

APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS

There are two ways a person can apply for Social Security disability benefits:

1) You may file an application online at SSA.gov;

or

2) You may call Social Security at 800-772-1213 to schedule an appointment to file for benefits. You may schedule your appointment for either a telephone appointment or an in-office appointment.

If you choose to file your application online, follow the steps below:

- 1) Review the attached checklist and prepare your medical and job worksheet;
- 2) Go to www.ssa.gov;
- 3) On the homepage, click on the “**Disability**” picture;
- 4) On the next page, about ½ way down, click on the blue bar, “**Apply for Disability**”;
- 5) On the next page, click on the gray bar, “**Start a New Application**”;
- 6) Be sure to **SUBMIT** your application when finished.

Attached is a ***Checklist for Online Disability Application*** and a ***Medical and Job Worksheet***. These forms will be helpful whether you choose to file your application online or schedule an appointment. Please read these forms and complete the worksheet as fully and thoroughly as possible. List all medical and mental health conditions that may impose work limitations. You do not need the exact date of your doctor’s appointments-the month and year is fine. Be as accurate as possible listing **all** provider names and addresses so that your records can be easily located. If you saw several providers at a hospital or clinic, you do not need to list every provider you saw, just list the hospital or clinic.



Social Security Administration

Checklist For Online Adult Disability Application

This checklist will help you gather the information you may need to complete the online adult Disability application process. We recommend you print this page to use while you gather your information. We hope you find our online application easy and convenient.

Birth and Citizenship Information If you were born outside the United States or its territories: <ul style="list-style-type: none"> Name of your birth country at the time of your birth (it may have a different name now) Permanent Resident Card number (if you are not a U.S. Citizen) 	
Marriage and Divorce <ul style="list-style-type: none"> Name of current spouse and prior spouse (if the marriage lasted more than 10 years or ended in death) Spouse(s) date of birth and SSN (optional) Beginning and ending dates of marriage(s) Place of marriage(s) (city, state or country, if married outside the U.S.) 	
Names and Birth Dates of Children Who <ul style="list-style-type: none"> Became disabled prior to age 22, or Are under age 18 and are unmarried, or Are aged 18 to 19 and still attending secondary school full time 	
U.S. Military Service <ul style="list-style-type: none"> Type of duty and branch Service period dates 	
Employer Details for Current Year and Prior 2 Years (not self-employment) <ul style="list-style-type: none"> View your Social Security Statement online at: www.ssa.gov/myaccount Employer name Employment start and end dates Total earnings (wages, tips, etc.) 	
Self-Employment Details for Current Year and Prior 2 Years <ul style="list-style-type: none"> View your Social Security Statement online at: www.ssa.gov/myaccount Business type and total net income 	
Direct Deposit Domestic bank (USA) <ul style="list-style-type: none"> Account type and number Bank routing number 	International Bank (Non-USA) <ul style="list-style-type: none"> International Direct Deposit (IDD) bank country Bank name, bank code, and currency Account type and number Branch/transit number
Name, address and phone number of someone we can contact who knows about your medical condition(s) and can help you with your claim	
List of your medical conditions	
Information about Doctors, Healthcare Professionals, Hospitals and Clinics <ul style="list-style-type: none"> Names, addresses, phone numbers, patient ID numbers, and dates of examinations and treatments Names and dates of medical tests you have had and who sent you for them Names of medications (prescriptions and non-prescriptions), reason for medication and who prescribed them 	
Information about other medical records that may be available from vocational rehabilitation services, workers compensation, public welfare, prison or jail, an attorney or lawyer, or another place	
Job History <ul style="list-style-type: none"> Date your medical condition began to affect your ability to work Type of jobs (up to 5) that you had in the 15 years before you became unable to work because of your medical condition Dates you worked at those jobs, if available Type of duties you did on the longest job you had 	
Education and Training <ul style="list-style-type: none"> Highest grade in school completed and date you completed it Name of special job training, trade school or vocational school and date completed Special education school name, city and state, and date completed 	

We may contact you for additional information after you submit your online application.

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 <i>(e.g., cook)</i>	TYPE OF BUSINESS <i>(e.g., restaurant)</i>	DATES WORKED		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY	
		FROM Mo/Yr	TO 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.