

SOCIAL SECURITY

Disability Benefits

INITIAL FILING GUIDE

2022

Save up to \$6,000 by filing your own application!



Written by
Jeffrey Herman, Esq.

A screen-by-screen guide on how to file an
initial application for disability benefits
all on your own!





**Filing your own Initial Application for
Social Security Disability Insurance online
could save you up to \$6,000!**

(Yes, you read that correctly.)

I'm here to walk you through the filing process.





How can filing your own initial application online save you up to \$6,000?


When you hire an attorney to represent your claim, the attorney's fee is 25% of your retroactive benefits ([the back pay to which you're entitled](#)). Federal law caps that fee at \$6,000. You could save yourself this expense by filing your own initial application for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits *without* the help of an attorney.




Be Forewarned

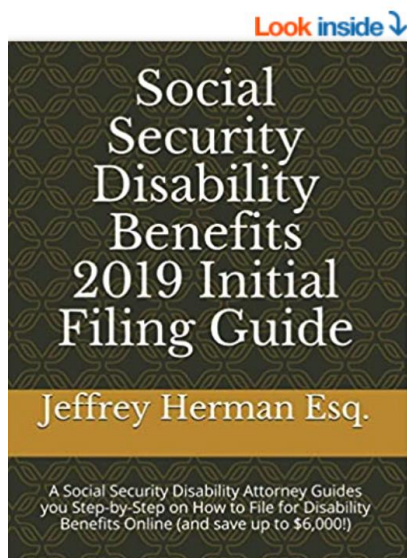
I'm sharing this information with you because you should always be armed with as much knowledge as possible before making any important decision.

Here's my warning to you: Don't get your hopes up too high. To be quite frank, it isn't easy to get an SSDI claim approved. In fact, less than 20% of disability claims are approved on initial review. An experienced attorney can sometimes tip the scales in your favor, and I highly recommend that you consider consulting with one if your initial application is denied. Because attorneys know that initial applications are denied 4 out of 5 times, it's often better for you to file your own application online and seek assistance on appeal.

Note: When you see this  in this eGuide, it means an important message about the SSDI claim process is on its way.

Note: When you see this  in this eGuide, it means a warning is headed your way.

Note: When you see this  in this eGuide, it means you should expect an important message about the legal consequences of a question.



Social Security Disability Benefits 2019 Initial Filing Guide: A Social Security Disability Attorney Guides you Step-by-Step How to Properly File for ... (Social Security Disability eGuide Series)

Paperback – April 10, 2019

by Jeffrey Herman Esq. (Author)

★★★★★ 10 ratings

[See all formats and editions](#)

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Introduction

I originally published this eGuide in 2019 as a low-cost resource to help disabled people seize control of their financial future by taking the first step in the notoriously lengthy and painstaking process of collecting disability benefits from the US government. I wanted to provide a guide which gives a person step-by-step assistance for submitting their own application. In preparing this eGuide, I've documented the entire online filing process from start to finish. I've also highlighted certain key terms to explain some of the more complicated questions and have included useful tidbits that will help you prepare your application.

Working full-time in Social Security law has afforded me a glimpse into the lives of my clients, folks who suffer from a wide array of disabilities. Each person has a different story to tell, but the common thread in all the stories is struggle: medical struggle, emotional struggle, financial struggle. Knowing how far SSDI or SSI goes in relieving some of that suffering, nothing makes me happier than seeing a claim awarded to a deserving client. I hope that this eGuide will help folks see light at the end of the tunnel.

The 2022 version of this eGuide is updated with the latest information and approval statistics, income limits, and changes due to COVID-19 and the law. My goal in writing this eGuide is simple: I want to explain the initial application process clearly so that applying on your own is manageable. I've tried to make this manual as convenient as possible, and I hope it makes your life a little easier. You have enough on your plate already, and I know a little help can go a long way. **Let's get started!**



Dave Chermol

★★★★★ **Jeff is a winner - definitely worth buying**

Reviewed in the United States on September 27, 2021

As one of the leading disability attorneys in the nation, I can tell you that Jeff is an excellent disability attorney with real insight. His guide is excellent and as an attorney you could not do better.



What's New in **2022**

2020-2021 have been _____ years. (I'll let you fill in the blank) Yet, with everything that has happened due to COVID-19, something **good** did come from it. Drumroll please...

THE SOCIAL SECURITY ADMINISTRATION WAS FORCED TO UPDATE THEIR ARCHAIC SYSTEM TO ENABLE REMOTE DISABILITY CLAIM PROCESSING!

Starting in March of 2020, SSA began to conduct hearings telephonically. And the funny thing is that it actually worked! Judges, Claimants, Representatives, and Experts could all participate in the hearing just fine from home through their own telephones. What used to be a very formal in-person proceeding could now be done in pajamas while reclining on the couch! (Well, I try to still wear a suit, at least from the waist up.)

All kidding aside, SSA had no choice but to invest time, money, and energy into updating their archaic systems to effectively allow SSA representatives, claim adjudicators, judges, claimants, and representatives. Now, in 2022, claimants with scheduled hearings have multiple options for how their hearing is conducted:

- **Microsoft Meetings ****NEW******
- Telephonic
- Video Teleconference (VTC)
- In-Person

There are pros and cons for each, and this guide includes a brief description of how each option works so you can make the best decision for your hearing, if you wind up having one.

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Crystal Copeland

★★★★★ **great for 2021**

Reviewed in the United States on June 3, 2021

Verified Purchase

This book walks you through step by step what you need to apply online for SSDI. The book says 2019, but it is the same questions and order progression at 2021. Highly recommend it. Fingers crossed I qualify!

Important Disclaimer

Please note that while this eGuide has been drafted by an attorney, it does not constitute legal advice. Disability claims are like snowflakes: no two are alike. This eGuide contains general guidance only on how to complete an initial application for Social Security Disability Insurance (SSDI) benefits using the electronic filing system at www.ssa.gov. The tips provided in this eGuide may not apply to your unique set of circumstances.

No book or guide can ever replace the level of proficient representation you are entitled to when you form an attorney/client relationship. In the area of Social Security law, an attorney/client relationship is only formed through a signed fee agreement and other representation paperwork. In other words, your purchase and use of this eGuide does not create an attorney/client relationship between you and me.

It is important to note that the application process may be modified by SSA at any time and without advance notice. Regardless, the substance of the material is grounded in a core understanding of constitutional rights and codified SSA regulations that govern this area of law.

Lastly, there are no guarantees that following this eGuide will result in an approval of your initial application. However, many people have commented online that they found this eGuide to be incredibly helpful.



Maggie

★★★★★ **This guide helped me**

Reviewed in the United States on November 8, 2019

Verified Purchase

UPDATE: I won with the help of this book and Mr. Herman! There is absolutely no misinformation in this guide as another reviewer said, Mr. Herman know disability law front to back and every other way inbetween. If you have to file for disability I am so sorry, get this book, it will help you!! If you are denied find the best attorney in your area, don't fight it alone. Mr. Herman is an incredible attorney, this book truly helped me!

Original review:

I purchased this guide after it was recommended to me when I found myself in the horrible position of having to apply for disability. I was afraid of how daunting the filing process appeared but once I received this guide it took all the anxiety away. I read it twice front to back before I applied online and referred back to it through each step of the process. This guide made the application process so easy to get through and I felt like I had someone on my side through each step. If you or someone you know is in the unfortunate position of having been injured badly enough or has become so ill that disability is inevitable please get this guide. It's written in such an easy flow it feels like youre talking with a friend over lunch.

About the Author

One Day, Two Births: Jeffrey Herman was born on September 11, 1980, in Long Island, New York. On the very day of Jeffrey's birth, his father, Stephen Herman, opened the doors to his own Social Security disability law practice, nestled in the courthouse district of Hempstead, New York.

Young, but Experienced: While Jeffrey was attending college in Queens 22 years later, Stephen offered his son a job in his firm. Jeffrey sat in on many of his father's initial consultations with Social Security disability clients. He witnessed firsthand how an attorney with more than 20 years of experience interviewed potential clients and assessed disability claims. Jeffrey also learned about the various procedural requirements, forms, and objective medical evidence required for approval of Social Security disability claims.

In 2013, Jeffrey followed in his father's footsteps and opened a practice of his own in Scottsdale, Arizona, where he now concentrates in disability law. He holds a bachelor's degree in English, and he prides himself on his persuasive writing abilities.



"The key to overturning a wrongly denied disability claim is to write a concise and persuasive brief, which is something I do for each of my clients. To sway a judge or a claim adjudicator, I have found great success when using use strong and colorful language to explain why my client is disabled under the law. I argue the claim according to SSA's *five-step sequential analysis* and use descriptive language to best convey the impact my client's medical conditions have on their physical and cognitive ability to work. My objective in each case is to complement sound legal argument with human touch as I want to both persuade and evoke empathy."

- Jeffrey Herman

Fun Fact: In addition to practicing Social Security disability law, Jeffrey is also an inventor who holds a patent on a unique napkin concept. When he graduated from law school, he took a trip to Pamplona, Spain and ran with the bulls.

Some Fatherly Words...

I was pleased and honored when my son Jeffrey asked me to contribute to his self-help tutorial for applying for Social Security disability benefits. Having practiced Social Security disability law since 1980, I have been able to impart to him much knowledge and practical advice on successfully representing a disability client. I believe that the cases are won in the preparation phase, by completing the Social Security forms accurately and fully and by getting medical and opinion evidence in a form most useful in a disability determination. My success rate of more than 80% testifies to the benefits of thorough preparation. My son's success to date is further confirmation.

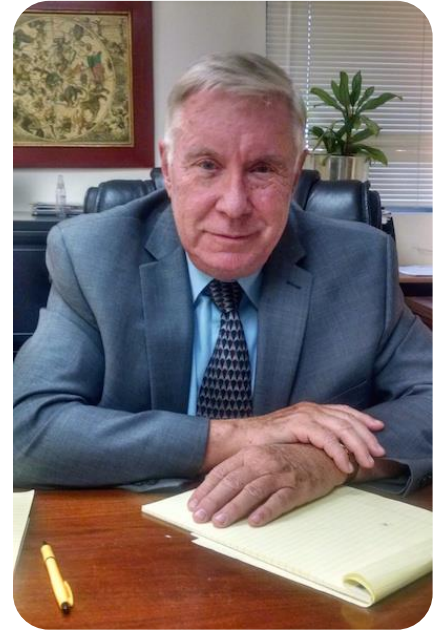
In this self-help guide, Jeffrey lays the groundwork for a solid initial application, step by step, in easy-to-understand language. He also provides valuable tips on how to increase your chances of winning your case on initial application. Appeal times to a hearing before an ALJ run up to two years in many jurisdictions, so the advantage of being successful on initial application is obvious.

I will be retiring this year after 45 years of practicing law. One of the highlights of my career is the satisfaction of having many unfavorable decisions for disability benefits overturned, when people who have suffered long and hard with disabilities finally get the economic and medical benefits they so badly need. Those benefits often make dealing with a disability less burdensome. It is unfair that deserving claimants must often wait years to receive a benefit to which they are entitled.

I fully believe that Jeffrey Herman's self-help guide can assist persons to receive benefits sooner or to have a greater possibility of success on appeal.

Stephen C. Herman

Retired Social Security Disability Attorney



How do I know if I am disabled?

In basic terms, an applicant for disability (or “claimant”) must prove they are ***medically disabled*** (according to Social Security’s standards) which results in an ***inability to work for at least 12 months*** to be awarded disability benefits.

Medically Disabled

There are many physical, cognitive, and psychological conditions that people develop throughout their lifetime. Generally, conditions that are medically diagnosed as “severe”, “significant”, “marked” or “extreme” rise to the high standard imposed by the Social Security Administration (SSA).

In fact, SSA publishes a great number of conditions, impairments, and disorders identifying hundreds of disabling conditions (often called “the listing”). The merits of each requirement in a listing is scrutinized during the claims review process. In all cases, the claimant’s medical records must demonstrate that the requirements are met according to SSA’s standards for a claim to be approved.

If the requirements of one of the listings is not met, the claimant must show that his or her “residual functional capacity” (the ability to function for work) is so impaired that he or she cannot perform their past work (or any other work if under the age of 50) as a result of these limitations.

Inability to Work

The disability must be so severe that it results in an inability to engage in substantial gainful activity (SGA) for at least 12 continuous months (or is expected to result in death).

Substantial gainful activity is often considered the ability to maintain a basic entry-level job on a full-time basis (such as a parking lot attendant, a movie theater ticket collector, a retail store greeter, a table worker, and the like).

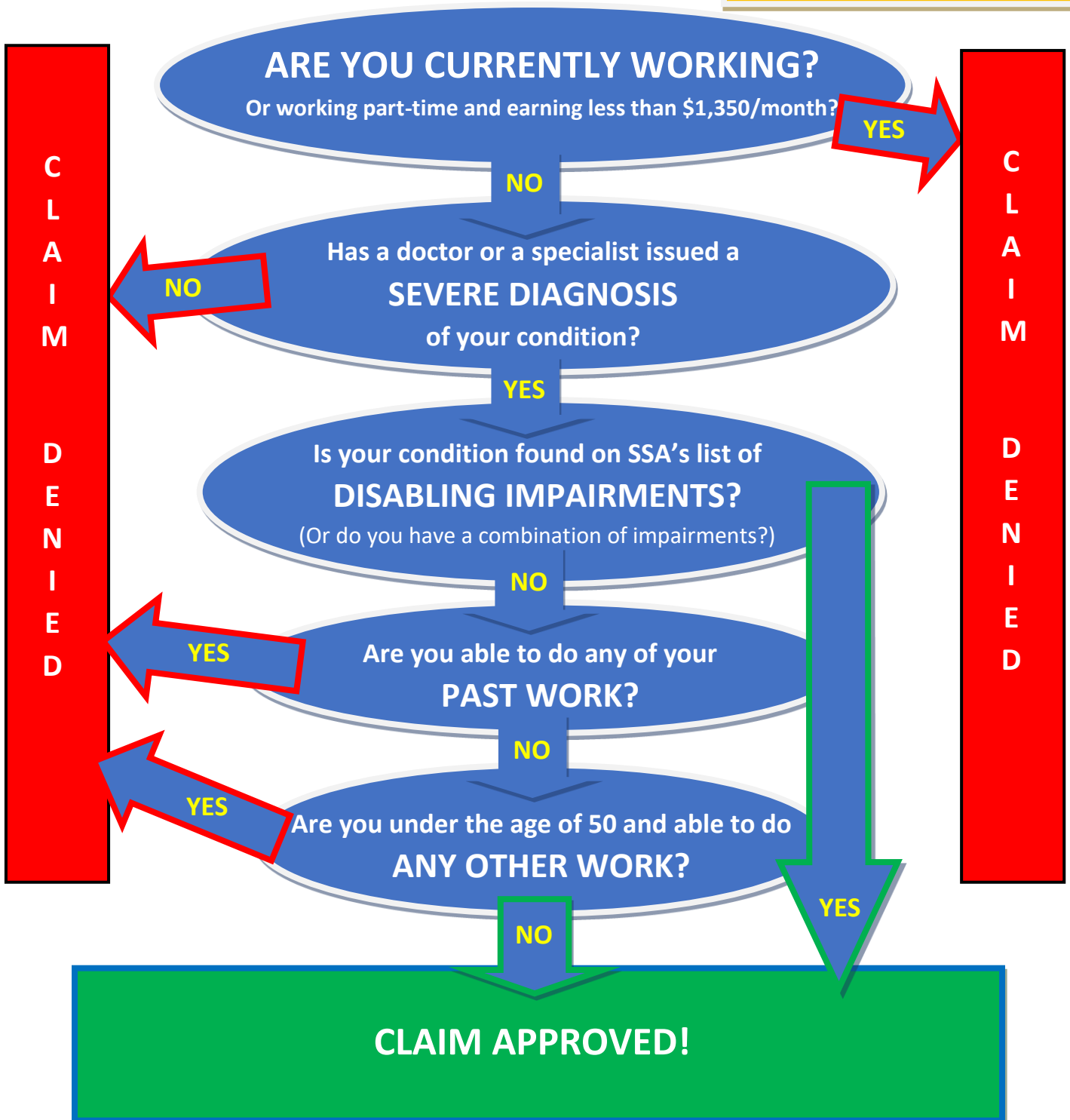
For at least 12 straight months the disability condition must have lasted or is expected to last. If 12-month lapses before your claim is approved and you are still not working, then this part is satisfied. If 12-months has yet to lapse since you last worked, you may need to provide a medical opinion stating that your condition will not improve for at least 12 months.

Determinations by SSA are made using a “5 Step Analysis” as illustrated on the next page.

How Disability Claims Are Analyzed

The 5-Step Sequential Review Process

Note: Each step is reviewed in order. If a claim doesn't pass one of the steps, the claim is denied without continuing to any of the remaining steps.



Cost of Living Adjustment in 2022



Increase in SGA Limits

Every year there is a cost-of-living adjustment (“COLA”). The announcement is made during the second week of October. The annual raise in COLA is a direct reflection of economic inflation. The increase in COLA results in an increase to the monthly income amount that SSA considers SGA (“Substantial Gainful Activity”). A person who is earning over the monthly amount is ordinarily considered to be engaging in SGA.

As it applies to Social Security Disability Insurance (“SSDI”) benefits:

- **In 2022, Social Security and Supplemental Security Income (SSI) beneficiaries will receive a 5.9% Cost of Living Adjustment for 2022**
- **In 2022, the monthly SGA amount is \$1350 for non-blind disabled individuals**
 - Increase of \$40 from 2021
- **In 2022, the monthly SGA amount is \$2260 for statutorily blind individuals**
 - Increase of \$70
- **In 2022, the trial work period month amount is \$740 per month**
 - Increase of \$30

Trial Work Period

If you receive Social Security Disability Insurance (SSDI), Social Security has a Work Incentive called the [Trial Work Period](#) (TWP), which allows you to test your ability to work for at least 9 months and still receive benefits. As long as you [report your work activity](#) and continue to meet Social Security's disability requirements, you'll continue to receive your benefits payments regardless of how much money you make. The TWP continues until you accumulate 9 TWP service months (not necessarily consecutive) within a rolling 60-month period.

Social Security adjusted the TWP amount in 2022 so that any month you earn more than \$970 will count toward your TWP. If you are self-employed, any month that you work 80 or more hours in your business, or have net earnings from self-employment of more than \$970 per month, will count toward your TWP.

Full Retirement Age to Change in 2022

The full retirement age (referred to as "normal retirement age" by the Social Security Administration) is the age at which a retired worker can collect 100% of their monthly retirement benefit, as determined by their birth year. In 2022, the full retirement age is age 67 , which applies to anyone born in 1960 or later.

Increase in Maximum Federal SSI Payments

With the annual raise in COLA, the maximum federal Supplemental Security Income (“SSI”) payment for an individual will go from \$794 per month to \$847 per month for 2022. For couples, the federal maximum will rise from \$1,191 to \$1,261 per month. **Note: The SSI Resource limits for eligibility remain at \$2000 for an individual and \$3000 for a couple**

Social Security Disability Vernacular

Common Acronyms

AOD – Alleged Onset Date

This is the date in which a claimant applying for disability benefits claims they became disabled and could no longer work.

COLA – Cost of Living Adjustment

Social Security benefits and Supplemental Security Income (SSI) payments may be automatically increased each year to keep pace with increases in the cost of living (i.e., inflation).

DDS – Disability Determination Services

State agencies that are funded by the US government. Their purpose is to make disability findings for the Social Security Administration.

DIB – Disability Insurance Benefits

This term is commonly used to represent the month and year a claimant is eligible to receive their disability insurance benefits. The DIB is 5 full months from the Established Onset Date (EOD).

DOT – Dictionary of Occupation Titles

The D-O-T refers to a publication produced by the United States Department of Labor. The 1991 version of the D-O-T is still used extensively at SSA in litigation related to applications for Social Security disability benefits and Supplemental Security Income (SSI) for adult claimants.

EOD – Established Onset Date

This is the date that SSA has determined a claimant's true onset date for disability. In other words, when a claim is approved, SSA will either approve the AOD or amend the date to the EOD. Disability benefits begin 5 months from the EOD.

FBR – Federal Benefit Rate

The federal benefit rate represents both the SSI income limit and the maximum federal monthly SSI payment.

FICA – Federal Insurance Contributions Act

The tax withheld from your salary or self-employment income that funds Social Security and Medicare.

RFC – Residual Functional Capacity

The amount of labor you can perform given your age, work history, and education, considering any physical or mental limitations caused by your disability(ies).

SGA – Substantial Gainful Activity

To be eligible for disability benefits, a person must be unable to engage in substantial gainful activity. The monthly SGA amount is \$1,350 in 2022.

SSA – Social Security Administration

The government body that reviews disability claims and processes Social Security payments.

SSDI or SSD – Social Security Disability Insurance (Title II Benefits)

Monthly benefits that you will receive from SSA if your disability claim is approved.

SSI – Supplemental Security Income (Title XVI Benefits)

Government welfare program that provides cash assistance and healthcare coverage to people with low income and limited assets who are at least 65 years old, disabled, or blind.

SVP – Specific Vocational Preparation

The amount of time that it takes a person to learn a specific job.

TWP – Trial Work Period

A TWP allows a claimant that has been approved for disability benefits to test their ability to work for up to 9 months and still receive benefits. As long as you report your work activity and continue to meet Social Security's disability requirements, you'll continue to receive your benefits payments regardless of how much money you make.

Social Security Disability Vernacular

Frequently Used Terms

Application for Benefits – To receive Social Security benefits (SSDI), Supplemental Security Income (SSI) payments, or Medicare, you must complete, sign, and apply to SSA. Applications can be submitted at one of the local field offices, over the telephone, or online at www.ssa.gov.

Benefits – Social Security pays five types of benefits: 1) Retirement, 2) Disability, 3) Family (dependents), 4) Survivors, and 5) Medicare. The retirement, family (dependents), survivor, and disability programs pay monthly cash benefits; Medicare provides medical coverage.

Credits – As you work and pay Social Security taxes, you earn credits that count toward your eligibility for future Social Security benefits. You can earn a maximum of four credits each year. Most people need 40 credits to qualify for benefits.

Early Retirement Age – 62 years old.

Insured Status – You have insured status if you worked and earned enough Social Security credits to be eligible for retirement or disability benefits or to enable your dependents to be eligible for benefits due to your retirement, disability, or death. **Retroactive Benefits (Back Pay)** – Monthly benefits that you may be entitled to receive before the month you apply, if you meet the requirements.

Survivors Benefits – If you should die, survivor benefits based on your record are paid to your widow/widower age 60 or older, 50 or older if disabled, or any age if caring for a child under age 16 or disabled before age 22; children, if they are unmarried and under age 18, under 19 but still in school, or 18 or older but disabled before age 22; and parents, if you provided at least one-half of their support. An ex-spouse could also be eligible for a widow/widower's benefit on your record. A special one-time lump sum payment of \$255 may be made to your spouse or minor children.

Social Security Disability Vernacular (cont.)

Residual Functional Capacity (RFC) Levels:

- **Sedentary work** – This means you can lift no more than ten pounds at a time, and you only occasionally lift or carry things like files or small tools. A sedentary job mostly involves sitting, but you must be able to walk and stand occasionally.
- **Light work** – This means you can lift up to 20 pounds occasionally, and you frequently lift or carry up to 10 pounds. Light work requires frequent walking and standing and the ability to push and pull with your arms or legs. If you can do light work, you can do sedentary work.
- **Medium work** – This means you can lift up to 50 pounds at a time, and you frequently lift or carry up to 25 pounds. If you can do medium work, you can also do light and sedentary work.
- **Heavy work** – This means you can lift up to 100 pounds at a time, and you frequently lift or carry up to 50 pounds. If you can do heavy work, you can do medium, light, or sedentary work.
- **Very heavy work** – This means you can lift objects that weigh more than 100 pounds, and you frequently lift or carry 50 pounds or more. If you can do very heavy work, you can do all other levels as well.

Skill Level: SSA defines a skill as knowledge of a task that requires judgment and that is attained through job performance. In simpler terms, skills are the things you learned on your job, which were needed to make informed decisions and to accomplish tasks required to complete your work.

- **Unskilled Work** – Unskilled work requires little or no judgment to perform simple tasks and can usually be learned in less than a month. Doing unskilled work does not help a person gain work skills. Unskilled work often requires strength, but not always.
- **Semi-skilled Work** – Semi-skilled work requires some skills but doesn't include complex job functions. Semi-skilled work usually requires the ability to remain alert and pay attention to details in order to protect against risks. A job that requires quick movements of the hands and feet (in other words, coordination and dexterity) to perform a repetitive task can be classified as semi-skilled. A person usually needs between three and six months to learn a semi-skilled job.
- **Skilled Work** – Skilled work requires specific qualifications, the use of judgment, and knowing how to perform mechanical or manual tasks to create a product or material or to provide a service. Skilled work may also include reading specifications, measuring, estimating, and making calculations. Skilled work can include jobs that require a person to work closely with others or to know figures, facts, or ideas that require complex, abstract, or critical thinking. It takes at least six months and often many years to train for and learn a skilled job.

Preliminary Test

Do I qualify for Social Security Disability Insurance (SSDI)?

Answer the following questions:

1) Have you worked approximately 5 of the past 10 years?

YES or NO

2) Are you unable to work due to a serious physical or mental medical condition?

YES or NO

3) Is your medical condition expected to last at least 12 months or result in death?

YES or NO

4) Are you 18 or older?

YES or NO

Note: You must be able to answer "YES" to each of these questions to continue filing electronically.

Answer these follow-up questions:

A. Are you currently receiving SSDI benefits?

YES or NO

B. Have you been denied benefits within the past 60 days?

YES or NO

Note: You must be able to answer "NO" to each question to continue filing electronically.

Final Thoughts Before Getting Started

There Are 4 Stages to Filing

The initial filing process is broken into **4 Stages**. You must fully complete and submit each stage in order to move on to the next one. These steps include Background Info, Disability Info, Medical Release, and Confirmation.



Once a step is finished, you won't be able to go back to change your responses. Before you begin, be prepared with the necessary information so you can fully and accurately complete each step.

No Need to File All at Once

Once you begin your initial application, you'll receive a **Record Locator Number**. You can use this "locator number" to return to your application at any time.



While there's no time limit for filing your application, your web browser may occasionally "time out" due to inactivity, and you'll need to log in using the location number to restore your progress.

Be Prepared and Take Your Time

Review our checklist for the information you'll need before you begin filing. Take your time in answering the questions. If you're not sure of an answer, you can always take a break to gather whatever information you need.

You Have Nothing to Fear

Some people worry that if their initial application isn't perfect, it will be immediately denied. That's simply not true. If you make an innocent mistake, it's not the end of the world. Oversights and errors are common, and you can usually correct them by calling or writing to a Social Security Administration (SSA) office.

Need Help?



If you get stuck on something, don't be afraid to send me an email! If you were kind enough to invest in this eGuide, I'll be happy to explain further a tricky question. In fact, your questions will make the next version of this eGuide that much better for other applicants. I'll do my best to answer your questions as quickly as possible so you can keep moving through your application.

Initial Application Online Filing Checklist



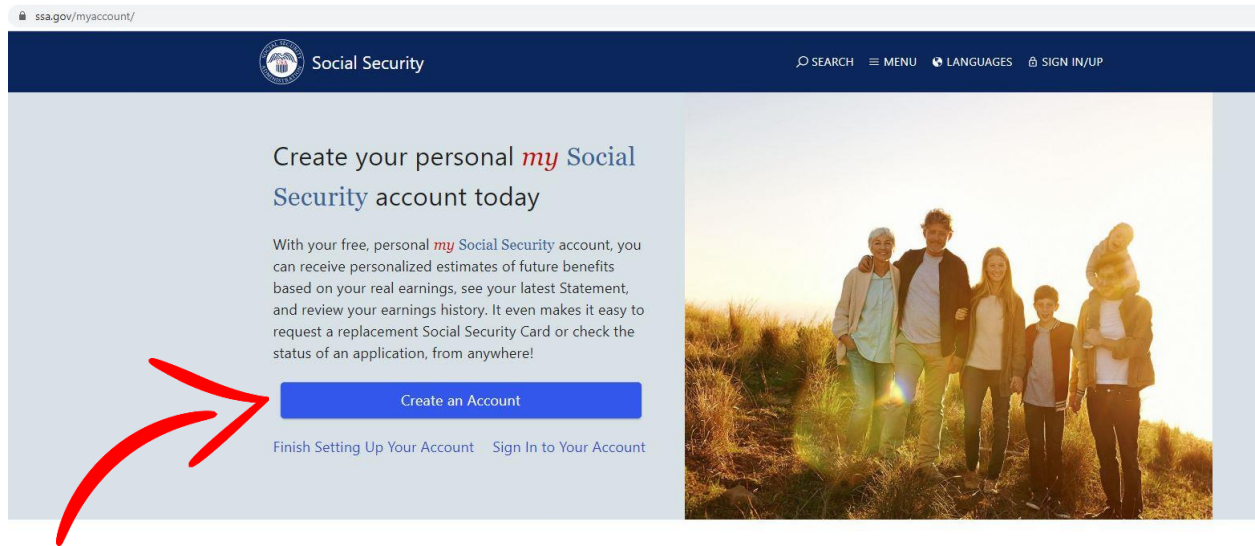
What you'll need to file electronically:

- 1) A computer or mobile device with Internet access
- 2) A **my Social Security** account (strongly recommended)
- 3) Information about your background, marital history, and children
- 4) Information about your employment history
- 5) Information about your education history and training
- 6) Information about your medical condition(s)
- 7) Information about your doctors, specialists, and healthcare providers
- 8) Information for the bank account where you would like your Social Security benefits deposited

Creating a my Social Security Account

Skip this step if you already have an account.

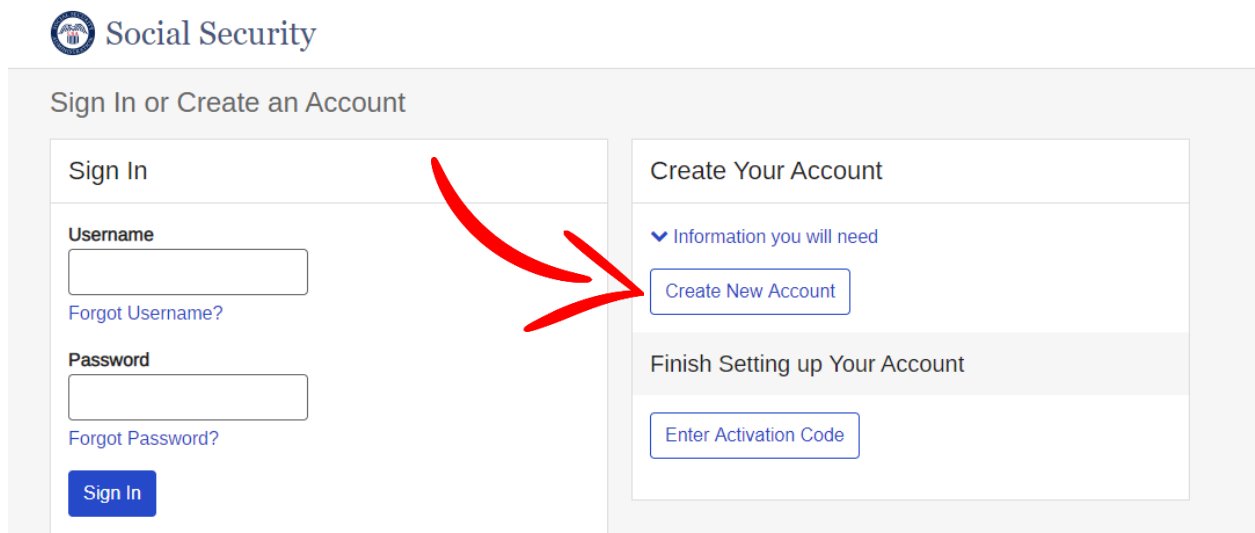
To create a **my Social Security** account, go to <https://www.ssa.gov/myaccount/>



What can you do with a **my Social Security** account?

