



Arkansas Department of Human Services
Division of Children and Family Services
SSI Screening Questionnaire-Eligibility Unit

(Please complete this form on each child that comes into care and submit to Eligibility Unit Slot S571)

Child's Name: _____ Child's DOB: _____

Child's SSN: _____ Worker: _____

County: _____

1. Does the child receive SSI (money from Social Security because the child is disabled)?

Yes No Not Sure/Don't Know

2. Does the child show any major physical impairment? Yes No

3. Does the child have any functional limitations? Yes No

4. Is the child diagnosed with a specific illness such as Down's syndrome? Yes No

5. Check here only if you want the Eligibility Unit to apply for SSI for this child regardless of how the SSI screening questionnaire is completed.

P.O. Box 1437, Slot S571, Little Rock, AR 72203 ♦ (501) 682-8889 ♦ FAX (501) 682-2109

E-mail address: <mailto:IVEEligibilityUnit@mail.state.ar.us>