

## **Social Security Pre-Screen Form**

<u>Disclaimer</u>: Thank you for your interest in being a client of UPLC. Information collected about new clients is confidential and will be treated accordingly. Accepting this form does not mean that UPLC can represent you on this issue, if there is a possibility of representation a formal intake will be scheduled with you.

Legal Name(s):
Preferred Name(s):
Pronouns (She, He, They, Ze):
Primary Telephone: Secondary Telephone:
Email:
Date of Birth:
Racial Identity:
Address:
Zip code:
Formerly Incarcerated?  Yes No (Have you been to jail or prison in the past?)
Are you currently employed?  Yes No Other:
<b>Status of SS Claim:</b> □ Filed an application □ Received Denial Letter □ Never Applied □ Reapplying after 5+ years
When was the last time you filed a claim (Month/Day/Year):
Are you currently working with an individual or social service agency to file a claim:
If so, who are you working with?
<b>Do you have any mail or paperwork sent to you by SSA?</b> $\Box$ Yes $\Box$ No If so, please provide a copy to the office.

How did you hear about UPLC? \_\_\_\_\_\_

The following questions may require sensitive information. It is important for UPLC to know what relevant medical struggles you may be dealing with as it relates to your SS claim.

Have you been diagnosed with any major MENTAL or PHYSICAL HEALTH diagnosis and are you taking any medications for them: (Ex: Bipolar disorder, ADHD, Heart Arrhythmia, Arthritis etc...)

Diagnosis/ Health Conditions	Medication (s)

**Who knows about your condition or medical treatment?** (Ex. Family, Friends, Case/ Social Worker, Mutual Aid Group, Doctors, Therapist, Psychiatrist, Physical Therapist, etc...)

In at least the past 2 years have you had emergency room visits, overnight hospital or inpatient/outpatient stays? If so please list where, for how long, and for what below: