SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0437

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION	2. DDS CODE	3. FILING DATE	4. SSN	HIC (if CDB or DWB CLAIM)
DDS ☐ ODO ☐ DPB ☐ DQB ☐ OIO ☐		[redacted]	[redacted]	

5. NAME AND ADDRESS OF CLAIMANT (Include ZIP Code)	6. WE'S NAME (If CDB or DWB CLAIM)
[redacted]	

7. TYPE CLAIM (TitleII)

DIB	FZ	DWB	CDB-R	CDB-D	RD-R	RD-D	RD	P-R	P-D	MQFE
■	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8. TYPE CLAIM (Title XVI)

☐DI ☐DS ☐DC ☐BI ☐BS ☐BC

9. DATE OF BIRTH	10. PRIOR ACTION	11. REMARKS
[redacted]	☐PD ☐PT	

12. DISTRICT-BRANCH OFFICE ADDRESS (Include ZIP Code)	DO-BO CODE
SOCIAL SECURITY 423 LAFAYETTE ST STE 206 HOUMA, LA 70360	807

13.DO-BO REPRESENTATIVE	14. DATE	11A. ☐Presumptive Disability	11B. ☐Impairment
[redacted]	04/21/2008		

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

15. CLAIMANT DISABLED	16A. PRIMARY DIAGNOSIS	BODY SYS.	CODE NO.	16B. SECONDARY DIAGNOSIS	CODE NO.
A. ☐ Disability Began B. ☐ Disability Ceased					

17. DIARY TYPE	MO./YR.	REASON

18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)/(216)(i)		19. CLAIMANT NOT DISABLED
A. ☐ Not Disab. for Cash Bene. Purp.	B. ☐ Disab. for Cash Benefit Purp. Beg.	A. ■ Through Date of Current Determination B. ☐ Through _____ C. ☐ Before Age 22 (CDB only)

20. VOCATIONAL BACKGROUND	OCC YRS.	ED YRS.	21. VR ACTION	SC IN	SC OUT	Prev Ref
				A. ☐	B. ☐	C. ☐

22. REG-BASIS CODE	23. MED LIST NO.	24. MOB CODE	25. REVISED	25A. Initial	Recon	Recon DHU	ALJ Hearing	Appeals Council	U.S. District Court
N1			DET ☐	A. ☐	B. ☐	C. ☐	D. ☐	E. ☐	F. ☐

26. LIST NO. ▶	A.	B.	C.	D.	E.	F.

27. RATIONALE ☐ See Attached SSA-4268-U4/C4 ☐ Check if Vocational Rule Met. Cite Rule ▶ Claimant can still engage in SGA.

28. A. ☐Period of Disability B. ☐Disability Period C. ☐Estab Beg _____ AND D. ☐Continues E. ☐Term _____

29. LTR/PAR NO.	30. DISABILITY EXAMINER-DDS	31. DATE	32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE	33. DATE

32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print or Type)	32B. SPEC. CODE

34. REMARKS			MULTIPLE IMPAIRMENTS CONSIDERED	
				34A. COMBINED MULTIPLE NONSEVERE-SEVERE
				34B. COMBINED MULTIPLE NONSEVERE-NONSEVERE
35. BASIS CODE	36. REV. DET. CODES	37. SSA REPRESENTATIVE [redacted]	SSA CODE	38. DATE [redacted]

Form SSA-831 EDCS FOLDER COPY **Electronic Input:** ☐ DECISION ☐ CASE CONTROL