

# Critical Request Evaluation Sheet

Last Update: 2/12/09 ([Transmittal I-2-73](#))

CLAIMANT'S NAME (Last, First)	SSN	REQUESTOR/SOURCE
REQUESTOR'S ADDRESS	REQUESTOR'S TELEPHONE NO.	RELATION TO CLAIMANT
		DATE OF REQUEST

## HOW WAS CRITICAL REQUEST RECEIVED?

Written statement submitted. [Letter or statement attached.]

Telephone contact received by \_\_\_\_\_ (employee). [RC attached.]

Other: \_\_\_\_\_

## ALLEGED CRITICAL SITUATION (Check any and all that apply):

1. \_\_\_ Terminal Illness [**TERI**]—FLAG with Form SSA-2200.
2. \_\_\_ Military Service Casualty Case [**MSCC**]—FLAG with MSCC flag found in [I-2-1-96](#)
3. \_\_\_ Compassionate Allowance [**CAL**]—FLAG with Critical Case flag found in [I-2-1-94](#), with clear designation that case involves CAL.
4. \_\_\_ Without and unable to obtain food, medicine, or shelter [**DIRE NEED**]
  - o Lack of food/shelter
  - o Lack of necessary medical care/medications
  - o Foreclosure or eviction
  - o Other: \_\_\_\_\_
  - o \_\_\_ Verified with servicing Field Office (FO) or other source:
    - Income of any kind/source? Yes/No \_\_\_\_\_
    - Receiving any aid from the state or federal government? (Workers' comp, TANF, food stamps, WIC, Medicare, Medicaid, veterans' benefits, etc.)? Yes/No \_\_\_\_\_
    - Dependents: \_\_\_\_\_
    - Obligations/Expenses/Debts: \_\_\_\_\_
5. \_\_\_ Suicidal or \_\_\_ Homicidal [**SUICIDAL/HOMICIDAL**]. See [I-2-1-37](#).

DESIGNATOR: \_\_\_\_\_ [HOCALJ, HOD, GS, ALJ] (Circle one)

DATE: \_\_\_\_\_

- ENTERED INTO HO DATA SYSTEM (date of designation, type of critical case)
- CLAIM FILE FLAGGED AS CRITICAL CASE