



Appointment of Representative SSA-1696 form

May 2022

- Official form for representation
- Social Security acknowledges the representative
 - Fill out form correctly
 - Compliance with your DHS contract
- Basic information about an individual and representative
- Always use current version
 - www.ssa.gov/forms

Instructions for Completing Form SSA-1696

Keep a copy of this form for your records

DO NOT FILE form SSA-1696 if you do not have a claim, you are not filing a claim with this form, or there is no other issue pending decision with us. In this document, "you" means the claimant, beneficiary, auxiliary or spouse. "Us" and "SSA" means the Social Security Administration.

General Information About This Form

- You have the right to appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, or to locate your local field office, you can visit our website at www.ssa.gov/locator. Call us, toll-free, at 1-800-772-1213.
- You and your representative(s) may use this form to start the representation. Your representative may also use this form to waive a fee, waive direct payment of the fee, or tell us that a third party will pay the fee.
- You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you come to our office, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if he or she will be acting or appearing on your behalf, or will be making decisions about your case for you.
- You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false evidence on this form or your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or administrative sanctions against you or your representative.

Appointing a Representative

Information and Instruction Pages

Claimant's Social Security Number									Appointed Representative's Rep ID													
1	1	1	-	2	2	-	3	3	3	3	?	?	?	?	?	?	?	?	?	?	?	?

Claimant's Appointment of a Representative

Section 1 - Claimant's Information

First Name	Initial	Last Name	
Ellie	S	Example	
Mailing Address 123 ABC Street Apt A1			
City	State	ZIP/Postal Code	Country - if outside the U.S.
Anywhere	MN	00000	
Phone Number	Alternate Phone Number (Optional)		
111	222-3333	222	444-5555
Country/Area Code	Phone Number	Country/Area Code	Phone Number

Section 1 – Claimant's Information

Number Holder's Information *(Complete when applicable)*

My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.

Number Holder's Social Security Number

4 4 4 - 3 3 - 2 2 2 2

First Name

Mother

Initial

S

Last Name

Example

Section 2 - Disclosure *(Claimant Only)*

By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. *(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)*

Section 1 - Number Holder and Section 2 - Disclosure

Section 3 - Principal Representative *(Claimant only – Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

Name Robert R. Representative

Section 3 – Principal Representative

Section 4 - Representative's Information (Claimant and Representative)

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

First Name	Initial	Last Name	
Robert	R	Representative	
Mailing Address C/o (your agency name) ABC Street			
City	State	ZIP/Postal Code	Country - if outside the U.S.
Anywhere	MN	11111	
Phone Number		Alternate Phone Number (Optional)	
222	333-444	333	444-5555
Country/Area Code	Phone Number	Country/Area Code	Phone Number

Section 4 – Representative's Information

Section 5 - Representative's Status, Affiliations, and Certifications (Representative Only)

Representative's Status Part A - Type of Representative (Representatives have a duty to keep their information current)

- I am an attorney (SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)
- I am a non-attorney eligible for direct payment (SSA law requires that attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria).
- I am a non-attorney not eligible for direct payment.
- I work for a non-profit organization (e.g. a law clinic or state legal aid)

In this section, only check one of these three boxes

Representative's Status Part B - Disqualification

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.

- Yes
- No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.

- Yes
- No

Section 5 – Representative's Status

Claimant's Social Security Number

1	1	1	-	2	2	-	3	3	3	3
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Appointed Representative's Rep ID

?	?	?	?	?	?	?	?	?	?	?	?
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Section 5 - Continued (Representative Only)**Affiliation Information**

If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). This is your employer's tax identification number. *(Do not complete this section if you do not qualify for direct payment.)*

EIN

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Organization's Name (Enter the full name of the business, entity, firm or organization with which you want to be affiliated while representing this claim)

Representative's Business Address (if different than mailing address)

City

State

ZIP/Postal Code

Country - if outside the U.S.

Section 5 – Representative's Affiliation

Representative's Certifications

I accept this appointment and certify the following:

- I understand and agree that I will comply with SSA's laws and rules on the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives; I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand that if I fail to comply with any of SSA's laws and rules I may be suspended or disqualified as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or prohibited, for any reason, from practicing before the Social Security Administration.
- I am not disqualified from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 2 of this form in connection with the claims and asserted rights described in Section 6 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all of the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

If I intend to seek direct payment of the authorized fee on this claim -

- I have registered for and obtained a Rep ID, and my registration information is up-to-date.
- I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice before SSA or any other Federal program or agency, disbarred or suspended by a court or bar, and convicted of a violation under Section 206 or 1631(d) of the Social Security Act.

I CERTIFY TO ALL OF THE ABOVE

rtr

(Representative's Initials)

Section 5 – Representative's Certifications

Claimant's Social Security Number

1	1	1	-	2	2	-	3	3	3	3
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Appointed Representative's Rep ID

?	?	?	?	?	?	?	?	?	?	?
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Section 6 - Claim Type *(Claimant or Representative)*

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: *(Check all that apply)*

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 6 – Claim Type

Section 7 - Fee Arrangement (Representative Only)

Check one box below:

- I will request a fee and direct payment of this fee.** Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- I will request a fee but not direct payment.** Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual.** Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- I waive the right to a fee.**

Section 8 - Signatures (Claimant and Representative)

Representative's Signature	Date
Robert R. Representative	04/21/2022
Claimant's Signature	Date
Ellie S. Example	04/21/2022

Section 7 - Fee Arrangement and Section 8 - Signatures

Submitting the SSA-1696 to SSA

➤ Initial disability application

- Submit to Social Security after submitting the online disability application
- Print and use the cover sheet from the online application
- Fax or mail

➤ Filing a disability appeal

- Upload the SSA-1696 at the end of the online appeal

➤ Pending disability claim

- Submit to Social Security with a cover letter
- Use the [Social Security online office locator](#)
- Fax or mail

- Receive appointment of confirmation notice
- Arrives 30-60 days after submission of SSA-1696 form
- Follow up with local Social Security field office

Submitting the SSA-1696 to DHS

- Social Security Advocacy Services (SSAS) Payment System
- Within 90 days after submitting:
 - Initial application
 - Appeal
 - Continuing disability review forms
- Or within 90 days of becoming an individual's authorized representative

Thank You!

Questions or suggestions?

DHS.SSAAdvocacy@state.mn.us