024

Overview

This guide provides Social Security Administration (SSA) appointed representatives (ARs) with instructions for uploading documents directly to their claimant's electronic folders (eFolders) without the need for the Request ID (RQID) found on the printed barcodes. *This functionality is available for cases pending at a Hearing Office, Appeals Council branch, or Disability Determination Services (DDS).*

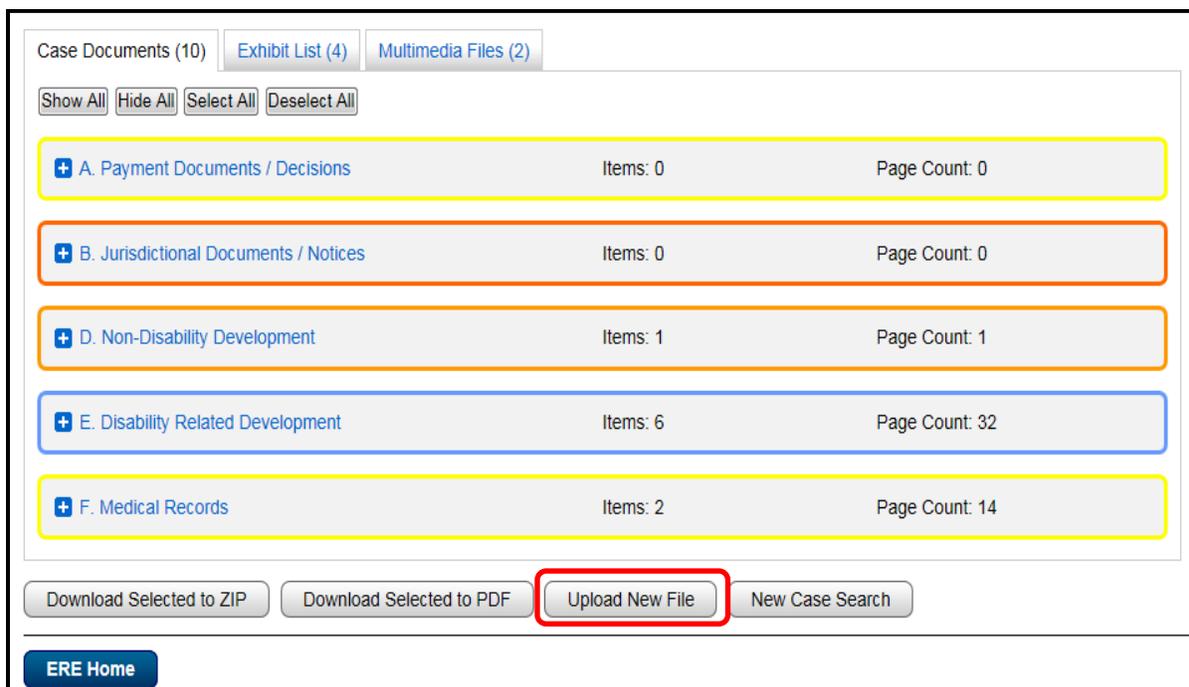
Requirements for Uploading Documents Without a Barcode

- You must be logged into Appointed Representative Services
- You must access the eFolder of a claimant and use the "Upload New File" button to upload documents without a barcode

For instructions on how to access eFolder documents, please refer to the user manual "Access Claimant's Electronic Folder/Pickup Files". User manuals are available at <https://www.ssa.gov/ar/>.

Step 1: Select "Upload New File"

Once inside an electronic folder, upload new documents by selecting the **Upload New File** button.



The RQID found on the barcode is no longer requested. The destination information is automatically generated.

Step 2: Attach Files

You may submit up to 25 files. All files must total less than 200MB.

File types accepted: .wpd, .doc, .docx, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.

Please do not upload password-protected files because they cannot be processed.

- Select the **Browse** button; this will launch the **Choose File to Upload** window.
- Navigate to the file(s) you wish to upload to the electronic folder.
- Select the file(s) and select **Open**. You can select multiple files by holding down the Shift key.
- The **Choose File to Upload** window closes and the file names display on the page.

