

**Prader-Willi Syndrome SSI Disability Evaluation form for Parents**

|                                    |  |
|------------------------------------|--|
| Legal Name of Applicant            |  |
| Applicant's Social Security Number |  |
| Name of Parent (s) Completing Form |  |
| Address:                           |  |
| Telephone Number:                  |  |

**Instructions:** Your child 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 your child's day to day experience. Please answer the following questions and make sure to give details and/or examples. After you have completed this form make sure to ask your physician to sign the form as well.

**Does the Applicant Experience:**

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

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|---|--|
| <p><u>Please explain:</u></p>   |  |
| <p>Impaired judgment. <span style="float: right;">___ Yes ___ No ___ Unknown</span><br/> <u>Please explain:</u></p>   |  |
| <p>Oppositional defiant behavior. <span style="float: right;">___ Yes ___ No ___ Unknown</span><br/> <i>(characterized as stubborn, difficult, etc.)</i><br/> <u>Please explain:</u></p>                              |  |
| <p>Cognitive rigidity and inflexibility. <span style="float: right;">___ Yes ___ No ___ Unknown</span><br/> <i>(difficulty adapting to new ways of learning, resistant to change)</i><br/> <u>Please explain:</u></p> |  |
| <p>Disruptive behavior. <span style="float: right;">___ Yes ___ No ___ Unknown</span><br/> <u>Please explain:</u></p>   |  |
| <p>Impulse control disorder. <span style="float: right;">___ Yes ___ No ___ Unknown</span><br/> <i>(acts without thinking through consequences, wants immediate gratification)</i><br/> <u>Please explain:</u></p>    |  |

|  |   |
|--|---|
|  |   |
| Factitious disorder.<br>(lies or makes up stories)<br><u>Please explain:</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|  |   |
| Food seeking behavior<br><u>Please explain:</u>                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|  |   |

|   |       |
|---|-------|
| <b>Physician's Confirmation</b>   |       |
| I have reviewed this form and it is an accurate assessment of this person's disability. |       |
| Name of Physician:  | _____ |
| Signature of Physician:   | _____ |
| Date:   | _____ |