



Department of Health and Social Services
Division of Public Assistance

Disability Determination Services Claim Status Inquiry Form

Fax: (907) 777-8183

Division of Public Assistance is requesting an update on the following client's disability determination claim:

<u>DPA complete:</u>	Date of Request: _____
Client Name: _____	
Social Security Number: _____	Date of Birth: _____
DPA Case Number: _____	DPA Application Date: _____

DDS Response:

- Awaiting Physician review
- Medical evidence delay, vendor(s) _____
- Exam necessary, decision delayed until completed and medical evidence received
- Case action deferred until _____ per SSA regulations or Physician request*
*all case action stopped due to nature of impairment. Once deferment date ends, claim must be redeveloped
- Case closed as of _____, allow / deny (circle one), CDR Date _____
- Other: _____

Signature of DDS staff member

Date

<u>DPA complete:</u>		
Please fax completed form back to:		
_____	_____	_____
DPA Team/Employee Name	Fax Number	Phone Number