

Authorized Representative with Social Security

What does it mean to be an AR with SSA?

Being an Authorized Representative for someone during their disability application process with Social Security is called being their “1696” (“sixteen-ninety-six”). Being someone’s 1696 allows you to:

- Make sure that someone’s application has been received
- Make sure that there are no missing pieces or holes in their application
- Find out whether the case has been sent to DDS (Disability Determination Services)
- Check on the status of the application
- Give the Social security officers information about the person you are advocating with
- Assist the social security officer with communicating information or getting the proper information from someone you are advocating with.

How do you become someone’s 1696?

The term 1696 comes from the form that must be filed in order to become someone’s 1696. In order to become someone’s 1696 you must file form SSA-1696 as soon after their SSI/SSDI application has been submitted as possible.

TIP: If you are doing an in-person SSI/SSDI application with someone you can ask to fill out form SSA-1696 along with the application.

Filling out form SSA-1696:

Form SSA-1696 can be accessed here:

<https://www.ssa.gov/forms/ssa-1696.pdf>

There are detailed instructions and four versions of the form itself. The four forms are differentiated at the bottom as File Copy, Representative Copy, Claimant Copy and ODAR copy. This is so that you can retain a copy, give one copy to the person you are advocating with, and give two copies to Social Security. However, as long as Social Security gets at least one copy with the ink signature on it, then the other copies can be photocopies. It is important to retain a copy of this form for yourself. You may find that you have to submit it several times in order to get it attached to the case.

Submitting Form SSA-1696

You can submit form SSA-1696 in one of three ways:

1. Bring it to the Social Security Office and submit it in person. This requires taking a number and waiting around the SSA office to be called to the window. However, it is the most reliable way of getting the form properly attached to the case.
2. Fax and Call. Fax this form to the Louisville Social Security office at 303-494-4750. Then follow up by calling the office at 1-877-405-5872 to make sure that it has been received and that someone attaches it to the case.
3. Mail and call. At the end of the online SSI/SSDI application there will be an opportunity to print out a special cover page that allows you to mail documents that need to be attached to that application. Follow up with a call 7-10 days later to make sure it has been received.

Example:

Form SSA-1696 looks like this:

Social Security Administration
Please read the instructions before completing this form. Form Approved OMB No. 0960-0527

Name (Claimant) (Print or Type) Social Security Number

Wage Earner (If Different) Social Security Number

Part I CLAIMANT'S APPOINTMENT OF REPRESENTATIVE

I appoint this individual, _____ (Name and Address)

Title II (RSDI) Title XVI (SSI) Title XVII (Medicare) Title VIII (SVB)

This individual may, entirely in my place, make any request or give any notice; give or draw out evidence of information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s)

I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

I appoint, or I now have, more than one representative. My principal representative is: _____

Signature (Claimant) Address

Telephone Number (with Area Code) Fax Number (with Area Code) Date

Part II REPRESENTATIVE'S ACCEPTANCE OF APPOINTMENT

_____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: I am an attorney. I am a non-attorney eligible for direct payment under SSA law. I am a non-attorney not eligible for direct payment.

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative) Address

Telephone Number (with Area Code) Fax Number (with Area Code) Date

Part III FEE ARRANGEMENT
(Select an option, sign and date this section.)

I am charging a fee and requesting direct payment of the fee from withheld past-due benefits. (SSA must authorize the fee unless a regulatory exception applies.)

I am charging a fee but waiving direct payment of the fee from withheld past-due benefits. (do not qualify for or do not request direct payment. (SSA must authorize the fee unless a regulatory exception applies.)

I am waiving fees and expenses from the claimant and any auxiliary beneficiaries. By checking this block I certify that my fee will be paid by a third-party entity or government agency, and that the claimant and any auxiliary beneficiaries are free of all liability, directly or indirectly, in whole or in part, to pay any fee or expenses to me or anyone else as a result of their claim(s) or asserted right(s). (SSA does not need to authorize the fee if a third-party entity or a government agency will pay for its funds the fee and any expenses for this appointment. Do not check this block if a third-party individual will pay the fee.)

I am waiving fees from any source—I am waiving my right to charge and collect any fee, under sections 206 and (b)(1)(d)(2) of the Social Security Act. I release my client and any auxiliary beneficiaries from any obligations, contractual or otherwise, which may be owed to me for services provided in connection with their claim(s) or asserted right(s).

Signature (Representative) Date

Form SSA-1696-U4 (07-2014) of (07-2014) Use Prior Editions Until Exhausted FILE COPY

The name of the person who is applying for SSDI/SSI goes here.

Their Social Security Number goes here.

Is the person married? If so their spouse's info goes here. If not leave this part blank

The Claimant is the person you is applying for SSI/SSDI. They need to sign this first section saying that they want to appoint an Authorized Representative. Their signature and contact information goes here.

Print your name in both of these places.

You are the Representative. You need to fill out both of the bottom sections. The first section indicates that you are accepting this appointment as Representative. The second one says that you do not intend to collect fees for your services. Your signature and the date need to go in both places. Include your contact information where indicated as well.

These boxes need to be checked!

Why?

- Title II (RSDI), Title XVI (SSI), and Title XVII (Medicare): Allows you to be AR for any application that involved Retirement, Disability, and Survivor Benefits, SSI, and/or Medicare. Title VIII only applies to veterans.
- "I authorize the Social Security...": This is the box that makes you the AR.
- You must indicate that you are not an attorney and nor eligible for direct payment, and that you have not been disqualified or barred.
- You must indicate that you do not intend to collect a fee for your services.