

**West Virginia Birth to Three (WVBTT)/Social Security Administration
(SSA) Disability Determination Section (DDS) Contact FORM**

The WVBTT and SSA/DDS Project is a partnership to assist Social Security in determining SSI eligibility for a child participating in WVBTT. **The Interim Service Coordinator (ISC) or Ongoing Service Coordinator (OSC) should complete a WVBTT SSA/DDS Contact Form when:** 1) first becoming aware that a family intends to apply for SSI for their WVBTT eligible child; or 2) learning that the family has recently applied for SSI and there are WVBTT assessment reports that can be shared with Social Security upon consent of the family; or 3) the family states that their contact information has changed since they applied for SSI for the child. **The ISC or OSC will fax the WVBTT SSA/DDS Contact Form to the *Disability Determination Section and to the WV Birth to Three *State Director.**

Fill out ALL information requested on this form.

Child's Last Name: _____ First Name: _____ MI: _____

Child's Address: _____ City/State: _____ Zip: _____

****Child's Social Security No:** _____ **Birthdate:** _____

Parent/Guardian Name: _____ **Phone:** _____

Regional Administrative Unit: _____ **Phone:** _____

Service Coordinator's Name: _____ **Phone:** _____

*****Leave blank if child has not received own social security number, or if family has not agreed to share.***

1. WVBTT/SSA/DDS Project Status: Family will be applying for SSI for a child (if applicable "√") ☐
OR
2. WVBTT/SSA/DDS Project Status: Family has applied for SSI and Birth to Three assessment information will be sent upon request from SSI with a release of information (if applicable "√") ☐
OR
3. WVBTT/SSA/DDS Project Status: Family indicates that their contact information has changed since they applied for SSI for the child (if applicable "√") ☐

***FAX A COPY OF THE COMPLETED WVBTT SSA/DDS CONTACT FORM TO THE DISABILITY DETERMINATION SECTION LISTED BELOW:**

Johnette R. Graff, Medical Professional Relations Officer
Disability Determination Section
500 Quarrier Street, Suite 500
Charleston, WV 25301
Phone: (304) 304-353-3586; 1-800-344-5033
Email: Johnette.Graff@ssa.gov or Fax: (304) 353-4239

STATEWIDE

AND FAX A COPY TO:

Regina K. Woodcock, Director
WV Birth to Three
ATTN: SSA/DDS/SSI EI Referral Sheet Tracking,
350 Capitol Street, Room 427 Charleston, WV 25301-3714
Phone: (304) 558-5388 or 1-800-642-8522
Email: dhhrwvbt@wv.gov or Fax: (304) 558-2183