- ✓*new* Get personalized retirement benefit estimates using the new Retirement Calculator
- ✓*new* Opt out of mailed notices for those available online
- ✓ Check your application status
- ✓ Set up or change direct deposit
- ✓ Request a replacement Social Security card
- ✓*new* Access the Representative Payee Portal
- ✓ Get a Social Security 1099 (SSA-1099) form
- ✓ Get a proof of income letter
- ✓ Change your address if you're a beneficiary

1) Click the **Create an Account** button.



2) Then click the **Create New Account** button.

Review the Terms of Service:

Click the “**I understand...**” check box, then click the “**Next**” button to begin, as shown below

Social Security

Terms of Service

You must be able to verify some information about yourself and:

- Have a valid email address;
- Have a Social Security number;
- Have a U.S. mailing address; and
- Be at least 18 years of age.

You may only create an account using your own personal information. Do not create an account using another person's information or identity, even if you have that person's written permission or are that person's representative payee or appointed representative.

For example, you cannot create an account for another person:

- With whom you have a business relationship;
- For whom you are a representative payee; or
- For whom you are an appointed representative.

You may obtain assistance with creating your account from someone you trust. However, by sharing your personal information with the person assisting you, you accept the risk that the person assisting you may misuse your personal information. A third party, including a representative payee or an appointed representative, may not create an account on your behalf, but you may ask your representative payee or appointed representative to assist you to create your account if you trust the individual.

In order to protect your privacy and prevent fraud, do not share your username and password.

What will we do with your information?

We use the information you give us to verify your identity against our records. We also use an external Identity Services Provider to verify your information against their records. We do not share your Social Security number with them, and they keep your information only for the period of time permitted by federal laws, regulations, or guidelines.

When you make a verification request to establish your account, our Identity Services Provider may use information from your credit report to help verify your identity. As a result, you may see a “soft” inquiry entry on your credit report with the Identity Services Provider, indicating that the Social Security Administration made an inquiry at your request and the date of that request. Soft inquiries do not affect your credit score, and you do not incur any charges

related to them. Soft inquiries are displayed in the version of the credit report provided to a consumer and are not reported to lenders. Soft inquiries will not appear on your credit report from other providers. Soft inquiries are generally removed from your credit report after 12 months. Once you have registered for an online account, you will not generate additional soft inquiries by logging in to access our services.

What happens if you provide false information or misuse this service?

You may be subject to criminal or civil penalties, or both, if you provide false or misleading statements to sign in or create an account or engage in unauthorized use of this service.

Who is responsible if the device you are using is not adequately safeguarded?

You accept that the responsibility to properly protect any information provided to you by Social Security is yours and that you are the responsible party should any information on or from your computer or other device be improperly disclosed. You agree that Social Security is not responsible for the improper disclosure of any information that Social Security has provided to you, whether due to your own negligence or the wrongful acts of others.

Social Security is Going “Green”

When you create a *my* Social Security account, you will no longer receive a paper *Social Security Statement* in the mail. You will, however, receive an email reminder — which contains no personal information — approximately three months before your birthday, to remind you to review your *Statement* online.

If you need a *Statement* by mail, please follow these instructions.

With your *my* Social Security account, you can immediately view, download, or print your *Statement*. Your online *Statement* contains the most up-to-date information in our records about your earnings and benefit.



I agree to the Terms of Service.

Next

Exit

You'll then be prompted to verify your identity.

Social Security

Please choose how to verify your identity

Creating an account is easier when you use your driver's license or state-issued ID to verify your identity.

Valid IDs include driver's license, learner's permit, or state-issued ID card.

- Take Photos of your ID with a Smartphone**
 - It's like depositing a check online with your bank.
 - No uploading or emailing is needed.
 - Photos are captured automatically.

- Input your ID information**
 - Provide the issuing state and ID number.

Don't have a valid ID? Answer credit history questions instead.

How does this help Social Security verify my identity?



Next

Exit

You can either take a photo of your ID with your smartphone or manually input your ID information. Once entered (by either photo or manually), click next.

You'll then be asked what type of ID do you have and you'll choose which option works best for you. If driver's license, like the example below, enter the state/territory it was issued and the driver's license number. Once entered, click next.

Social Security

Please enter ID information

What type of ID do you have?

- Driver's License
- Learner's Permit
- State-Issued ID Card
- I don't have any of these.
I need to answer credit history questions.

State/Territory

Where your driver's license was issued, even if you don't live there now.

Driver's License Number

Next

Previous

If you so desire, you can add an extra layer of security. This is a recommended option if you share your living space with other people.

Social Security

You can add an Extra Level of Security

To add Extra Security, we need to confirm your identity using financial information.

[? More Info](#)

Please choose one of the following:

- No, thanks. I don't want to add Extra Security at this time.
- Credit card (last 8 digits) - Visa, Mastercard, or Discover
We will not charge your credit card.
- Social Security benefits amount
- W-2 tax form
- 1040 Schedule SE tax form



Next

Exit

Click the **Next** button to continue.

In order to verify your account, you will be sent an activation code to the number provided which will be received via text message. Once received, enter the activation code and click submit activation code.

Social Security

i We sent a text message to [redacted]

Please allow up to 2 minutes for the activation code to arrive.
The activation code will **expire** after 10 minutes from the time of your request.
An activation code helps us verify your identity, and improves the security of your account.

Please enter your activation code

▼ Having trouble?

Enter the activation code you just received.



Once submit activation code has been clicked, you will agree to another terms of service page. Click “I agree to the Terms of Service” and then next.



Note: It can take anywhere from 2-10 minutes to receive a verification code.

Social Security

Terms of Service

- I am using *my* Social Security account services with the account that I created myself using my own personal information and identity. I am not using a *my* Social Security account created by another person or created using another person's information or identity, even if I have that person's written permission.
- I will never share the use of *my* Social Security account with anyone else under any circumstances. I will never use another person's *my* Social Security account.
- I understand that *my* Social Security account contains U.S. Government information.
- I consent to the monitoring and recording of my use of *my* Social Security services, including any electronic communications (such as click-to-chat or messaging).
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that unauthorized use of *my* Social Security services is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that the Social Security Administration may stop me from using *my* Social Security services online if it finds or suspects misuse.
- I accept that the responsibility to properly protect any information provided to me by the Social Security Administration is mine and that I am the responsible party should any information on or from my computer or other device be improperly disclosed.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me, whether due to my negligence or the wrongful acts of others.

Social Security is Going "Green"

With your *my* Social Security account, you can immediately view, download, or print your Social Security Statement. Your online *Statement* contains the most up-to-date information in our records about your earnings and benefit.

Remember, now that you have a *my* Social Security account, you will no longer receive a paper *Statement* in the mail. If you need a *Statement* by mail, please follow these instructions.

I agree to the Terms of Service.

Next

Exit

Once agreed to the second terms of service, you will be routed back to the Disability Main Application Page where you will proceed filing for disability benefits and click start a new application.

Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

OMB No. 0960-0618
Paperwork Reduction Act

Please Note:

We will ask you to create or sign in to your *my* Social Security account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Disability Benefits

Getting Ready

Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for Disability;
2. Gather the information you need to complete the application process

Apply & Complete

After signing in to your *my* Social Security account, applying for disability is a multi-step process that may take between **one to two hours** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#) or [Return to Saved Application Process](#)

Follow Up

Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your online application by signing in to *my* Social Security.

Video Introduction

Helpful hints for applying online
1 minute

More Information

[Information About Social Security Disability Programs](#)
[Other Ways To Apply for Benefits](#)
[Your Right to Representation](#)
[Information in Other Languages](#)

Your privacy is important.

For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).



You will then be prompted with another activation code. You will be sent another activation code to the number provided which will be received via text message. Once received, enter the activation code and click submit activation code.

Social Security



We sent a text message to

Please allow up to 2 minutes for the activation code to arrive.
The activation code will **expire** after 10 minutes from the time of your request.
An activation code helps us verify your identity, and improves the security of your account.

Please enter your activation code

▼ Having trouble?

Enter the activation code you just received.

Submit Activation Code

Exit



You'll then be prompted to enter your information.

Please tell us who you are

Your Name
As shown on your Social Security card.

First M.I. Last Suffix

Social Security Number (SSN)

Date of Birth

Month Day Year

Home Address:
We cannot accept a business address unless it is also the place where you live. The information you provide here will not update any information we have on file.

Line 1 Line 2

City/Town State/Territory ZIP Code

Primary Phone: [I don't have a phone number.](#)
We only need this to verify your identity.

10-digit Number

You'll then be asked a series of multiple-choice questions to confirm your identity.

Questions may include:

- Which financial institution holds your mortgage?
- Which bank is the lender on a car loan?
- What are the last 4 digits of your mobile phone (current or past)?
- Have you ever lived on one of the following streets?



Note: Be aware that in order to continue, you must respond correctly to every question. If you answer a question incorrectly, you'll likely receive an error notice informing you that your account has been suspended for 24 hours.

I know how difficult it may be to remember different financial accounts, telephone numbers, and other data from long ago. I initially had trouble with this myself. To unlock your account, please call (800) 772-1213 and say "help desk" when prompted.



Please create your account details

Username
Cannot be your Name or Social Security Number (SSN) and must be:
8-20 characters
Available

Password
Must:
Begin with a letter or number
Contain 8-20 characters
Contain upper & lowercase letters
Contain numbers
Contain symbols (! @ # \$ % ^ & *)

Email Address
We need this to communicate with you about your online account.

Confirm Email Address:
Emails must match

Enter your desired username, password, and email address. Make sure that you write down this information and keep it someplace handy.

Please create your password reset questions

[Why?](#)

Question 1
--

Answer 1

Question 2
--

Answer 2

Question 3
--

Answer 3

In case you forget your login information, you'll be prompted to choose your own questions to reset your password.

Get your security code

We will provide a security code each time you sign in.

[Tell me more](#)

How do you want to receive your security code?

Text Message
Your rates still apply.

Email

Cell Phone Number
10-digit number

✔ Congratulations! You have successfully set up your **my Social Security** account.

In the future, you will use two steps to sign in to your account.

- Step 1: Enter your **username** and **password**.
- Step 2: Enter the **security code** that we will send you.

You can add other ways to receive security codes on the Security Settings tab on the **my Social Security** home page.

How can I protect my information?

Please keep your information safe. Do not share your password with anyone.

[🔒 Tips for protecting your identity](#)

Next

Exit

Voilà! You've created a **my Social Security** account!

Now you'll have an easier time reviewing your earnings history and managing your benefits. You'll also be able to get an estimate of how much your monthly benefits would be if you became disabled today.

You're ready to apply for social security disability now.

Now Let's Begin!

Getting Started:

First, go to <https://www.ssa.gov/benefits/disability/>

Then click the “Apply for Disability” button, as shown below.

Social Security Administration [US] | <https://www.ssa.gov/benefits/disability/>

Social Security

SEARCH MENU LANGUAGES SIGN IN

Disability Benefits

Learn about Disability Benefits

Social Security pays disability benefits to people who can't work because they have a medical condition that's expected to last at least one year or result in death. Find out if you qualify and how Social Security can help you.

USE OUR DISABILITY PLANNER

Already Receiving Benefits

If you receive Social Security disability benefits, you can get information and services for managing your benefits online.

MANAGE YOUR BENEFITS

Publications

- Disability Benefits
- Nutrition Assistance Programs
- Other Disability Publications

Related Information

- Career Support for People With Disabilities
- The Faces and Facts of Disability
- Benefits for People with Disabilities
- Information for Representatives
- Helping Someone Apply Online
- What You Need to Know About The Online Disability Application
- Adults Disabled Before Age 22
- Social Security Disability Claims Process
- Research

If you prefer to complete your application in a language other than English, the online application will give you the option to schedule an appointment to apply for benefits in your preferred language. The online application is currently only available in English.

Apply for Disability **Return to a Saved Application**

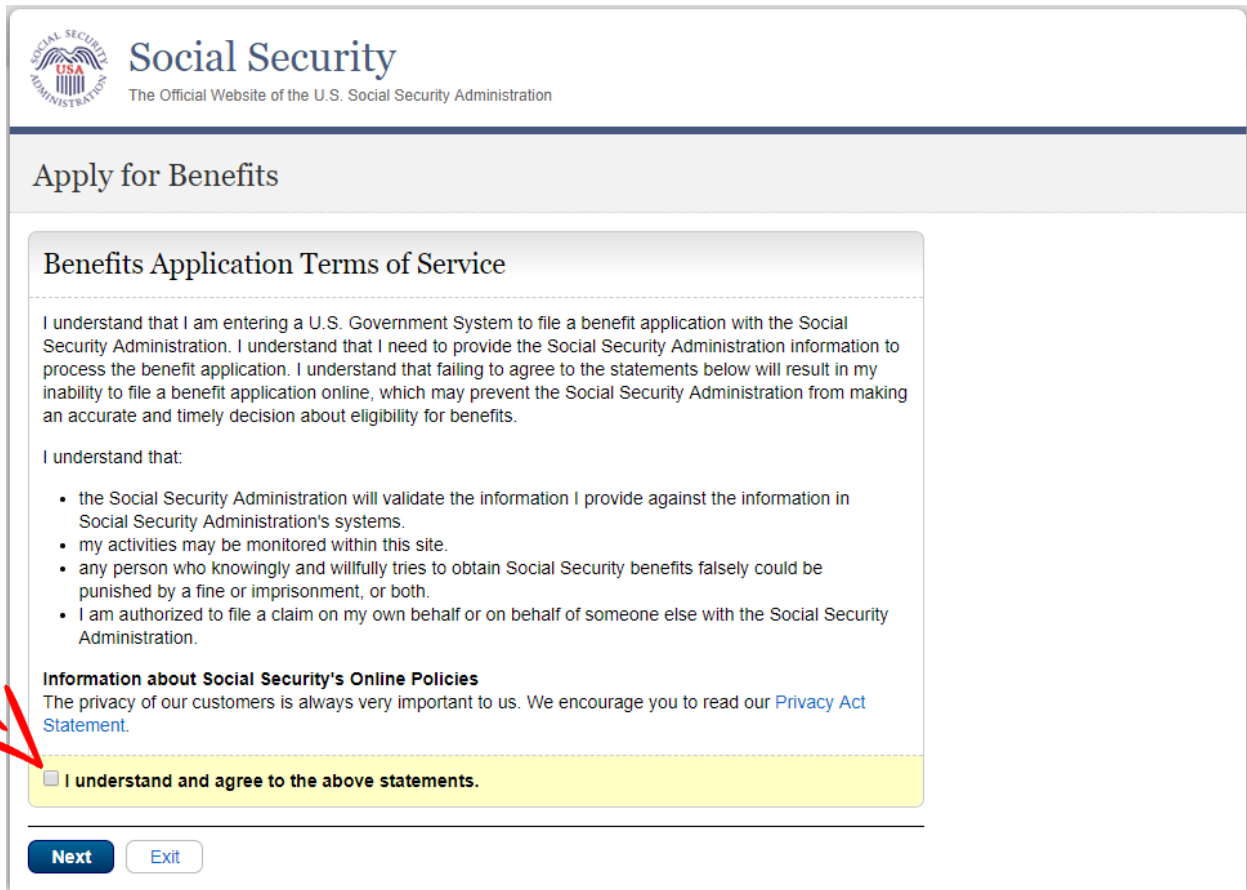
Check Application or Appeal Status


Who can apply for adult disability benefits online?

