

March 1, 2016

SSA/DDS-Washington S54

PO Box 30730

Salt Lake City Utah 84130-0730

RE:

SSN:

DOB:

Dear ,

**Introductory comments**

**Personal History**

**Functional Information**

**ADL’s**

**Social Functioning**

**Ability to Concentrate, Persistence, and Pace**

**Episodes of Decompensation**

**Summary**

If you have any questions, please call name/phone number.

Sincerely,

Name, Credentials

 Job title