## **DISABILITY DETERMINATION SERVICES**



SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Barbara G. Hollis, Commissioner

Office of State Claims = P.O. Box 5225 = West Columbia, SC 29171 = (803) 896-7180 Toll-free: (866) 206-5207 = Fax: (866) 736-9829

## **Adult Application Checklist**

\*\* Return completed forms within 21 Days. \*\*

Completion of all enclosed forms is required. Applications with incomplete information will result in delays or could result in a denial of the claim.

If you need assistance completing this application, please call 866-206-5207.

Use the following checklist as a guide to ensure both forms are properly completed:

## Application (Form 3218 or 3266)

	Complete in BLUE OR BLACK INK.
	Use LEGAL NAME of applicant (person applying for benefits).
	Social security number, date of birth, address, and phone number are correct.
0	All of the doctors, hospitals, and treating facilities listed are places where applicant has been treated for a medical condition(s) in the last 15 months.
0	If applying on behalf of an individual who has died, a copy of the death certificate or death summary from the hospital is enclosed.
Authorization to Disclose Health Information (Form 921)	
	Complete in BLUE OR BLACK INK.
	Sign with LEGAL NAME and date. (X with a witness is acceptable.)
_	If applicant is unable to sign due to a health condition (such as coma or stroke), the person who signs must be a legally appointed representative. Power of Attorney or other legal documentation must be enclosed.

All forms are available in electronic format, Braille, large print, and audio upon request.