You can use the online application to apply for disability benefits if you:

Review the Terms of Service:

Click the “I understand...” check box, then click the “Next” button to begin, as shown below.



 **Social Security**
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

Information about Social Security's Online Policies
The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

I understand and agree to the above statements.

Next **Exit**

Key Points:



- SSA will compare your submitted information with the information on file, so be candid in your responses.
- SSA will monitor and review state records (e.g., earnings, criminal record, etc.).
- If you intend to defraud SSA to collect benefits, you could face criminal punishment.
- You should file only for yourself or on behalf of someone who has given you permission to file.

On this page, you'll choose whether you're applying for yourself or for someone else.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

- I am applying for myself.
- I am helping someone who is not with me, and therefore cannot sign the application at this time.

Do you have a **my Social Security** account?

- Yes
- No



Next

Previous

Don't forget to state whether you have a **my Social Security** account.

Click **"Yes"** to log into your **my Social Security** account on the next screen.

If you have yet to create a **my Social Security** account, select **"No."** You will then be prompted to create an account.

Then confirm that you have an address in the U.S.

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

- I am applying for myself.
- I am helping someone who is not with me, and therefore cannot sign the application at this time.

Do you have a **my Social Security** account?

- Yes
- No

Do you have an address in the United States or U.S. territories?

This includes APO, DPO, or FPO addresses such as military bases or diplomatic locations.

- Yes
- No



Next

Previous

You will then be prompted with another activation code. You will be sent another activation code to the number provided which will be received via text message. Once received, enter the activation code and click submit activation code.

Social Security



We sent a text message to

Please allow up to 2 minutes for the activation code to arrive.
The activation code will **expire** after 10 minutes from the time of your request.
An activation code helps us verify your identity, and improves the security of your account.

Please enter your activation code

▼ Having trouble?

Enter the activation code you just received.

Submit Activation Code

Exit



Terms of Service

- I am using *my Social Security* account services with the account that I created myself using my own personal information and identity. I am not using a *my Social Security* account created by another person or created using another person's information or identity, even if I have that person's written permission.
- I will never share the use of *my Social Security* account with anyone else under any circumstances. I will never use another person's *my Social Security* account.
- I understand that *my Social Security* account contains U.S. Government information.
- I consent to the monitoring and recording of my use of *my Social Security* services, including any electronic communications (such as click-to-chat or messaging).
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that unauthorized use of *my Social Security* services is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that the Social Security Administration may stop me from using *my Social Security* services online if it finds or suspects misuse.
- I accept that the responsibility to properly protect any information provided to me by the Social Security Administration is mine and that I am the responsible party should any information on or from my computer or other device be improperly disclosed.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me, whether due to my negligence or the wrongful acts of others.

The Social Security Administration is Going "Green"

With your *my Social Security* account, you can immediately view, download, or print your Social Security Statement. Your online *Statement* contains the most up-to-date information in our records about your earnings and benefit.

Remember, now that you have a *my Social Security* account, you will no longer receive a paper *Statement* in the mail. If you need a *Statement* by mail, please [follow these instructions](#).

I agree to the Terms of Service.

Next

Exit

Once you click the "Next" button, you'll be able to view your Social Security statement and earnings history.

Apply for Benefits – This marks the first page of the application for disability benefits.

Input your full legal name, Social Security number, DOB, and gender.

Then state whether you're blind.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits



You did not create or sign into your *my* Social Security account.

Please provide the information below so we can determine if you may continue with the application.

Information About Applicant

Your Name:

Please provide the name as it appears on the most recent Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	-- ▾
First	Middle	Last	Suffix

Social Security Number (SSN):

Date of Birth:

-- ▾	<input type="text"/>	<input type="text"/>
Month	Day	Year

Gender:

Male Female

Are you blind or do you have low vision even with glasses or contacts?

Yes No

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

Yes No

Next

Exit



Warning: You must be able to answer "Yes" on the last question to continue.

Click the "Next" button to continue.

Once you click the “Yes” button, you’ll see the following questions:

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [? More Info](#)

Yes No

What date did you become unable to work?

-- -- --
Month Day Year

Have you previously been denied for Social Security benefits or Supplemental Security Income (SSI) in the last 60 days?

Yes No

Have you been diagnosed with any specific condition that is expected to end in death?

Yes No

Next Exit

Input the date that you last worked or the date that you feel you became unable to work.



Note: The date must be in the past. If you’re currently working but intend to stop working soon, you must wait until you stop working before applying for benefits.



Be aware that this date will be your Alleged Onset Date (“AOD”)

State whether you’ve been previously denied SSDI or SSI benefits in the last 60 days.



Note: Must be able to answer “No” to continue. If you answer “Yes,” you’ll need to file an appeal instead or wait 60 days from the date of denial to apply again.

State whether you’ve been diagnosed with any specific condition that is expected to end in death.

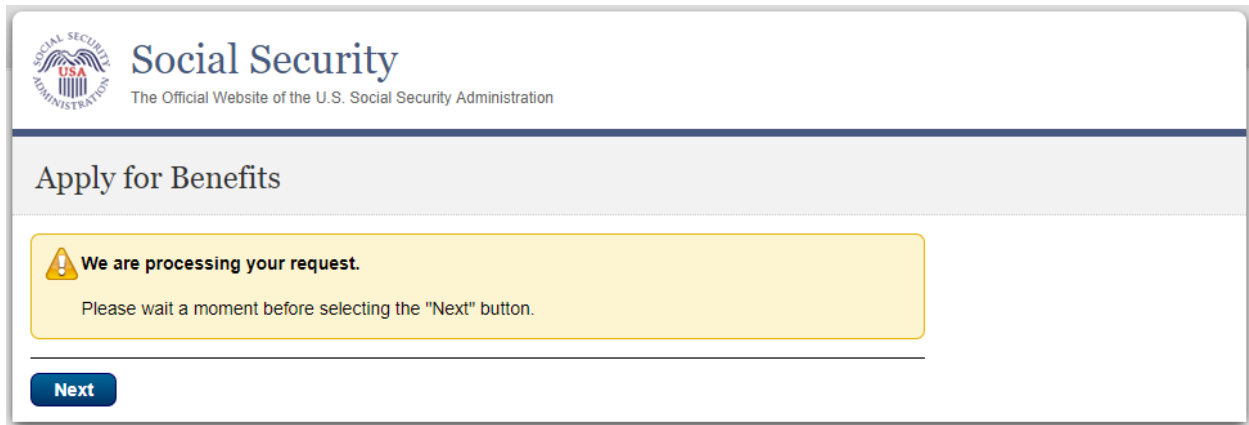


Note: This is for serious medical conditions only, where a prognosis given by your doctor indicates that you may have less than twelve months to live (e.g., cancer).

If you choose “Yes,” there is a high likelihood your claim will be expedited.

Click the “Next” button to continue.

You may briefly see this screen:



The screenshot shows the top of the Social Security Administration website. On the left is the SSA logo, and to its right is the text "Social Security" in a large blue font, with "The Official Website of the U.S. Social Security Administration" in a smaller font below it. A dark blue horizontal line separates the header from the main content area. Below this line, the text "Apply for Benefits" is displayed in a large, dark blue font. Underneath, a yellow rectangular box with rounded corners contains a warning icon (a triangle with an exclamation mark) and the text "We are processing your request." followed by "Please wait a moment before selecting the 'Next' button." Below the yellow box, a dark blue button with the word "Next" in white text is visible.

Note: This indicates that you're on Step 1 of 4 of the application.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Contact Information for *Your Name Will Show Here*

Mailing Address:

Country:
United States or U.S. Territory

Street Address:
Street Line 1:
Street Line 2: [+ Add Line](#)

City/Town: **State/Territory:** **ZIP Code:**

Do you live at this address?
 Yes No

Daytime Phone Number:
 U.S. International

10-digit Number Phone Type

What is the best time to call?
 9 a.m. to Noon Noon to 5 p.m. Anytime between 9 a.m. and 5 p.m.

Email Address:
We will send an acknowledgement to this address.

Confirm Email Address:
Please retype to confirm your email address.

In this section...

- Applicant Identification
- Contact Information**
- Birth and Citizenship
- Re-entry Number
- Other SSNs and Names

Input your contact information and email address.

You'll receive communications concerning your disability application at this email address, so be sure to check it regularly.

Email Address:

We will send an acknowledgement to this address.

Confirm Email Address:

Please retype to confirm your email address.

Ability to Communicate in English

Can you speak and understand English?

Yes No

Can you read and understand English?

Yes No

Can you write more than your name in English?

Yes No

Language Preferences for *Your Name Will Show Here*

Language preferred for speaking:

Language preferred for reading:

Next

Previous

Select your language preference, both for speaking and for reading.



Note: If English is NOT your first language and you have difficulty speaking or reading English, I recommend that you select the language you are most comfortable speaking and reading to ensure that you understand all the questions and are able to provide accurate responses.

Click the “**Next**” button to continue.

Note: This section indicates your tab on your current step.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Birth and Citizenship Information for *Your Name Will Show Here*

Place of Birth: [More Info](#)

Provide place of birth as it was known at the time of your birth.

United States or U.S. Territory Other

Conway Arkansas
City/Town State/Territory

Are you a U.S. citizen? [More Info](#)

Yes No

Type of Citizenship: [More Info](#)

US citizen born inside US

In this section...

Applicant Identification

Contact Information

Birth and Citizenship

Re-entry Number

Other SSNs and Names

Next

Previous

Input your place of birth and your citizenship information.

Click the **“Next”** button to continue.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

You must print this page or write down the re-entry number.

Re-entry Number: **89122274** **Save this number!**

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose your re-entry number, sign into your *my* Social Security account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.

[Print this page](#)

In this section...

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Re-entry Number
- Other SSNs and Names

Things you should know about your application

We may use **03/27/2019** as the official date of your application for Social Security benefits. In order to use **03/27/2019**, we must receive the signed application by **09/28/2019** or you may lose Social Security benefits.

If you intend to apply for Supplemental Security Income (SSI) benefit payments, we may use **03/27/2019** as the official date of your SSI application. In order to use **03/27/2019**, we must receive the signed application by **05/26/2019** or you may lose SSI benefit payments.

If any of these dates fall on weekend or federal holiday, we must receive the signed application by the following business day.

Next Previous Save & Exit

This page will give you a “Re-entry Number.”

Please be sure to keep this number somewhere handy.

Tip: Send yourself an email with “RE-ENTRY NUMBER” in the subject line and your unique number in the body. This way you can always find it by simply searching your email inbox.



At this point of your application, SSA may use today’s date as the official date of your application for Social Security benefits. You must complete the application within 6 months from today to preserve this date (or 2 months from today for SSI benefits).

Click the “**Next**” button to continue.

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

- Identification
- General
- Other Benefits
- Remarks
- Review & Sign

Other SSNs and Names for *Your Name Will Show Here*

Have you used any other Social Security Numbers? [More info](#)

Yes No

Have you used any other names? [More info](#)

Other names could be a different birth name, previous married name(s), etc.

Yes No

In this section...

Applicant Identification

Contact Information

Birth and Citizenship

Re-entry Number

Other SSNs and Names

Next

Previous

Save & Exit

State whether you've used any other Social Security numbers.

State whether you've used any other name(s). This is important because if you've ever used any other name(s) in the past, you may have very important medical records under your other name(s), which may be helpful in the evaluation of your claim for disability.

Click the **"Next"** button to continue.

Marriage Information for *Your Name Will Show Here*

Are you currently married? [More Info](#)

Yes No

Marriage

Spouse's Name:

Provide name at birth.

First Last

Spouse's Social Security Number (SSN):

Spouse's Social Security Number Unknown

Do you know your spouse's date of birth?

Yes No

Date of Marriage:

Month Day Year

Place of Marriage: [More Info](#)

United States or U.S. Territory Other

City/Town State/Territory

Marriage Type: [More Info](#)

Married by Clergy or Public Official

Next Previous Save & Exit

In this section...

Marriage Information

Prior Marriages

Children

Military Details

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

Direct Deposit Details

If you're not married, then select "**No**" to continue. If you are married, then input information about your spouse and your marriage.

Click the "**Next**" button to continue.



Note: If you're not sure about your answers to any of these questions, you'll have an opportunity later in the application process to make comments concerning previous questions. For example, if you don't recall the exact date or place of your marriage, you can input your best guess on this screen, and later you can indicate that you're uncertain of your response.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Prior Marriages for *Your Name Will Show Here*

Did you have any prior marriages? [More Info](#)

Yes No

Next

Previous

Save & Exit

In this section...

✓ Marriage Information

Prior Marriages

Children

Military Details

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

Direct Deposit Details

Indicate whether you've had any prior marriages **that lasted at least 10 years**. In other words, if you have a past marriage that lasted less than 10 years, you do not need to include it.

If your answer is "Yes," input as much information as possible about your former spouse. If you can't remember exact dates, you can use approximate dates for now and correct the dates later.

Click the "Next" button to continue.

Indicate whether you have any children. If your answer is “Yes,” then you’ll need to enter information about each of your children. It’s best to start with the oldest child first.

Children for *Your Name Will Show Here*

These questions also apply to children born out of wedlock, adopted children, and step-children. In certain cases, [grandchildren](#) and [step-grandchildren](#) who live with you may qualify for benefits. **Note:** If a child reached the age limit within the last twelve months, please answer “Yes.”

Do you have any children?

Yes No

Did any of your children become disabled prior to the age of 22?

Yes No

Are any of your children unmarried and under age 18?

Yes No

Are any of your children unmarried, aged 18 to 19, and still attending elementary or secondary school (below college level) full time?

Yes No

Names of children for which you answered "Yes" above

Child's Name 1:

First Last

Child's Name 10:

First Last

Do you have more than 10 children in the categories above?

Yes No

Next Previous Save & Exit



Select “Yes” if any of your children became disabled prior to the age of 22.

Select “Yes” if any of your children are unmarried and under the age of 18.

Select “Yes” if any of your children are unmarried, aged 18-19, and still attending school full-time (not college).

Click the “Next” button to continue.

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4

- Identification
- General
- Other Benefits
- Remarks
- Review & Sign

Military Details for *Your Name Will Show Here*

Were you in the U.S. Military Service prior to 1968? [More Info](#)

Yes No

Are you receiving or eligible to receive a military or civilian Federal agency benefit?

Yes No

What type of benefit?

Military

- In this section
- Marriage
 - Prior Mar
 - Children
 - Military
 - Employe
 - Self-Emp
 - Supplem
 - Total Ear
 - Other Pe
 - Direct De

Details of Military Service

Status	Type of Duty	Branch	Service Period	Actions
No Military Service has been added.				

Add



- Next
- Previous
- Save & Exit

State whether you were in the U.S. military prior to 1968.

