

# What You Should Know Before You Apply for Social Security Disability Benefits



We sent you this disability starter kit because you requested an appointment to file for disability benefits. The enclosed letter has the date, time, and location of your appointment.

The following are answers to questions most people ask about when applying for disability benefits. Knowing the answers to these questions will help you understand the process.

## ★ What can I expect during the appointment?

A Social Security representative will interview you and complete an application for disability benefits and an Adult Disability Report. The interview will take place either in your local Social Security office or by telephone. It will take at least 1 hour.

## ★ What can I do to speed up the process?

You can cut your interview time in half by starting the process online. You can complete online, BOTH the **application for benefits** and the **disability report** by going to:

*[www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability)*

You still need to **keep your scheduled appointment** with the local Social Security office, so a representative can review your information.

If you cannot do business with us online, you can complete the enclosed Medical and Job Worksheet and have it ready for your appointment.

You can also speed things up by bringing to your office appointment the information listed on the enclosed checklist. If you have an appointment by telephone, the representative may ask you to provide any required checklist items.

## ★ How does Social Security decide if I am disabled?

By law, Social Security has a very strict definition of disability. To be found disabled:

- You must be unable to do any substantial work because of your medical condition(s); **and**
- Your medical condition(s) must have lasted, or be expected to last, at least 1 year, or be expected to result in your death.

## ★ My doctor says I am disabled. Is that enough to qualify me for disability benefits?

No. You cannot get disability benefits solely because your doctor says you are disabled.

(over)

## What You Should Know Before You Apply for Social Security Disability Benefits

### ★ I am getting disability payments from my job or another agency. Can I automatically get Social Security disability benefits?

No. Social Security disability laws are different from most other programs. For example, Social Security does not pay benefits for partial disability.

### ★ How long does it take to make a decision?

Generally, it takes about 3 to 5 months to get a decision. However, the exact time depends on how long it takes to get your medical records and any other evidence needed to make a decision.

### ★ How does Social Security make the decision?

We send your application to a state agency that makes disability decisions. The state has medical and vocational experts who will contact your doctors and other places where you received treatment to get your medical records.

The state agency may send you forms to complete or ask you to have an examination or medical test. If the state does request an examination, **make sure you keep the appointment.** You will not have to pay for any examination or test you are sent for, by the state agency.

### ★ If Social Security decides that I am disabled, what types of benefits can I receive?

Social Security pays disability benefits under two programs:

- Social Security Disability Insurance (SSDI) for insured workers, their disabled surviving spouses, and children (disabled before age 22) of disabled, retired, or deceased workers.
- Supplemental Security Income (SSI) for people with little or no income and resources.

### ★ Will my personal information be kept safe?

Yes. Social Security protects the privacy of each individual we serve. As a Federal agency, we are required by the Privacy Act of 1974 (5 U.S.C. 522a) to protect the information we get from you.

### ★ What if I am more comfortable speaking in a language other than English?

We provide free interpreter services to help you conduct your Social Security business.

### ★ Where can I get more information?

You can visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov), ask the interviewer during your appointment, or call us toll-free at 1-800-772-1213 (for the deaf or hard of hearing, call TTY 1-800-325-0778).

**APPLICANT'S NAME:** \_\_\_\_\_  
(Person Filing) (First) (Middle Initial) (Last)

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**OTHER NAMES USED (Including maiden name and other married names):**  
\_\_\_\_\_  
(First) (Middle Initial) (Last)

\_\_\_\_\_  
(First) (Middle Initial) (Last)

**SPOUSE'S NAME:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**SPOUSE'S DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**OTHER NAMES USED BY YOUR SPOUSE (Including maiden name & other married names):**  
\_\_\_\_\_  
(First) (Middle Initial) (Last)  
\_\_\_\_\_  
(First) (Middle Initial) (Last)

Is your spouse blind, disabled or 65 or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, does your spouse also want to file for SSI? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIVING ARRANGEMENTS:** Please list ALL the other people who live in the house/apartment/mobile home where you live. (If you live in a homeless shelter, we DO NOT need this information.)

| FULL NAME | DATE OF BIRTH | SOCIAL SECURITY # | RELATIONSHIP |
|-----------|---------------|-------------------|--------------|
| _____     | _____         | _____             | _____        |
| _____     | _____         | _____             | _____        |
| _____     | _____         | _____             | _____        |
| _____     | _____         | _____             | _____        |
| _____     | _____         | _____             | _____        |

