

## Worksheet 3 Applicant Tracking

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Protective Filing Date: \_\_\_\_\_

Third Party Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SSA Claims Representative: \_\_\_\_\_

Phone: \_\_\_\_\_

DDS Adjudicator: \_\_\_\_\_

Phone: \_\_\_\_\_

Consultative Exam: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Decision: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date of Decision: \_\_\_\_\_