State whether you're receiving or eligible to receive military or civilian Federal agency benefits. If "Yes," select the type of benefit in the drop-down menu.

Input details of "Military Service" at the bottom.

Click the "Next" button to continue.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

- ✓ Identification
- ⚠ General
- Other Benefits
- Remarks
- Review & Sign

Employer Details for *Your Name Will Show Here*

Did you work for an employer in 2021? [More Info](#)

Yes No

Did you work or will you work for an employer in 2022? [More Info](#)

Yes No

Details of Employer Information

Please add all employers for 2021 and 2022.

Status	Employer Name	Dates of Employment	Actions
No Employer Information has been added.			

[Add](#)

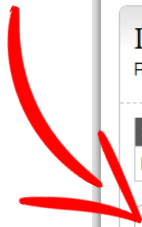
[Next](#)

[Previous](#)

[Save & Exit](#)

In this section...

- ✓ Marriage Information
- ✓ Prior Marriages
- ✓ Children
- ⚠ Employer Details
 - Self-Employment Details
 - Supplemental Information
 - Total Earnings
 - Other Pensions/Annuities
 - Direct Deposit Details



State whether you've worked for an employer at any point in the past 2 years.

If so, then click "**Add**" to add as many new employers as necessary.

Click the "**Next**" button to continue.



Apply for Benefits

Employer Details for *Your Name Will Show Here*

Employer's Name:

Jobco Industries

Employer's Address:

Country:

United States or U.S. Territory ▼

Street Address:

Street Line 1: 123 Apple Street

Street Line 2: [+ Add Line](#)

City/Town:

Scottsdale

State/Territory:

Arizona ▼

ZIP Code:

85251

Start Date of Employment:

January ▼ 2010

Month Year

End Date of Employment:

March ▼ 2019

Month Year

Employment has not ended

Save

Cancel

Fill out the above information for each employer at every job you've held for the past 2 years.

Click the "Save" button to save the information, then return to the "Employer Details" screen.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

- 1 Provide Background Information
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- 3 Sign Medical Release
- 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Employer Details for *Your Name Will Show Here*

Did you work for an employer in 2021? [More Info](#)

Yes No

Did you work or will you work for an employer in 2022? [More Info](#)

Yes No

Details of Employer Information

Please add all employers for 2021 or 2022.

If you do not have any more employers to enter, click the **Next** button.

Status	Employer Name	Dates of Employment	Actions
<input checked="" type="checkbox"/>	Jobco Industries	January 2010 to March 2019	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

Marriage Information

Prior Marriages

Children

Employer Details

Self-Employment Details

Supplemental Information

Total Earnings

Other Pensions/Annuities

Direct Deposit Details

Click the **"Add"** button to add additional employers for **2021** and **2022**.

Click the **"Next"** button to continue to the "Self-Employment Details" screen.

Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Self-employment Details for *Your Name Will Show Here*

Were you self-employed in 2021? [More Info](#)
 Yes No

Type of Business:

Was your self-employment net income greater than \$400?
 Yes No

Were you self-employed in 2022? [More Info](#)
 Yes No

In this section...

- Marriage Information
- Prior Marriages
- Children
- Employer Details
- Self-Employment Details**
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- Direct Deposit Details

Next Previous Save & Exit

Here you'll answer questions about self-employment.

If you were self-employed last year or this year, select “Yes” and input the type of business.



Note: You should describe in general terms what type of business you owned.

Indicate whether your “net income” (gross income minus expenses) was greater than the amount indicated for the previous year.

Indicate whether you were self-employed during the current calendar year.

Click the “Next” button to continue.

Were you 2022?



Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

✓ Identification

⚠ General

Other Benefits

Remarks

Review & Sign

Foreign Social Security

Did you ever work outside the United States? [More Info](#)

Yes No

Did your spouse work outside the United States? [More Info](#)

Yes No

Social Security Statement

Do you agree with your earnings history as shown on your Social Security Statement? [More Info](#)

[Info](#)

Yes
 No
 Not sure or I do not have a statement

Next

Previous

Save & Exit

In this section...

✓ Marriage Information

✓ Prior Marriages

✓ Children

✓ Military Details

✓ Employer Details

✓ Self-Employment Details

✓ Supplemental Information

Total Earnings

Other Pensions/Annuities

Direct Deposit Details

Next, answer the questions about whether you or your spouse worked outside of the United States.

Then state whether you agree with your earnings history, as shown on your Social Security Statement. If you don't know for certain, then you can mark "**Not sure.**"



Note: If you created a **my Social Security** account, I strongly encourage you to review your earnings record before answering this question. If you disagree with something on your statement, you can indicate "**No**" and seek to correct your statement.

Click the "**Next**" button to continue.



Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Total Earnings for 2021

Show the total of all wages and tips earned [? More Info](#)

Include net income from self-employment. Estimate if necessary.

\$

Did you work outside the United States for salary, wages, or self-employment

Yes No

Total Earnings for 2022

Show the total of all wages and tips that will be earned [? More Info](#)

Estimate if necessary.

\$

Are you working outside the United States for salary, wages, or self-employment

Yes No

Special Payments

Do any of the total earnings include special payments paid in one year but earned in another?

[? More Info](#)

Yes No

In this section...

- Marriage Information
- Prior Marriages
- Children
- Employer Details
- Self-Employment Details
- Supplemental Information
- Total Earnings
- Other Pensions/Annuities
- Direct Deposit Details

Note: Don't include commas in the dollar amount fields.

Next

Previous

Save & Exit

Here you'll input your total earnings for last year and this year (if you've had any earnings). If you didn't work in the past 2 years, you won't see this screen.

Then you'll state whether you received any "Special Payments."



Note: Special payments may include bonuses; vacation pay or sick leave; severance pay; back pay; non-work pay; sales commissions; or delayed or deferred compensation reported on a W-2 form for one year of earnings in a previous year.

Click the "Next" button to continue.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Re

✓ Identification

⚠ General

Other Benefits

Remarks

Review & Sign

Work Not Covered By Social Security for *Your Name Will Show Here*

Did you ever work in a job where U.S. Social Security taxes were not deducted or withheld?

[? More Info](#)

Yes No

Railroad Employment

Did your spouse work for the Railroad 5 years or more? [? More Info](#)

Yes No

Federal Government Employment in January 1983

Did you work for the Federal Government in January 1983? [? More Info](#)

Yes No

Did your spouse work for the Federal Government in January 1983?

Yes No

Next

Previous

Save & Exit

Here you'll indicate whether you've ever worked a job where U.S. Social Security taxes weren't deducted or withheld.



Note: This includes work as a 1099-contractor, where taxes aren't deducted or withheld by the employer.

Then indicate if your spouse has worked for the Railroad for 5 years or more.

Lastly, indicate whether you worked for the Federal Government in January 1983.

Click the **"Next"** button to continue.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification

General

Other Benefits

Remarks

Review & Sign

Direct Deposit Details for *Your Name Will Show Here*

Direct Deposit is Safe, Quick and Convenient [More Info](#)

Do you own or co-own a bank account that you can use for Direct Deposit? [More Info](#)

Yes No

Account Information: [Where can I find this?](#)

Warning: Providing incorrect information may result in a delayed payment.

-- Account Type Routing Number Account Number

Next

Previous

Save & Exit

In this section...

- ✓ Marriage Information
- ✓ Prior Marriages
- ✓ Children
- ✓ Military Details
- ✓ Employer Details
- ✓ Self-Employment Details
- ✓ Supplemental Information
- ✓ Total Earnings
- ✓ Other Pensions/Annuities

Direct Deposit Details

Here you'll input direct deposit details of your bank account. This is the account where Social Security will deposit monthly benefits.

You'll need to provide the following information:

- Account Type (checking or savings)
- Routing Number
- Account Number

If you select "No" because you don't have a bank account, you'll receive this message:

Do you own or co-own a bank account that you can use for Direct Deposit? [More Info](#)

Yes No



New rules require you to receive your payments electronically, unless you get an exemption from the Department of the Treasury.

If you do not have a bank account to use for direct deposit, you can still complete this claim online. We will contact you later to discuss your options.

Click the "Next" button to continue.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Records

✓ Identification

✓ General

Other Benefits

Remarks

Review & Sign

Supplemental Security Income (SSI) for I *Your Name Will Show Here*

The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resources. [More Info](#)

Do you intend to apply for Supplemental Security Income?

Yes No

Previous Application for Medicare, Social Security Benefits, or Supplemental Security Income (SSI) for I *Your Name Will Show Here*

Have you previously applied for Medicare, Social Security, or Supplemental Security Income (SSI) benefits?

Yes No

Next

Previous

Save & Exit

On this screen, you'll indicate whether you intend to apply for Supplemental Security Income.

Select "Yes" if you have limited income and resources **and** if either of these conditions apply:

- 1) You're 65 or older or
- 2) You're under the age of 65 and disabled or blind.



Note: "Limited income and resources" means that your countable monthly income doesn't exceed the Federal Benefit Rate (FBR). The monthly maximum Federal amounts for 2019 are \$771 for an eligible individual, \$1,157 for an eligible individual with an eligible spouse, and \$386 for an essential person.

Example: An individual earning \$825 per month from work would have \$370 of countable income. This number is substantially lower than the federal benefit rate (\$771), so the individual would be entitled to a SSI payment of \$401.

Click the "Next" button to continue.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification General Other Benefits Remarks Review & Sign

Ability To Work for *Your Name Will Show Here*

Are your illnesses, injuries or conditions related to work in any way?

Yes No

Are you now able to work?

Yes No

Next Previous Save & Exit

In this section...

Benefit Information

Ability to Work

Disability Payments

Dependents



Here you'll indicate whether your illnesses, injuries, or conditions are related to your work in any way.

Example: If you're a day laborer and you suffer from severe pain in your back, you would select "Yes" because it's likely that the physical nature of your occupation has taken a toll on your back and spine.

Then you'll indicate if you're now able to work.



Warning: One of the main factors in deciding disability is whether you're able to perform "substantial gainful activity" (that is, whether you can work a basic full-time job). If you answered "Yes" on this last question, it's unlikely that your claim will be approved.

Click the "Next" button to continue.

Here you'll indicate whether you've applied or intend to apply for any workers' compensation or other public disability benefits.



Note: If "Yes," your Social Security benefits may be reduced.

Note: If "No," you'll be asked to input a reason for not applying for other benefits.

Then you'll indicate whether you've received money from your employer on or after the date you became unable to work. If "Yes," you'll then input the amount of money and the type of money.

Examples: Sick pay, vacation pay, severance pay, etc.

Lastly, you'll indicate whether you expect to receive any money from your employer in the future. If "Yes," you'll then input the amount of money and the type of money.

Examples: Sick pay, vacation pay, severance pay, etc.

Click the "Next" button to continue.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

✓ Identification ✓ General Other Benefits Remarks Review & Sign

Other Dependents for *Your Name Will Show Here*

Do you have a parent who receives one-half support from you?

Yes No

Next

Previous

Save & Exit

In this section...

✓ Benefit Information

✓ Ability to Work

✓ Disability Payments

Dependents

Here you'll indicate whether you have a parent who receives one-half support from you.

Click the **"Next"** button to continue.

Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirm

✓ Identification

✓ General

✓ Other Benefits

Remarks

Review & Sign

Remarks for *Your Name Will Show Here*

In this section...

Remarks

Please provide any additional information or remarks you want to send with this application:

If you estimated any dates, places, or amounts, please explain. For example, if you estimated a date of marriage, please explain. There is a limit of 750 characters (about 15 lines).



Characters remaining: 750

Next

Previous

Save & Exit

On this screen, you may input any “**Remarks**” or comments that you wish to include in your application. This is the perfect place to indicate whether you’re uncertain about any of your prior responses. You can also use this space to let SSA know of any unique circumstances regarding your background information.



Note: Don’t include any information about your disability(ies) here. You’ll have an opportunity to do so in Step 2 of the application process.

Click the “**Next**” button to review your information and to electronically sign-off on this section of your application.



Need a break? By this point, you’ve probably been working on your application for about an hour, and it may be a good time to click the “**Save & Exit**” button to rest your eyes and your brain. If you take a break now, you can review your information when you’re feeling rested and your eyes are fresh, which will help you ensure the accuracy of your answers before moving on to the next section.

Return to Your Saved Application

You can return to a saved application here anytime: <https://www.ssa.gov/benefits/disability>

The screenshot shows the top navigation bar of the Social Security Administration website. The URL <https://www.ssa.gov/benefits/disability/> is highlighted in yellow. The page title is "Disability Benefits". There are two main columns of content. The left column is titled "Learn about Disability Benefits" and contains text about Social Security disability benefits and a link to "USE OUR DISABILITY PLANNER". The right column is titled "Already Receiving Benefits" and contains text about managing benefits online and a link to "MANAGE YOUR BENEFITS". To the right of these columns are sections for "Publications" and "Related Information", each with a list of links. At the bottom of the page, there are three blue buttons: "Apply for Disability", "Return to a Saved Application", and "Check Application or Appeal Status". A red arrow points to the "Return to a Saved Application" button.

Learn about Disability Benefits

Social Security pays disability benefits to people who can't work because they have a medical condition that's expected to last at least one year or result in death. Find out if you qualify and how Social Security can help you.

[USE OUR DISABILITY PLANNER](#)

Already Receiving Benefits

If you receive Social Security disability benefits, you can get information and services for managing your benefits online.

[MANAGE YOUR BENEFITS](#)

Publications

- [Disability Benefits](#)
- [Nutrition Assistance Programs](#)
- [Other Disability Publications](#)

Related Information

- [Career Support for People With Disabilities](#)
- [The Faces and Facts of Disability](#)
- [Benefits for People with Disabilities](#)
- [Information for Representatives](#)
- [Helping Someone Apply Online](#)
- [What You Need to Know About The Online Disability Application](#)

If you prefer to complete your application in a language other than English, the online application will give you the option to schedule an appointment to apply for benefits in your preferred language. The online application is currently only available in English.

[Apply for Disability](#)

[Return to a Saved Application](#)

[Check Application or Appeal Status](#)

You may also log into your **my Social Security** account to return to your saved application.

The screenshot shows the top navigation bar of the Social Security Administration website. The URL <https://www.ssa.gov> is visible in the browser address bar. The page title is "Social Security". There are search, menu, and language options. The "SIGN IN/UP" button is circled in red.

Then you must agree to the terms of service.

Apply for Benefits

Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

Information about Social Security's Online Policies

The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

I understand and agree to the above statements.

Next

Exit

Click the “**Next**” button to continue.

Click the “Return to Saved Application Process” button.

Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits OMB No. 0960-0618
Paperwork Reduction Act

Please Note:
We will ask you to create or sign into your *my* Social Security account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Disability Benefits

Getting Ready
Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the [requirements to apply online for Disability](#);
2. [Gather the information you need](#) to complete the application process

Apply & Complete
After signing into your *my* Social Security account, applying for disability is a multi-step process that may take between **one to two hours** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

or

Follow Up
Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your completed online application by signing into *my* Social Security.

Video Introduction
Helpful hints for applying online
1 minute

More Information
[Information About Social Security Disability Programs](#)
[Other Ways To Apply for Benefits](#)
[Your Right to Representation](#)
[Information in Other Languages](#)

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Next, input your Social Security Number and your Re-entry Number.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

Return to Saved Application Process

Provide Re-entry Number and the Social Security Number to continue where you left off.

Applicant's Social Security Number (SSN):

Re-entry Number: [? Forgot or lost Re-entry Number](#)

Next

Previous

Click the **“Next”** button to continue.



Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

- ✓ Identification
- ✓ General
- ✓ Other Benefits
- ✓ Remarks
- Review & Sign

Review Information for **Your Name Will Show Here**

If you need to make any changes, please select the "Edit" button to return to that page.

In this section...

Overall Summary

This section will display all the information you provided in the "Background Information" section.

Review all information carefully. If you see any mistakes, you can click on the appropriate tab above to go backward into your application. You can also click on the "Previous" button at the bottom.

Once you've double-checked your information, you must review and accept the "Electronic Signature Agreement."

Electronic Signature Agreement

Please read and accept the following statement before continuing the disability process. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than the residence address I have entered in this application.

I agree to return any payments which are not due.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to apply for benefits and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

I agree with the Electronic Signature Agreement above.

⚠ You will no longer be able to change this information once you continue to the next step.

When you select "Accept & Continue" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct before continuing. Once you complete the remaining steps in the process, you will receive a receipt containing all of the information you have provided.

Accept & Continue

Previous

Save & Exit



Note: Once you click the "Accept & Continue" button, you won't be able to make any changes to your responses in Step 1. So it's very important that you answer questions truthfully and to the best of your ability before proceeding.

When ready, check the "I agree..." box, then click the "Accept & Continue" button to proceed to Step 2.



Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

Authorization to Obtain Wage and Employment Information

To help us make a decision about your claim, we may need to obtain your wage and employment information. If you give us authorization, we may request that information from payroll data providers. Your authorization may also help us avoid paying you the wrong amount.

Your authorization will remain effective until one of the following occurs:

- We make a final adverse decision on the application for benefits and no other claims or appeals are pending;
- Your entitlement to benefits ends and no other claims or appeals are pending; or
- You revoke your authorization in writing.



Before providing your responses below, please read [Authorization to Obtain Wage and Employment Information](#). By providing a "Yes" response, you will be electronically signing the authorization form. If you are helping someone else apply, then the person filing for benefits must read the form and make the selection.

Do you give us authorization to obtain your wage and employment information from payroll data providers for the Social Security Disability Insurance (SSDI) program?

Yes No

Accept & Continue

Save & Exit

On this screen, you'll give SSA permission to obtain your wage and employment information from payroll data.

Select **"Yes"** if you agree and click the **"Accept & Continue"** button.



Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

- 1 Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation



Please read the following statements before proceeding:

The authorization you gave us allows the Social Security Administration to obtain your wage and employment information from payroll data providers via an information exchange. For more information, please see the **Authorization Scope and Duration Statement** below.

Information About your Wage and Employment Information Authorization

This is your only opportunity to view and print the Authorization Scope and Duration Statement. We recommend you keep a copy for your records.



[Authorization Scope and Duration Statement](#)

Once you receive the confirmation page, you can print a receipt that covers the application questions and responses you previously reviewed and electronically signed. You can continue the online application process by selecting "**Next**" below.

Next

Here you can download the "**Authorization Scope and Duration Statement**" for your records.



Note: This authorization remains in effect until: (1) Your application(s) is denied in a final decision and no other claims or appeals are pending; (2) Your entitlement for SSDI benefits ends and no other claims or appeals are pending; (3) You revoke your authorization in writing.

Click the "**Next**" button to continue.


Way to go!!



You've finished Step 1 of 4 of the application process.

You're now on Step 2.

Step 2: Provide Disability Information



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits OMB No. 0960-0579
Paperwork Reduction Act

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification Medical Work/Education Remarks Review

Conditions for **Your Name Will Show Here**

List ALL the Physical or Mental Condition(s) (including emotional or learning problems) that limit your ability to work (Example: Back Injury, Arthritis, Diabetes, Glaucoma, Depression, Blind). We will consider these conditions whether or not you have been receiving treatment. Use your own words if you do not know the medical names. Please enter **only** one condition per box.

1st Condition:

2nd Condition:

3rd Condition:

4th Condition:

5th Condition:

6th Condition:

7th Condition:

8th Condition:

9th Condition:

10th Condition:

I have more than 10 conditions that limit my ability to work.

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

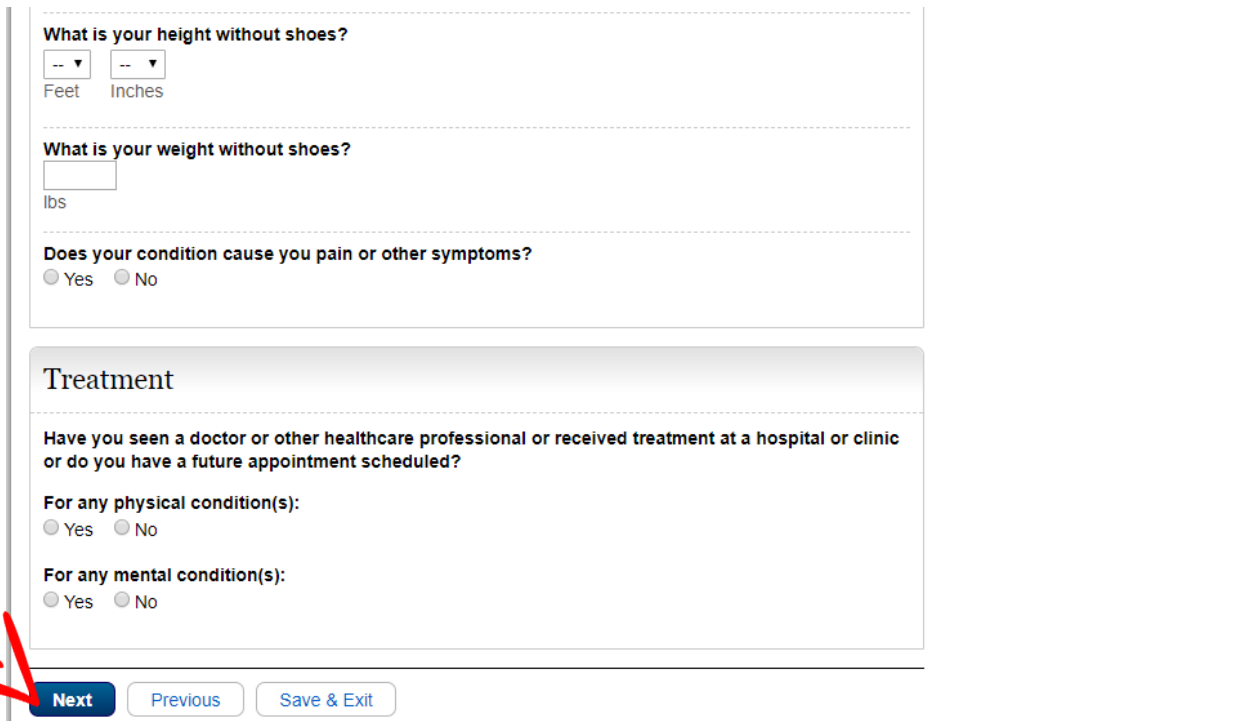
Here you'll input your various conditions. They may be physical or mental conditions.



Note: I recommend that to put the most serious condition(s) first and second, followed by the rest of your conditions.

Note: Don't be shy! Be sure to include anything and everything that causes you pain, discomfort, anguish, anxiety, or the like.

(Screen Continued)



The screenshot shows a medical form with the following sections:

- What is your height without shoes?** with two dropdown menus labeled "Feet" and "Inches".
- What is your weight without shoes?** with a text input field and the label "lbs".
- Does your condition cause you pain or other symptoms?** with radio buttons for "Yes" and "No".
- Treatment** section with the question: "Have you seen a doctor or other healthcare professional or received treatment at a hospital or clinic or do you have a future appointment scheduled?"
- Under "Treatment", there are two sub-questions:
 - For any physical condition(s):** with radio buttons for "Yes" and "No".
 - For any mental condition(s):** with radio buttons for "Yes" and "No".
- At the bottom, there are three buttons: "Next" (highlighted in blue), "Previous", and "Save & Exit".

Red arrows on the left side of the form point to the "Next" button.

Input your height and weight (without shoes), and state whether your condition causes you pain or other symptoms.

Lastly, indicate whether you've been seen by a doctor or other healthcare professional or received treatment at a hospital or clinic OR if you have a future appointment scheduled for:

- Physical condition(s) or
- Mental condition(s).

Select **"Yes"** for whichever condition(s) apply.

Click the **"Next"** button to continue.



Apply for Benefits

- 1 ✓ Provide Background Information
- 2 Provide Disability Information
- 3 Sign Medical Release
- 4 Confirmation

- ✓ Identification
- ⚠ Medical
- Work/Education
- Remarks
- Review

Someone Who Knows About Your Conditions

Give the name of someone we can contact who knows about your medical conditions and can help you with your claim. This may be a family member or friend who knows about your daily life. Do not include your doctor.

Do you know someone we can contact about your condition?

Yes No

Name:

First Middle Last Suffix

Relationship to You:

What is the address of this person?

- Same as my address: 7272 Indian School Rd, 540, Scottsdale, AZ 85251
- Enter a different address:

What is the daytime phone number of this person?

- Same as my phone number: (480) 420-7887
- Enter a different daytime phone number:

Preferred Language

Can this person speak and understand English?

Yes No

Next

Previous

Save & Exit

In this section...

✓ Conditions

Other Contact

Doctors

Hospitals

Tests

Medicines

Other Medical Records

Indicate whether you know someone SSA can contact about your condition(s).

This might include a spouse, a child, a friend, a co-worker, a nurse or doctor, a caretaker, or some other individual with firsthand personal knowledge of your condition(s).



Note: I suggest that you to select “Yes” and input the name of a person who knows you and who is willing to communicate with SSA about their observations of your condition(s). If “Yes,” input the contact information of the individual.

Click the “Next” button to continue.

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Apply for Benefits

1 ✓ Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

✓ Identification ⚠ Medical Work/Education Remarks Review

Doctors and Other Healthcare Professionals for *Your Name Will Show*

If you do not have any **doctors/healthcare professionals** to enter, click the **Next** button.

- If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
- Include only the people who have treated you for the conditions related to your disability.
- Give each person's first and last name if possible.


Status	Doctor/Healthcare Professional	City	Phone	Actions
No Doctors/Healthcare Professionals have been added.				

In this section...

- ✓ Conditions
- ✓ Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

Here you'll add the **Doctors and/or Healthcare Professionals** who have treated you.

Click the **"Add"** button to add a doctor and/or a healthcare professional.



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Apply for Benefits

Doctor/Healthcare Professional Details

Name of Doctor/Healthcare Professional: [More Info](#)

--
Title First Last Suffix

Office Name or Clinic, if applicable:

Doctor/Healthcare Professional's Address:
If you don't have the full street address, give us as much as you can.
Example: "On Main St next to the Courthouse"

Country:
United States or U.S. Territory ▾

Street Address:
Street Line 1:
Street Line 2: [+ Add Line](#)

City/Town: **State/Territory:** -- ▾ **ZIP Code:**

Doctor/Healthcare Professional's Phone Number:
 U.S. International

10-digit Number [Ext](#)

Patient ID Number, if known:

On this part of the screen, input the name of your doctor and/or healthcare professional/provider, the office or clinic name (if applicable), the address, the phone number, and the patient ID number (if known).



Note: When you add a new healthcare professional, you are limited to including up to 3 medications that provider has prescribed to you. Any additional medications must be added separately within the medications section of the application.

Add New Doctor/Healthcare Professional (Screen 2 of 3)

Treatment Dates with this Doctor/Healthcare Professional

Please give us the closest date(s) you can remember. [More Info](#)

First visit:

Last visit:

Next visit:
Leave blank if no appointment scheduled.

Tests Ordered by this Doctor/Healthcare Professional

[More Info](#)

Has this doctor/healthcare professional ordered any tests for you?
This includes any medical tests you have had or will have.
 Yes No

Medicines Recommended or Prescribed by this Doctor/Healthcare Professional

Has this doctor/healthcare professional recommended or prescribed any medicines for you?
 Yes No

On this part of the screen, input:

Treatment Dates:

- First visit (feel free to approximate)
- Last visit (feel free to approximate)
- Next visit (even if it's unscheduled).

Tests Ordered:

Input the kind of test(s) ordered and the date(s) ordered (e.g., EKG, MRIs, X-rays, etc.).

Medicines Recommended or Prescribed:

Input the names of the medicine(s) this doctor or provider prescribed and the reason the medicine was prescribed.

Medical Conditions Treated by this Doctor/Healthcare Professional

What medical conditions were treated or evaluated by this doctor/healthcare professional?
Examples: back injury, arthritis, diabetes, depression, blind. (1000 characters maximum)

Characters remaining: 1000

Treatment from this Doctor/Healthcare Professional

What treatment did you receive from this doctor/healthcare professional?
You DO NOT need to repeat any information that you have already told us about medicines and tests.
Examples of treatment: examinations, regular evaluations, check ups, physical therapy, chemotherapy, counseling. (1000 character maximum)

Characters remaining: 1000

Save **Cancel**

On this part of the screen, input:

Medical Conditions Treated by This Doctor or Healthcare Professional:

Input all the conditions, injuries, or other ailments treated by this doctor or healthcare professional.

Treatment from This Doctor or Healthcare Professional:

Input the treatment you received from this doctor or healthcare professional.

Click the **“Save”** button to save all data and return to the main **“Medical”** tab.



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- 1 Provide Background Information
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- Identification
- Medical
- Work/Education
- Remarks
- Review

Doctors and Other Healthcare Professionals for *Your Name Will Show Here*

If you do not have any more **doctors/healthcare professionals** to enter, click the **Next** button.

- If you were an inpatient or outpatient at a hospital or clinic, do not list staff doctors. We will ask about them later.
- Include only the people who have treated you for the conditions related to your disability.
- Give each person's first and last name if possible.

Status	Doctor/Healthcare Professional	City	Phone	Actions
<input checked="" type="checkbox"/>	Dr. Jason Smith	Scottsdale	(480) 777-7777	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records



Note: You'll see the doctor's name and information you just added in the "Status" table.

Click the "Add" button to add another doctor or healthcare professional, until you've added all the doctors or healthcare professionals you've visited.



Note: Be sure to add all your doctors and healthcare providers! Try not to leave anything out, but if you happen to forget someone, you can always add a doctor or healthcare provider later.

Click the "Next" button to continue.

On this screen, you'll add the **Hospitals and/or Clinics** that you've visited or that have admitted you.

Click the **"Add"** button to add a new hospital and/or clinic.



Note: You'll input details similar to those you just added for your doctors and healthcare providers. Continue to add new hospitals and clinics (including urgent care clinics) until you're finished.

Click the **"Next"** button to continue.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification Medical Work/Education Remarks Review

Medical Tests for *Your Name Will Show Here*

If you do not have any **medical tests** to enter, click the **Next** button.

Status	Name of the Test	Test ordered by	Actions
No Tests have been added.			

In this section...

[Conditions](#)

[Other Contact](#)

[Doctors](#)

[Hospitals](#)

Tests

[Medicines](#)

[Other Medical Records](#)

On this screen, you'll add any **Medical Tests** you've undergone.

Click the "**Add**" button to add a new medical test.



Apply for Benefits

Test Details

Kind of Test:

MRI/CT Scan

Enter Body Part:

Back

Date of Test: [More Info](#)

02/15/2019

Who sent you or will send you for this test?

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

Dr. Jason Smith

This provider ordered this test more than once.

Save

Cancel

On this screen, input details of any **Medical Test** you've undergone.

- 1) Indicate the **Kind of Test** from the drop-down menu.
- 2) Enter the **Body Part** that was subjected to the test.
- 3) Input the **Date of Test**.
- 4) Select the doctor or healthcare provider who ordered the test.
- 5) Indicate whether that doctor or healthcare provider ordered this test more than once.

