

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SOCIAL SUMMARY OUTLINE**

I. Identifying Information

Client Name: _____ **Date of Birth:** _____
Case Name: _____ **Social Security No. :** ____ - ____ - ____
Address: _____ **Region:** _____
Address: _____ **County:** _____
_____ **Date of Application:** _____
_____ **MA ID/Pending Medicaid No.:**

Phone No.: _____ **Sex:** _____ **Race:** _____

II. Education

Last Grade Attended: _____ **High School Diploma:** _____

Illiterate: _____ **Literate:** _____ **College Degree:** _____

Possible Retardation: Yes () No () **Training or Skills:** _____

III. Marital Status

Single ()
Married ()
Divorced ()
Separated ()
Widowed ()
N/A - Child ()

IV. Family Information

Spouse's Name: _____
Spouse's Date of Birth: _____

Child(ren) Name(s):	Date of Birth:
_____	_____
_____	_____
_____	_____

V. DRS Status

Never Referred () **Referred ()** **Active ()** **Refused ()**

Reason: _____

Terminated ()

Reason: _____

VI. Work History

Name of Employer	Type of Employment	Dates	Reason For Leaving

VII. Military Experience Yes () No () **D. Experience or Training** _____

- A. Honorable Discharge () _____
- B. Dishonorable Discharge () _____
- C. Medical Discharge () _____

VIII. Resources

- A. Presently Receiving:
 - 1. Social Security, type & amount _____
 - 2. VA Benefits, type & amount _____
 - 3. Black Lung, amount _____
 - 4. Workers' Compensation, amount _____
 - 5. Other (specify type & amount) _____

- B. Not receiving but applied for:
 - 1. Social Security ()
 - 2. VA Benefits ()
 - 3. Black Lung ()
 - 4. Workers' Compensation ()
 - 5. Other (specify) _____

- C. SSI Status
 - 1. Applicant ()
 - 2. Recipient ()
 - 3. Denied () Date of Denial _____
 - 4. Appeal Status Yes () No ()

- D. Applied for SSI () and /or _____ was denied because _____

IX. Reasons for applying

- A. Clients statement regarding his condition (or parents statement if client is a child). List specific conditions alleged by client. Give clients description of pain and work limitations.**

- B. Previous manner of support.**

X. Characteristics

- A. Description of client**
Would client's appearance be a barrier to employment? Explain.

Could the client communicate verbally with employers, fellow employees?

- B. Developmental History**
 - 1. Describe serious illnesses/injuries requiring hospitalization or institutionalization for this complaint:**

Institution	Dates	Physician	Illness/Injury	Continues to Present

- 2. Other information (illnesses NOT requiring hospitalization, outpatient treatments, any current treatments, current attending physician, future hospitalization, etc).**

- 3. Current Medications**

Social Factors

Client's description of home environment.

Does the client require assistance performing daily activities: If yes, explain.

COMPLETED BY (WORKER): _____ **DATE:** _____

REVIEWED BY (SUPERVISOR): _____ **DATE:** _____