If you live with other **adults**, please show the **total amount the household pays each month** for the following items:

Rent/Mortgage \_\_\_\_\_ Property Taxes \_\_\_\_\_ Property Insurance \_\_\_\_\_  
Food \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Garbage \_\_\_\_\_  
Heating Fuel \_\_\_\_\_ Gas \_\_\_\_\_ Electricity \_\_\_\_\_

**RESOURCES:**

**Vehicles** (Include cars, trucks, motorcycles, boats, 4-wheelers, snowmobiles ect.)

| Make/Model | Year  | Value (Current) | Paid For? (Yes/No) | Amount Still Owed | Where Financed |
|------------|-------|-----------------|--------------------|-------------------|----------------|
| _____      | _____ | _____           | _____              | _____             | _____          |
| _____      | _____ | _____           | _____              | _____             | _____          |
| _____      | _____ | _____           | _____              | _____             | _____          |
| _____      | _____ | _____           | _____              | _____             | _____          |

**Bank Accounts** (Checking, Savings, CD's, Burial Accounts, etc.)

| Type of Account | Balance of Account | Frequency of Interest | Amount of Interest | Bank Name & Address |
|-----------------|--------------------|-----------------------|--------------------|---------------------|
| _____           | _____              | _____                 | _____              | _____               |
| _____           | _____              | _____                 | _____              | _____               |
| _____           | _____              | _____                 | _____              | _____               |
| _____           | _____              | _____                 | _____              | _____               |
| _____           | _____              | _____                 | _____              | _____               |

**Life Insurance** (Please list ALL the policies you, your spouse, or your children own or are currently buying)

| Face Value Of Policy | Name & Address of Agent or Company | Who Owns the Policy? | Cash Surrender Value of the policy |
|----------------------|------------------------------------|----------------------|------------------------------------|
| _____                | _____                              | _____                | _____                              |
| _____                | _____                              | _____                | _____                              |
| _____                | _____                              | _____                | _____                              |
| _____                | _____                              | _____                | _____                              |

**INCOME OF EVERYONE IN THE HOUSEHOLD – INCLUDING THE CHILDREN**

| Name  | Type of Income | Gross Amount Paid | Frequency of payment | Date Last Paid |
|-------|----------------|-------------------|----------------------|----------------|
| _____ | _____          | _____             | _____                | _____          |
| _____ | _____          | _____             | _____                | _____          |
| _____ | _____          | _____             | _____                | _____          |
| _____ | _____          | _____             | _____                | _____          |
| _____ | _____          | _____             | _____                | _____          |
| _____ | _____          | _____             | _____                | _____          |

**When you come in, or are called for your appointment, please bring or have the following documents with you:**

- Birth Certificate
- Life Insurance Policies
- Last Years Federal Income Tax Return
- Current Bank Statements or Passbooks
- Last Month's Pay Stubs
- All of your U.S. Government Savings Bonds

The information requested above is not everything needed for your claim. You will be asked additional questions and may be asked to furnish other proofs to show ownership or establish the value of an item.

If you have any questions before your appointment, please feel free to call our toll free number 1-800-453-7255 between 9:00 am and 4:00 pm.

# MEDICAL AND JOB WORKSHEET - ADULT

Please do **not** mail this worksheet to your local office.

Did you know that you can start the application process online?

Visit [www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability) for more information!

Complete this worksheet to get ready for the appointment or when filing online. This worksheet is **not** the application for Social Security disability benefits. You should bring this worksheet to your appointment or have it with you if your appointment is by telephone.

## A. Medical Conditions

List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

| CONDITIONS |  |
|------------|--|
| 1.         |  |
| 2.         |  |
| 3.         |  |
| 4.         |  |
| 5.         |  |

B. If you are not working, when did you stop working?

C. Height without shoes: \_\_\_\_\_ feet \_\_\_\_\_ inches      Weight without shoes: \_\_\_\_\_ pounds

## D. Medical Sources

Please list any doctors, hospitals, clinics, therapists, or emergency rooms you have visited because of your conditions.

| NAME | ADDRESS | PHONE NUMBER<br>(with area code) | DATE FIRST<br>SEEN OR<br>ADMISSION<br>DATE | DATE LAST<br>SEEN OR<br>DISCHARGE<br>DATE |
|------|---------|----------------------------------|--|---|
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |
|      |         |                                  |  |   |