Click the **"Save"** button to save the Medical Test data, then return to the main "Medical Tests" screen.

Kind of Test:

MRI/CT Scan

Biopsy
Blood Test (Not HIV)
Breathing Test
Cardiac Catheterization
EEG (Brain Wave Test)
EKG (Heart Test)
Hearing Test
HIV Test
IQ Test
MRI/CT Scan
Speech/Language Test
Treadmill (Exercise Test)
Vision Test
X-ray
Other



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification

Medical

Work/Education

Remarks

Review

Medical Tests for *Your Name Will Show Here*

If you do not have any more **medical tests** to enter, click the **Next** button.

Status	Name of the Test	Test ordered by	Actions
<input checked="" type="checkbox"/>	MRI/CT Scan (Back)	Dr. Jason Smith	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

Conditions

Other Contact

Doctors

Hospitals

Tests

Medicines

Other Medical Records

On this screen, you'll see the Medical Tests you just added.

You can always click the **"Edit"** button to modify the test or the **"Delete"** button to remove the test from the table.

Continue to add new Medical Tests until you're finished.

Click the **"Next"** button to continue.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification

Medical

Work/Education

Remarks

Review

Medicines

If you do not have any **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that you are taking.

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
No Medicines have been added.				

Add

Next

Previous

Save & Exit

In this section...

Conditions

Other Contact

Doctors

Hospitals

Tests

Medicines

Other Medical Records

On this screen, add any and all Medicines you're taking.

Click the "Add" button to add new Medicines.



Apply for Benefits

Medicine Details

Enter name of medicine:

Enter only one medicine at a time. Look at the medicine container if necessary.

What is the reason you are taking this medicine?

Who recommended or prescribed this medicine?

If the provider's name is not in the list, select "Other Doctor/Healthcare Professional" or "Other Hospital/Clinic".

Save

Cancel

On this screen, input details of any Medicines you're taking.

1. Enter the name of medicines (one at a time).
2. Input the reason you're taking this medicine.
3. Select from the drop-down menu the name of the doctor or healthcare professional who recommended or prescribed this medicine.

Click the **"Save"** button to save the Medicine Details data, then return to the main "Medicines" screen.



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Review

Medicines

If you do not have any more **medicines** to enter, click the **Next** button. Please make sure to include all the prescription and over the counter medicines that you are taking.

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
<input checked="" type="checkbox"/>	Oxycodone	Back pain	Dr. Jason Smith	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

Conditions

Other Contact

Doctors

Hospitals

Tests

Medicines

[Other Medical Records](#)

On this page, you'll see the Medicines you just added.

You can always click the **"Edit"** button to modify a medicine or the **"Delete"** button to remove a medicine from the table.

Continue to add new medicines until you're finished.

Click the **"Next"** button to continue to the "Other Medical Records" page.



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1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification

Medical

Work/Education

Remarks

Review

Other Medical Records for *Your Name Will Show Here*

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If you do not have any sources of **other medical records**, please click the **Next** button.

Status	Name of Organization/Office	City	Phone	Actions
No Medical Records have been added.				

Add

In this section...

Conditions

Other Contact

Doctors

Hospitals

Tests

Medicines

Other Medical Records

Next

Previous

Save & Exit

On this screen, you can add Other Medical Records.

Click the **"Add"** button to add a new Medical Record.



Apply for Benefits

Other Medical Record Details

Name of Place:

Name of Contact:

First

Last

Address:

If you don't have the full street address, give us as much as you can. Example: "On Main St next to the Courthouse"

Country:

Street Address:

Street Line 1:

Street Line 2:

[+ Add Line](#)

City/Town:

State/Territory:

ZIP Code:

Daytime Phone Number:

U.S. International

10-digit Number

Ext

First visit:

Please give us the closest date you can remember.

Last visit:

Please give us the closest date you can remember.

Input the details regarding Other Medical Records.

Examples include:

- Vocational rehabilitation services
- Workers compensation
- FMLA
- Public welfare
- Prison or jail records
- Military or VA medical records
- Records held by an attorney or lawyer
- Medical records in another place (other).

Next visit:

Leave blank if no appointment scheduled.

Case Number, if any:

Reason for Visits or Services:

If you need more space, continue in the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

Save

Cancel

Click the **“Save”** button to save the Other Medical Record Details data, then return to the main **“Other Medical Records”** screen.



Apply for Benefits

1 Provide Background Information 2 Provide Disability Information 3 Sign Medical Release 4 Confirmation

Identification Medical **Work/Education** Remarks Review

Other Medical Records for *Your Name Will Show Here*

Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:

- vocational rehabilitation services
- worker's compensation
- public welfare
- doctors in a prison or jail
- records held by an attorney or lawyer or
- medical records at another place

These other records may contain important information that we need to consider in evaluating the disability application.

Note: You do not need to list any organization that you have already mentioned.

If you do not have any more sources of **other medical records**, please click the **Next** button.

Status	Name of Organization/Office	City	Phone	Actions
<input checked="" type="checkbox"/>	Sunnyslope Facility	Scottsdale	(480) 555-5555	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

In this section...

- Conditions
- Other Contact
- Doctors
- Hospitals
- Tests
- Medicines
- Other Medical Records

On this table, you'll see the Other Medical Record that you just added.

You can always click the **"Edit"** button to modify the Other Medical Record data or the **"Delete"** button to remove an Other Medical Record from the table.

Continue to add new Other Medical Records until you're finished.

Click the **"Next"** button to continue to the "Work/Education" section.



Need a break? By this point, you've probably been working on your application for at least two hours, and it may be a good time to click the **"Save & Exit"** button to rest your eyes and your brain. If you take a break now, you can review your information when you're feeling rested and your eyes are fresh, which will help you ensure the accuracy of your answers before moving on to the next section.



Apply for Benefits

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Identification

Medical

Work/Education

Remarks

Review

Work Status for *Your Name Will Show Here*

In determining whether you meet the requirements for receiving disability benefits, we must consider your work experience and job skills. [More Info](#)

This section of the report asks for information about:

- when your condition(s) began to affect your ability to work;
- your 5 most recent jobs; and
- your education and training.

Please give as much information as you can. We will contact you later if we need more information.

Are you currently working?

- No, I have never worked
- No, I have stopped working
- Yes, I am currently working

In this section...

Work Status

Education

Next

Previous

Save & Exit

This screen is the beginning of the “Work/Education” section.

First, select the appropriate option for your current working status.

Click the “**Next**” button to continue to the “Work Activity” section.

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✓ Identification ✓ Medical Work/Education Remarks Review

Work Activity for *Your Name Will Show Here*

We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition(s).

When did you stop working?
If you don't know the exact date, enter the closest date you can remember.

-- -- --
Month Day Year

Why did you stop working?

- Because of my condition
- Because of my condition AND other reasons
- Because of other reasons

Did your condition(s) cause you to make changes in your work activity before you stopped working? [More Info](#)

Yes No

Next Previous Save & Exit

In this section...

- ✓ Work Status
- Work Activity
- Education

On this page, indicate the date you stopped working (an approximate date based on memory will suffice).

Then Indicate why you stopped working.

Next, state whether your condition(s) caused you to make changes in your work activity before you stopped working.

If “Yes,” indicate the exact or an approximate date you made changes to your work activity.

Click the “Next” button to continue to the “Job History” section.



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✓ Identification

✓ Medical

Work/Education

Remarks

Review

Job History for *Your Name Will Show Here*

Since March 1, 2019, have you had gross earnings greater than \$1220 in any month? Do not count sick leave, vacation, or disability pay.

We may contact you for more information.

Yes No

In this section...

✓ Work Status

✓ Work Activity

Job History

Education

Job Listing

List the jobs (up to 5) that you have had in the past 15 years before you became unable to work because of your physical and/or mental conditions. Start with your most recent job.

Select the number of jobs you have had in the past 15 years before you became unable to work:

-- ▾

Next

Previous

Save & Exit

Here you'll indicate whether your gross earnings exceeded \$1,220 in any month since the date you previously indicated that you stopped working.

Then select the number of jobs (up to 5) that you've held in the past 15 years, before you became unable to work because of your physical and/or mental condition(s).

Start with your most recent job and work backward.

Once you've select the number of jobs, you'll be asked to provide details about each job (see the next page).

Most Recent Job

Job Title:

Type of Business:

Start Date:

-- --
Month Year

End Date:

-- --
Month Year

Hours per Day:

Days per Week:

Rate of Pay:

\$ --
Amount Frequency

Previous Job #1

Job Title:

Type of Business:

Start Date:

-- --
Month Year

End Date:

-- --
Month Year

Hours per Day:

Days per Week:

Rate of Pay:

\$ --
Amount Frequency

On this page, input all the details about your prior jobs, to the best of your ability. You can add up to 5 jobs. Additional jobs can be included in the “remarks” section or can be uploaded as a separate attachment.

Note: The detailed list shown on the next page will only appear if you’ve had just one job over the past 15-years. When adding multiple jobs, much of the detailed form information will disappear and you’ll provide this information separately when you submit your “Work History Report”.

Job Details

Describe this job: What did you do all day?

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

In this job, did you use machines, tools, or equipment?

Yes No

In this job, did you use technical knowledge or skills?

Yes No

In this job, did you do any writing, complete reports, or perform any duties like this?

Yes No

In this job, how many hours each day did you do each of the tasks listed below?

Do not include breaks and lunch.

Did you walk?

Yes No

How many hours did you walk?

2 hours (Not very often) ▾

Did you stand?

Yes No

Did you sit?

Yes No

Did you climb?

Yes No

Did you stoop (bending down & forward at the waist)?

Yes No

Did you kneel (bending legs to rest on knees)?

Yes No

Did you crouch (bending legs & back down & forward)?

Yes No

Did you crawl?

Yes No

Did you handle large objects?

Yes No

Did you write, type or handle small objects?

Yes No



Note: As you answer questions, a drop-down menu will pop up on the right side of the screen asking you to specify how many hours you were able to perform that type of activity.

Did you reach?

Yes No

Please describe what you lifted, how far you carried things, and how often you were required to do so in your job:

If you need more space, use the Remarks tab. (1000 characters maximum)

Characters remaining: 1000

How heavy were the items you frequently lifted (1/3 to 2/3 of the work day) in this job?

--

What was the heaviest weight you ever lifted in this job?

--

Did you supervise other people in this job?

Yes No

Were you a lead worker?

Yes No

Next

Previous

Save & Exit



Note: I advise you to be very specific in your remarks in this section. Describe the different objects you carried and explain how far you carried them based on the approximate number of footsteps you took while holding the objects.

Continue to answer all questions regarding this job to the best of your knowledge.

Input information for all your jobs over the past 15 years.

Click the **“Next”** button to continue to the **“Education and Training”** section.

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Identification Medical Work/Education Remarks Review

Education for *Your Name Will Show Here*

Highest Grade Completed:

If you did not complete the entire school year, select the previous year that you completed. If you have education equivalent to high school from another country, select 12th Grade.

4 or More Years of College ▼

Date Completed:

Enter the date when you most recently completed a school year as close as you can remember.

-- --
Month Year

School Name:

Location of School:

United States or U.S. Territory Other

_____- -- --
City/Town State/Territory

Did you receive special education, such as through an Individualized Education Plan (IEP) or equivalent education? [More Info](#)

Yes No

In this section...

[Work Status](#)

[Work Activity](#)

[Job History](#)

Education

Training

Have you completed any type of specialized job training, trade or vocational school?

Yes No

Language Information

What written language do you use every day in most situations (at home, work, school, in community, etc.)?

If the language is not listed, please select 'Other' and provide the language below.

English ▼

If 'Other' is selected, please specify language:

In the language you identified above, can you read a simple message, such as a shopping list or short and simple notes?

Yes No

In the language you identified above, can you write a simple message, such as a shopping list or short and simple notes?

Yes No

Next

Previous

Save & Exit



On the screen on the previous page, input information pertaining to your Education and Training.

Select from the drop-down menu for the “**Highest Grade Completed.**”

Then select the “**Date Completed,**” even if it’s just the month and the year or only the year.

Select whether you’ve completed any type of special job training or attended trade or vocational school.

If “**Yes,**” input details.

Select whether you attended special education classes.

Click the “**Next**” button to continue to the “Remarks” section.



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Identification Medical Work/Education Remarks Review

Remarks for **Your Name Will Show Here**

In this section...

Remarks

Please provide any additional information you want to include:
(2000 characters maximum)

Characters remaining: 2000

Next

Previous

Save & Exit

On this screen, you may input any “Remarks” or comments that you wish to include in your application. This is the perfect place to indicate that you’re uncertain about any prior response. You can also use this space to let SSA know of any unique circumstances regarding your medical, work, or education history.

Click the “**Next**” button to review the information you provided in Step 2.



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✓ Identification ✓ Medical ✓ Work/Education ✓ Remarks Review

Review Information for **Your Name Will Show Here**

If you need to make any changes, please select the "Edit" button to return to that page.

Identification

Edit ✓ Applicant Information


In this section...

Review

This page will display all the information you provided in the "Disability Information" section.

Review all information carefully. If you see any mistakes, you can click on the appropriate tab above to go backward into your application. You can also click on the "**Previous**" button at the bottom.

Once you've double-checked your information, you must review and accept the "**Electronic Signature Agreement.**"

 **You will not be able to change your information once you continue to Step 3.**

When you select "Accept & Continue to Step 3" below, you will have completed Step 2. Please make sure that everything you provided is correct before you continue to Step 3.

Accept & Continue to Step 3

Previous

Save & Exit



When ready, click the "**Accept & Continue**" button to proceed to Step 3.

Note: Once you click the "**Accept & Continue**" button, you won't be able to make any changes to your responses in Step 2. So it's very important that you answer questions truthfully and to the best of your ability before proceeding.

Excellent!



EXCELLENT

You've finished Step 2 of 4 of the application process.

You're now on Step 3.



Apply for Benefits

- 1 ✓ Provide Background Information 2 ✓ Provide Disability Information 3 Sign Medical Release 4 Confirmation

Medical Release Form

In order to make a decision about your disability claim, we need to obtain your:

- Medical Records
- Education Records
- Other information related to your ability to perform tasks

We will help get your records if you give us permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.



Please read the [Medical Release Form](#) and make a selection below.

I voluntarily authorize and request disclosure of all my medical records; also education records and other information related to my ability to perform tasks.

- I agree to **electronically sign** the Medical Release Form and submit it with my completed benefit application. My electronic signature is the same as my handwritten signature. (Recommended)
- I agree to **print, sign and mail a paper copy** of the Medical Release Form after submitting my completed benefit application. I understand this may delay the processing of my disability claim.

Submit

Save & Exit

On Step 3, you'll be required to sign a Medical Release for SSA.

Indicate whether you prefer to **“electronically sign”** or to **“print, sign and mail a paper copy”** to SSA.



Note: If you indicate that you prefer to **“print, sign and mail a paper copy,”** you'll see this message:

- I agree to **print, sign and mail a paper copy** of the Medical Release Form after submitting my completed benefit application. I understand this may delay the processing of my disability claim.

⚠ This may delay processing of your disability claim. To electronically sign, change your selection above.

For fastest handling of your application, select the **“electronically sign”** option.

Click the **“Submit”** button to continue to Step 4.



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- 1 ✓ Provide Background Information
- 2 ✓ Provide Disability Information
- 3 ✓ Sign Medical Release
- 4 Confirmation

✓ Thank you for applying for disability online.

Your Confirmation Number is: **89122274**

You can check the status of your application online by signing into or creating a [my Social Security](#) account.

We will contact you with any updates or questions we may have about your information.