Social Security
The Official Website of the U.S. Social Security Administration

ERE: Send Individual Response - DEMO

1 Add Files 2 Confirmation

Site Code: **Y32** RF: **D**
State: **Louisiana** DR: **S**
Destination: **LA - New Orleans ODAR [Y32]**
Claimant SSN:

Attach Files to Response

- A maximum of 25 files can be added and all files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .mdi, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.

Add Files: **Browse...**

Submit **Cancel**

Choose File to Upload

Temp > ARS Upload Demo

Name	Date modified	Type
ARS Upload Demo1.docx	11/19/2020 10:48 ...	Microsoft Word
ARS Upload Demo2.pdf	11/19/2020 10:48 ...	Adobe Acrobat

File name: "ARS Upload Demo2.pdf" "ARS Upload D..." All Files (*.*)

Open Cancel

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File 1: ARS Upload Demo1.docx 12 KB

Document Type: --

Notes:

Delete

File 2: ARS Upload Demo2.pdf 138 KB

Document Type: --

Notes:

Delete

Add Files: Browse...

Submit Cancel

Step 3: Select Document Type

Select the appropriate document type from the dropdown list. The following can be submitted for cases pending at a Hearing Office or Appeals Council branch:

Document Name	Doc Type/ Form Number
Medical Evidence of Record	MER
Recent Medical Treatment	Form 4631
Medications	Form 4632
Work Background	Form 4633
Critical/Dire Need Request	CRTRQST
On the Record Request	OTRRQST
Representative Brief	REPBRIEF
Amended Alleged Onset Date	AMNDAOD
Appointment of Representative	Form 1696
Disability Report-Appeals	Form 3441
Activities of Daily Living	ADL
Request for Change in Time/Place of Disability Hearing	Form 769
Response to Show Cause Notice	RSPSCN
Representative Fee Agreement	FEEAGRMT
Misc Disability Development and Documentation	MDF E
Claimant's Change of Address Notification	CHNGADD
Representative's Withdrawal of Acceptance of Appointment	WDREP
Education Records – Medical	EDREC
Education Records – Non Medical	EDRECNDM
Waive Advance Notice of Hearing	3020
Workers Compensation/Public Disability Benefits Evidence	0510
Representative Correspondence	REPLTR
Third Party (Non-medical) Statements	3NMST
Objections to the Issues in the Notice of Hearing	HRNTCOBJ
Correspondence Regarding Efforts to Obtain Evidence	EALTR
Withdrawal of Hearing Request	WDHEAR Form HA-85
Subpoena Requests	511
Remote Hearing Agreement Form	
Request Medical Expert Attendance at Hearing	L9
Fee Petition Documents	5052
Authorization for Source to Release Information to SSA	Form 827
Agreement to Appearing by Online Video	Form HA-56
Objection to Appearing by Audio or Agency Video	Form HA-55

Documents that are not listed in the dropdown menu should **NOT** be submitted via ERE/ARS. This includes:

Appeals Council Review of an Administrative Law Judge's decision or dismissal – Submit using the [iAppeals online Application](#) (preferred method), mail, fax, or contact your local field office. Using other methods may cause delays in processing. Please visit https://mwww.ba.ssa.gov/appeals/best_practices.html for more information.

The following document types can be submitted for cases pending at a Disability Determination Services (DDS).

Document Name	Doc Type/Form Number
Medical Evidence of Record	MER/0001
Education Records – Medical	EDREC/3157
Education Records – Non Medical	EDREC/NMD/3158
Representative Correspondence	REPLTR/5030
Function Report - Adult	0075
Attorney/Representative-Supplied Evidence	REPEVID/5032
Activities of Daily Living	ADL/0050
Request Medical Expert Attendance at Hearing	3090
Subpoena	3035
Withdraw Hearing Request	3025
Correspondence regarding efforts to obtain evidence	0352
Objections to the issues in the Notice of Hearing	0351
Third Party (Non-medical) Statements	0350
Authorization for Source to Release Information to SSA	827
Work History Report	3369
Pain Questionnaire / Report	PAINQ
Fatigue Questionnaire	FATIGUEQ
Headache Questionnaire	HDACHEQ
Claimant's Change of Address Notification	CHNGADD
Workers Compensation/Public Disability Benefits Evidence	WCEVDC
Workers' Comp/Public Disability Benefit Questionnaire	546
Impairment Questionnaire	IMPAIRQ
Asthma Questionnaire	ASTHMAQ
Seizure Questionnaire	SZREQ
Cardiac/Chest Pain Questionnaire	CHESTPNQ
Arthritis/Rheumatology Questionnaire	ARTH/RHEUMQ
HIV Questionnaire	HIVQ
Exertional Activities Questionnaire	EXRTNLQ
Development Questionnaire	DEVQ
Anxiety Questionnaire	ANXQUES
Dizziness Questionnaire	DIZZYQ
Assistive Device Questionnaire	ASDEVQ
Vision Questionnaire	VISIONQ
Fibromyalgia Questionnaire	FIBROQ
Speech Questionnaire/Speech Pathologist Report	SPEECHQ
Required Disclosure – Vocational	REQDISVOC/1088