### E. Medicines

Please list any medicines you take and why you take them. If prescribed, please provide the doctor's name.

| NAME OF MEDICINE | WHY YOU TAKE IT | PRESCRIBED BY |
|------------------|-----------------|---------------|
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |
|                  |                 |               |

### F. Medical Tests

Please list any medical tests you had or are going to have in the future.

| NAME OF TEST | PROVIDER WHO SENT YOU | DATE(S) |
|--------------|-----------------------|---------|
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |
|              |                       |         |

### G. Job History

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

| JOB TITLE<br>(e.g., cook) | TYPE OF BUSINESS<br>(e.g., restaurant) | DATES WORKED  |             | HOURS<br>PER DAY | DAYS<br>PER WEEK | RATE OF PAY |           |
|---------------------------|--|---------------|-------------|------------------|------------------|-------------|-----------|
|                           |  | FROM<br>Mo/Yr | TO<br>Mo/Yr |                  |                  | Amount      | Frequency |
|                           |  |               |             |                  |                  |             |           |
|                           |  |               |             |                  |                  |             |           |
|                           |  |               |             |                  |                  |             |           |
|                           |  |               |             |                  |                  |             |           |
|                           |  |               |             |                  |                  |             |           |

Bring this worksheet to your appointment or have it with you if your appointment is by telephone. Do not delay filing your application, even if you do not have all of the information. We will help you get any missing information.

# Checklist – Adult Disability Interview

We encourage you to begin the application process online.

Visit [www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability) to get started!

Use this **Checklist** to get ready for your appointment or when filing online. We need your personal and income information to complete the interview to determine if you are eligible for disability benefits. Keep your appointment even if you do not have all of the information. We will help you get any missing information.

**Check off the applicable items below as you get them together for your interview.**

- Medical records already in your possession.** (We will help you get the rest of your medical records. Please bring whatever medical records you have to the interview).
- Workers' compensation information, including the settlement agreement, date of injury, claim number, and proof of other disability awarded payment amounts.
- Names and dates of birth of your minor children and your spouse.
- Dates of marriages and divorces.
- Checking or savings account number, including the bank's 9-digit routing number, if you want Direct Deposit for your benefit checks.
- Name, address, and phone number of a person we can contact if we are unable to get in touch with you.
- If a medical release Form SSA-827 (Authorization to Disclose Information to the Social Security Administration) was included with this package, please **complete** (sign and date with witness signature) **and** return it as directed.
- If unable to file online, **complete** the "Medical and Job Worksheet – Adult" and **bring** to your interview.

Bring the Checklist items and information to your appointment or have them with you if your appointment is by telephone.

**Do not delay filing your application, even if you do not have all of the information.**



# What You Can Do Online

[www.socialsecurity.gov](http://www.socialsecurity.gov)

## APPLY FOR BENEFITS

Apply for Social Security retirement/spouse's benefits

[www.socialsecurity.gov/applyforbenefits](http://www.socialsecurity.gov/applyforbenefits)

Apply for Social Security disability benefits

[www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability)

Apply for Medicare

[www.socialsecurity.gov/medicareonly](http://www.socialsecurity.gov/medicareonly)

Apply for Extra Help with your Medicare prescription drug costs

[www.socialsecurity.gov/i1020](http://www.socialsecurity.gov/i1020)

## ESTIMATE YOUR FUTURE BENEFITS

Create a **my Social Security** account to get your *Social Security Statement*:

- Check your earnings record; and
- See estimates of your potential benefit amounts.

[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)

Get your retirement benefit estimate

[www.socialsecurity.gov/estimator](http://www.socialsecurity.gov/estimator)

Use our benefit planners to calculate your retirement, disability, and survivors benefits

[www.socialsecurity.gov/planners](http://www.socialsecurity.gov/planners)

## IF YOU GET BENEFITS

Create a **my Social Security** account and:

- Get your benefit verification letter;
- Check your benefit and payment information and your earnings record;
- Change your address and phone number; and
- Start or change direct deposit of your benefit payment.

[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)

Get a form SSA-1099/1042  
(*Social Security Benefit Statement*)

[www.socialsecurity.gov/1099](http://www.socialsecurity.gov/1099)

Get a replacement Medicare card

[www.socialsecurity.gov/medicarecard](http://www.socialsecurity.gov/medicarecard)

Find answers to frequently asked questions at

[www.socialsecurity.gov/faq](http://www.socialsecurity.gov/faq)



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