What you need to do next:

1. **Gather** the following documents:
 - Any **medical evidence** you already have about your disability;
 - Award letters, pay stubs, settlement agreements or other proof of temporary or permanent **workers' compensation** type benefits you received.
2. **Print and sign** [medical release form](#);
3. **Print** your [personalized cover sheet](#);
4. **Mail** all of these items to:

SOCIAL SECURITY
16241 N TATUM BLVD
PHOENIX , AZ 85032-3441

If you prefer to bring your documents in person, you can visit **your local Social Security office**.

If you do not have all the documents listed above we will help you get any documents you need.

Caution: Do not mail foreign records or any Department of Homeland Security (DHS) documents to us - especially those you are required to keep with you at all times. These documents are sensitive and expensive to replace if lost; and some cannot be replaced. Instead, **bring them to your local Social Security office** where they will be examined and returned to you.

[View and Print Your Receipt](#)

We recommend that you keep a copy for your records.

[Print this page](#)

These are the remaining action steps needed to complete your filing.

This is the local SSA field office that will be processing your claim.

Click this link to print or save a copy of your receipt.

We May Need Additional Documents

Please gather the following document(s) and keep them in a convenient place so you will have them ready when you are contacted by a Social Security representative:

- [Wages from your employer](#) for last year (e.g., copy of your W-2 form). We can accept a photocopy of this document.
- [Self-employment income](#) for last year (e.g., IRS Schedules C and SE). We can accept a photocopy of these documents.

- Useful Links [Contact Us](#)
- [Reporting Responsibilities: What Needs to be Reported](#)
 - [Frequently Asked Questions - Internet Benefit Claim](#)
 - [Social Security Online: What You Can Do Online](#)
 - [Voluntary Tax Withholding](#)
 - [Helpful Health Information Online](#)
 - [Prescription Assistance](#)

[Done](#)



You've finished the online filing process!

Once you've completed the remaining action steps highlighted on the confirmation screen, your application for disability benefits will be reviewed by your local SSA field office.

Some important things to keep in mind:

(1)

Don't delay in sending in the remaining documents.

This includes medical evidence, the signed medical release form, and the cover letter.

The sooner you get the documents in, the sooner your application will be reviewed!

(2)

Save the confirmation number and other data in a safe place.

Print out a copy of your completed application and save the confirmation number for your records.

What Happens Next?

Initial Application:

Now that your application for Social Security disability benefits has been filed, your local SSA field office will review it. First, there will be a preliminary review of your application and your Social Security statement. This preliminary review is largely automated. A software program that is proprietary to the Social Security Administration will check several factors on your application and generate a findings summary.

Then a claims handler will review the findings summary along with the information you provided in your application. Once SSA is in receipt of a signed medical release (Form SSA-827), SSA will request your medical records from your doctors. After receiving your records, your claims handler will review them to see if you have a severe diagnosis and if the disability or condition meets one of the “listings.”

Electronic applications can take between 10 and 16 weeks to process. According to a 2010 report published by the SSA*, **approximately 36.3% of initial applications are approved**. It’s worth noting that in 2000, approximately 40.8% of initial applications were approved. It appears that the percentage of initial application approvals is declining each year.

Request for Reconsideration:

If your application for disability benefits is denied, you’ll have approximately 65 days from the date shown on your denial letter to file a **request for reconsideration**. This is a low-level appeal at the field office that decided your initial claim. A request for reconsideration may also be filed electronically on www.ssa.gov, which can take between 4 and 12 weeks to process. The processing time may vary, depending on the amount of additional medical evidence the field office must review.

According to the same 2010 report published by the SSA*, **approximately 8.1% of reconsiderations are approved** (overturning the initial denial).

Request for a Hearing with an Administrative Law Judge (ALJ):

If your reconsideration request is denied, you’ll have approximately 65 days from the date shown on your denial letter to request a hearing before an Administrative Law Judge. This is the stage in the process where most claims are awarded.

According to the same 2010 report published by the SSA*, **approximately 76.1% of medical decisions at the hearing level are approved**.

*See: https://www.ssa.gov/policy/docs/statcomps/di_asr/2011/sect04.html

When Should You Consider Hiring an Attorney?

Here are the published statistics on the approval rate at the various stages of the disability claim review process:

Initial filings:	36%
Reconsideration requests:	8%
Hearing with a judge:	76%

An overwhelming majority of successful claims are awarded at the hearing level. This is largely because most claimants are represented at a hearing by an attorney or a non-attorney representative.

If your initial application is denied, you should strongly consider consulting with an attorney who can review your claim. An attorney with experience can evaluate your claim and provide you with a candid assessment. This information is extremely important and helpful because your life may be on “pause” pending the outcome of your claim.

Since you’re not working, or working minimally, you may be experiencing hardship. If a Social Security disability attorney accepts your case, your attorney will ensure that all required forms, appeals, and requests are properly filed, and that your best available medical evidence is highlighted, thereby increasing the odds of a swift and successful review of your disability claim. Due to the multitude of nuances in the claims review process, an attorney with experience will be able to formulate a solid legal theory that demonstrates to the SSA that you’re totally disabled and that you’re legally entitled to receive Social Security benefits.

Overview of Social Security Disability Insurance “SSDI”



To qualify for Social Security Disability Insurance benefits, an individual must be completely disabled according to the Social Security Administration’s (“SSA”) definition of total disability. That individual must also be eligible for SSDI, that is, the individual has worked and paid Federal Insurance Contributions Act (FICA) premiums at least 5 of the past 10 years. In most cases, if you have worked for an outside employer in the United States, you have made FICA contributions (as has your employer).

Definition of disability: The applicant must not be able to engage in any substantial gainful activity because of a medically determinable physical or mental impairment(s) that is expected to result in death or has lasted or is expected to last for a continuous period of at least 12 months.

To qualify for total disability, an individual over the age of 55 must be completely unable to perform any work which he/she has performed in the past and if under 50, must be completely unable to perform any work whatsoever. It is critically important to have objective medical evidence to prove to SSA that the individual is in fact disabled. That is why it is very important to continue seeing a doctor or specialist regularly.

Having a medical record demonstrating one or more of these disabilities, conditions, or impairments will help your claim for social security disability benefits. Here are some of the more commonly included medical conditions:

- Heart conditions
- Digestive disorders
- Thyroid disorders
- Blood disorders
- Immune system disorders
- Hearing or vision loss
- Mental conditions and disorders
- Neck, back, and spine injuries
- Neurological problems
- Lung infections and Asthma
- Skin disorders
- Multiple body system impairments

For the complete “Listing of Impairments”, you can visit:

<https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

Overview of Supplemental Security Income “SSI”



The SSI program pays benefits to disabled adults and children who have limited income and resources. Also, SSI benefits are payable to people 65 and older without disabilities who meet the financial limits. People who have worked long enough may also be able to receive Social Security disability or retirement benefits as well as SSI.

For most people, the medical requirements for disability payments are the same under both SSD and SSI and disability is determined by the same process. Whether you apply for Social Security or SSI disability, you will be asked to provide information about your medical condition, work and education history to help the Social Security Administration decide if you are disabled under their rules.

Common Status Updates at Hearing Level

Pending Folder Assembly/Folder Assembly – At this point your evidence is being organized and exhibited in a folder for the ALJ and our firm to review prior to your hearing.

Pending ALJ Assignment – The completed file is waiting to be assigned to an ALJ. This can often take several months due to backlog in the system.

Ready to Schedule- This means your file has been assigned to an ALJ and is waiting to be placed on the docket. Some ODAR locations will immediately place your case into this status, which is why you will not get a hearing date immediately after your status is ready to schedule.

Post-Hearing Development- Your hearing with the ALJ and Attorney Jeffrey Herman has been held; however, there were additional pieces of evidence that were not received and submitted. The ALJ will keep your case in post-hearing development for a limited amount of time in order to submit the outstanding pieces of evidence.

Post-Hearing Review –Additional evidence can no longer be submitted. The evidence in the file is being reviewed by the judge in order to issue a decision.

Pending Decision Writing- This is after your hearing and all outstanding documents have been submitted. Your file is no longer open for additional information to be submitted.

Decision Writing Process- A decision has been made by the ALJ, and the ALJ's staff is writing a formal decision for you and our firm. The decision will consider the medical evidence in the file and the testimony provided at the hearing. After this, the decision will be mailed to you and our firm. Again, no additional evidence may be added to your file at this time.

Common Questions from My Clients

As an attorney who actively practices Social Security Disability law, I receive a wide variety of questions about disability law. I've compiled some of the more common questions that I get asked in this section.

Q: How long must I wait after becoming disabled before filing for disability benefits?

A: Not another moment! In fact, you file for disability benefits on the very same day that you become disabled. Many folks make the unfortunate mistake of waiting months or even years after becoming disabled before filing a Social Security disability claim. The best advice is to consult with an attorney immediately.

Q: I got hurt on the job and I am collecting workers' compensation benefits. Can I also file a claim for Social Security disability benefits now?

A: Absolutely. You do not have to wait until the worker's compensation ends. An individual can file a claim for Social Security disability benefits while receiving workers' compensation benefits. In fact, it is recommended to file the Social Security disability claim as soon as possible to avoid any gap between when the workers' compensation is finished, and the Social Security disability benefits begin.

Q: How do I know if I will be found disabled by Social Security?

A: Don't overthink it. If you feel as though you cannot seek gainful employment because of an injury or disability, you should absolutely file a claim for benefits. Why wouldn't you? That is why the money is there in the first place. Many good claims get denied regularly, so don't be discouraged if the initial claim is denied. If denied, you should consult with an experienced attorney to get an opinion as to the chances of success on appeal.

Q: Do you have to be permanently disabled to get Social Security disability benefits?

A: No. You have to have been disabled for at least a year or be expected to be disabled for at least a year or have a condition that can be expected to result in death within a year.

Q: I have several health problems, but no one of them disables me. It is the combination that disables me. Can I get Social Security disability benefits?

A: Maybe. Social Security ought to consider the combination of conditions or impairments that an individual suffers in determining disability (can gainful employment be sought?). Many, perhaps most claimants for Social Security disability benefits have more than one health problem and the combined effects of all the health problems must be considered.

Q: I got hurt in car accident. I am disabled now, but I intend to return to work after I recover. Should I file for Social Security disability benefits?

A: It's not a bad idea to file! If you believe there is a decent chance you'll be out of work for a year or more you should definitely file for Social Security disability benefits.

Q: How does Social Security determine if I am disabled?

A: When your claim is being examined, the Social Security Administration will review your medical records. Further, other facts will be considered such as all your health problems, your age, education, and work experience. Generally, Social Security is supposed to decide whether you can do your past work. If Social Security decides that you are unable to do your past work, they will then consider whether there is any other work (theoretical employment) which you can do considering your health problems and your age, education, and work experience.

Hearing Options in 2022

It is common for a disability claim to require a hearing with an Administrative Law Judge (“ALJ”) before it is approved. Presently, there are 4 formats that SSA offers for conducting hearings: In-Person, Video Teleconference, Telephonic, and Microsoft Teams. The choice is yours to make and there are several reasons why you might prefer one option over the other.

1) In-Person with an Administrative Law Judge (ALJ)



The traditional manner for conducting hearings has been in-person with an Administrative Law Judge. In-person hearings are held at the Office of Hearings Operations (“OHO”) in a room with the Judge, the Judge’s assistant, a Vocational Expert, and occasionally a Medical Expert. There typically is a round or oval-shaped conference table and the Judge will sit above the head of the table and preside over the hearing. OHOs discontinued the scheduling of in-person hearings in mid-2019 due to the COVID-19 pandemic. As the claimant, you have a right to an in-person hearing. Thus, if you elect to decline any of the other hearing options, your hearing will be postponed indefinitely until in-person hearings resume in your locale if they are still not being scheduled. It is unknown as of this time when in-person hearings will resume.

2) Video Teleconference (VTC)



VTC is a popular alternative to in-person hearings. VTC’s are conducted in a dedicated room within the Office of Hearings Operations (in remote areas the VTC are sometimes in local field offices). VTC hearings are often held with out-of-state Judges and as such you might be able to skip around any hometown or home-state backlogs. In sum, there is a video camera angled to capture the claimant’s full body and the Judge is able to pan and zoom the camera as desired. The claimant can see the Judge on a TV screen (as shown in the image

above). The VE (and ME) may appear in person with the Judge or may dial in by telephone. VTCs are being scheduled with slight delays based on VTC availability. VTC may be a good option if you want the Judge to see your full body. Also, VTC may be a good option if you prefer video, but you do not have a decent computer or reliable internet.

3) Telephonic



In response to the COVID-19 pandemic and OHOs closing their doors to the public throughout the country, SSA started scheduling hearings to be conducted over the telephone. This has enabled Judges, claimants, representatives, and experts to participate in hearings remotely from their own home. Aside from being safe and convenient, telephonic hearings have reduced anxiety and enable claimants to utilize notes more easily during their hearing. Our office has not seen any dip or decline in approvals. We only recommend declining a telephonic hearing if additional time to obtain evidence is needed, or if you have a physical condition that you want the Judge to see. Our recommendation is to move forward with a telephonic hearing now as a postponement can always be requested or the telephonic can be declined at a later date (if necessary).

4) Microsoft Teams Meeting (Webcam)



Microsoft Teams is the newest option offered by SSA for conducting hearings. The hearing would essentially be conducted through your own webcam-enabled device (such as a computer, smartphone, or tablet). All the participants in the hearing would be present via Microsoft Teams which enables you to see the Judge and the Judge see you. So far, I have had very good success with hearings held via Microsoft Teams. If offered, I recommend this option if you have reliable internet in your home. Like telephonic hearings, you have the right to agree to Microsoft Teams for now and to later change your mind and decline this option.

Endorsement of this Initial Filing eGuide

by Jonathan Ginsberg, Esq.

Jeffrey Herman's eGuide to Filing for Social Security disability benefits online is an **essential guidebook** for anyone filing for benefits using SSA's website.

Social Security does not make it easy to file - the process can take two to three hours and requires you to answer dozens and dozens of questions. And over the years, SSA has made the application longer and more complicated while never offering helpful directions.



As a disability lawyer, I have filed hundreds of applications for clients, and it still takes me one to two hours to complete one of these online applications. I can only imagine how confusing and frustrating the process can be for an applicant who is in pain and struggling with disabling medical problems.

I am sure more than a few deserving disability claimants have simply given up because SSA makes the application process so difficult. Don't let this happen to you.

Fortunately, you now have a solution to this problem. Jeffrey's eGuide literally walks you through every step in the disability application process. Even better, you can see exactly what information you need before you start.

Jeffrey's eGuide is part of my staff training process and if you want a secret weapon to improve your chances at an early approval, I recommend it without reservation.

Jonathan Ginsberg is a prominent and prolific Social Security Disability Attorney based in Atlanta, GA. His channel on YouTube has 48,000+ subscribers and features a collection of more than 350 videos that are full of helpful information about the Social Security Disability claim process and how to win benefits. Jonathan also hosts a podcast about Social Security Disability law. Jonathan invited Jeffrey to participate as a guest speaker on the topic of mental health and Social Security Disability. Please visit the links below if you would like to listen to this podcast.

Part One: <https://ssdradio.com/2021/01/20/mental-health-disability-claims/>

Part Two: <https://ssdradio.com/2021/02/11/depression-anxiety-ptsd-ssdi/>



Social Security Disability Benefits Initial Filing Guide 2022 EDITION

Written by Jeffrey R. Herman
Social Security Disability Attorney

Need Help with a Social Security Disability Claim?
Visit www.DesertDisability.com for a complimentary disability claim assessment no matter where you live!