Important Note

Prior to submitting evidence, the appointed representative should take the following actions:

1. Review the claimant's electronic folder and verify that the evidence to be submitted is not a duplicate. Duplicates should not be submitted to the electronic folder.
2. If a file contains multiple pieces of evidence, separate the evidence into individual documents (for cases pending at a Hearing Office or Appeals Council branch). Select the appropriate document type for each file.

Step 4: Attach Additional Files

Select **Browse** next to **Add Files** to attached additional files. Repeat Steps 2 and 3 for all files.

- You may submit up to 25 files. All files must total less than 200MB.
- File types accepted: .wpd, .doc, .docx, .txt, .rtf, .xls, .xlsx, .pdf, .tiff, .tif.
- Please do not upload password-protected files because they cannot be processed.



The screenshot shows a web interface for file upload. At the top, there is a label "Add Files:" followed by a text input field. To the right of the input field is a button labeled "Browse...". This button is highlighted with a red rectangular border. Below the input field and button, there is a horizontal line. Underneath the line, there are two buttons: a blue button labeled "Submit" and a white button with a blue border labeled "Cancel".

Step 5: Submit Files

Select **Submit** to upload files to the claimant's eFolder.

File 1:	<input type="text"/>	<input type="button" value="Browse..."/>
Document Type:	Medical Evidence of Record (MER) - 0001 <input type="button" value="v"/>	
Treatment Source:	Dr. John Doe <input type="button" value="x"/>	
From Date:	<input type="text" value="04/26/2014"/> <small>mm/dd/yyyy</small>	To Date: <input type="text" value="05/29/2015"/> <small>mm/dd/yyyy</small>
Notes:	<input type="text"/>	
<input type="button" value="Delete"/>		
File 2:	<input type="text"/>	<input type="button" value="Browse..."/>
Document Type:	Representative Fee Agreement (FEEAGRMT) - 5045 <input type="button" value="v"/>	
Document Date:	<input type="text" value="02/05/2017"/> <small>mm/dd/yyyy</small>	
Notes:	<input type="text"/>	
<input type="button" value="Delete"/>		
<input type="button" value="Add File"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

Step 6: Confirmation

You will receive a **Confirmation** screen with a tracking number. You may wish to save this page for future reference. You can use the tracking number to track the status of your submission. You can also track the status using the claimant's SSN or by date/status/site.

For step-by-step instructions on how to track files submissions, please refer to the user manual "Track Status of Submissions". User manuals are available at <https://www.ssa.gov/ar/>.

 **Thank you for your submission**

Individual Response Submission - Tracking Information

Tracking Number: **147ABD0EE3A98337N**

Submitted on: **02/04/2015 at 05:30 PM EST**

Please retain your tracking number in case there are errors or problems that prevent us from processing your submission.

 [Print this page](#)

Submission Summary

Tracking Information

Destination Information

Site Code: **Y32**
State: **Louisiana**
Destination: **LA - New Orleans**
Claimant SSN:
RF: **D**
DR: **S**

Uploaded File(s)

File Name	File Size
File: individual_response.pdf Document Type: Medical Evidence of Record (MER) Treatment Source: Doctor Source From Date to Date: 02/02/2001 to 02/02/2002	243 KB
Notes: Notes were added	
Total File Size 243 KB	

[Return to eFolder](#) [Submit Additional Files](#) [ERE Home](#)