

Prader-Willi Syndrome SSI Disability Evaluation Form for Other Sources

Legal Name of Applicant	
Applicant's Social Security Number	
Name of Person Completing Form	
Address:	
Telephone Number:	
Relationship to the Applicant (i.e. social worker, clergy, Case Manager, etc.)	

Instructions: The applicant listed above is applying for Supplemental Security Income (SSI). In order to establish a qualifying disabling condition, the Social Security Administration needs as much information as possible about this person's day to day experience. Please answer, based on your experience the following questions and, where possible, give details and/or examples. Thank you!

Does the Applicant Experience:

Uncontrollable fits of rage. <u>Please explain:</u>	___ Yes ___ No ___ Unknown
Limited sequential reasoning. <i>(Trouble connecting one thought to the other, actions with consequences, etc.)</i> <u>Please explain:</u>	___ Yes ___ No ___ Unknown
Perseveration. <i>(repetition of words, questions, phrases)</i> <u>Please explain:</u>	___ Yes ___ No ___ Unknown

Inappropriate and socially unacceptable behaviors. <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Impaired judgment. <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Oppositional defiant behavior. <i>(characterized as stubborn, difficult, etc.)</i> <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Cognitive rigidity and inflexibility. <i>(difficulty adapting to new ways of learning, resistant to change)</i> <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Disruptive behavior. <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<p>Impulse control disorder. (acts without thinking through consequences, wants immediate gratification)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p><u>Please explain:</u></p>	
<p>Factitious disorder. (lies or makes up stories)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p><u>Please explain:</u></p>	
<p>Food seeking behavior</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p><u>Please explain:</u></p>	