



SOCIAL SECURITY DISABILITY (SSD)
SUPPLEMENTAL SECURITY INCOME (SSI)

1. Are you or a member of your household under Dr. care or off work for medical reasons?
____yes ____no.

2. Have you or a member of your household applied for Social Security Disability? (SSD)
____yes ____no.

If yes when? _____

3. Have you or a member of your household applied for Supplemental Security Income? (SSI)
____yes ____no.

If yes when? _____

4. Do you or a member of your household plan on applying for Social Security Disability? (SSD)
____yes ____no.

If yes when? _____

5. Do you or a member of your household plan on applying for Supplemental Security Income?
(SSI) ____yes ____no.

If yes when? _____

6. If you answered yes to any of the above questions do you have an attorney that is assisting you
with your application/appeal for Social Security Disability (SSD) and/or Supplemental
Security Income? (SSI) ____yes ____no.

Name

Date