

Toolkit

APPLICANT SELF- HELP GUIDE

COMPLETING AN
SSI/SSDI APPLICATION

PUBLICATION INFORMATION

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OVERVIEW

About SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

SOAR Training

The SAMHSA SOAR Technical Assistance (TA) Center offers two Online Courses that train case workers to assist individuals in applying for SSI/SSDI (SSA's disability income benefit programs). The courses provide comprehensive information about SSI/SSDI and the disability determination process, including the SOAR Critical Components of completing and submitting applications.

SOAR Leadership

State and Local Leads spearhead and coordinate the implementation of SOAR initiatives. These leaders identify and engage stakeholders to participate in steering committees whose goal is to create and implement a SOAR action plan and process for SSI/SSDI application submission. These committees meet regularly to collaborate, report on progress, and troubleshoot challenges.

Contact SOAR

☎ 518-439-7415 x2

✉ soar@prainc.com

🌐 soarworks.samhsa.gov

This toolkit will help applicants and/or people supporting them prepare and submit high-quality SSI/SSDI applications when a SOAR provider is not available for assistance.



GLOSSARY AND COMMONLY USED TERMS

Social Security Administration

The **Social Security Administration (SSA)** is the federal agency that administers disability and retirement benefits for eligible individuals and families. SSA also administers death benefits for spouses and children, Social Security Cards, Medicare Enrollment, and my Social Security accounts.

Disability Determination Services

The **Disability Determination Services (DDS)** office is the agency in your state that completes the disability decision for SSA. Doctors and disability specialists in the state agency review medical records and other evidence to determine medical eligibility for SSA's disability programs. Your state may use a different term for DDS.

Definition of Disability

SSA defines disability as the inability to engage in any substantial gainful activity (SGA; ssa.gov/OACT/COLA/sga.html) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. This means that SSA is looking at how your illnesses or conditions affect your ability to work at a certain earnings level defined each year by SSA.

Supplemental Security Income

Supplemental Security Income (SSI) is a needs-based program for people who are

elderly, blind, or experiencing a disability that prevents them from earning SGA-level wages. SSI is intended for individuals and families with limited resources and work history. SSI monthly payments are based on Social Security's Federal Benefit Rate (ssa.gov/OACT/COLA/SSI.html).

Social Security Disability Insurance

Social Security Disability Insurance (SSDI) is Social Security's disability insurance program; most¹ individuals who work in the United States pay into Social Security throughout their working careers. Monthly benefit amounts depend on the person's work history and their contributions to Social Security through payroll taxes.

Consultative Exam

A DDS examiner may schedule a **consultative exam (CE)** if more information is needed to make a decision on your application. If a CE is requested, DDS will schedule an appointment for you to meet with a doctor who contracts with Social Security. CEs can be ordered for both mental and physical health impairments.

my Social Security Account

my Social Security is an online portal designed to allow for easy access to your Social Security information. You can use your account to request a replacement Social Security card, check the status of an application, estimate future benefits, or manage the benefits you already receive: ssa.gov/myaccount.

¹ Some workers pay into a pension or other retirement programs instead of Social Security.

GET STARTED: CREATE A MY SOCIAL SECURITY ACCOUNT



Before starting the application process, it is helpful to create a my Social Security account. This will ensure you have access to your information from Social Security. A my Social Security account also helps streamline the process of applying for SSI/SSDI benefits online. This page will walk you through creating your my Social Security account. *If this process doesn't work for you, that is okay! You can still complete the application without an account.*

1

In order to create a my Social Security account, you must:

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

2

Go to ssa.gov and click on the my Social Security icon on the left side of the page.



3

Click **Create an Account**.



4

Follow the instructions and prompts to create your account:

Your Name
As shown on your Social Security card.

First M.I. Last Suffix

Social Security Number (SSN)
 [SHOW SSN](#)
Example: 000-00-0000

Date of Birth
Month Day Year

5

Write down your username and password!

PREPARE FOR THE APPLICATION PROCESS



When it comes to creating a successful Social Security disability benefits application, preparation is key. Here are some tips to help you get ready to apply for disability!

1

Stay Up to Date with Medical and Mental Health Appointments

- Make sure to see your doctor(s), therapists, or other treatment providers regularly.
- If you are experiencing pain or other symptoms, make an appointment with a doctor or clinic.
- Take your medications as prescribed.
- Ask your Primary Care Doctor or Specialist to write a summary of your medical conditions and how they are impacting your ability to function in everyday activities or in work settings.

2

Keep a Journal

Journaling is a great way to document your symptoms and how they impact you on a day-to-day basis.

- Record what your daily routine looks like and anything that is difficult for you because of your illnesses or conditions.
- Note any pain or other symptoms you experience.
- Review your journal with your medical provider at your appointments.

- Ask a friend or family member to help document symptoms they observe or that you share with them if you aren't able to create or keep a journal.

3

Gather Evidence

It is helpful to have your work organized prior to starting the Online Disability Application.

- Make a list of all your treatment providers in the past 5 years. Include any place where you saw a doctor, nurse, therapist, or social worker:
 - Include dates seen and reasons for treatment.
 - Record any tests prescribed by this provider (X-rays, stress test, etc.).
 - Write down the mailing address and phone number for each provider.
- Make a list of all prescribed and over-the-counter medications you take for your illnesses or conditions:
 - Name
 - Dosage
 - Reason prescribed
 - Side effects

- Make a list of any jobs you had in the past 15 years:
 - Name and Address of employer
 - Dates worked (can be approximate)
 - Hours worked per day/week
 - Wages earned
 - Details about your job duties and requirements
 - Note why you stopped working at each place
 - Note of any challenges you had while on the job
- Record information about current and/or prior marriage(s)

4

Prepare Your Workspace

- Plan on spending up to **3 hours** completing the Online Disability Application.
 - You can break this down into smaller chunks of time, over a few days if needed.
- Arrange to use a computer and sit in a quiet space.
 - Your local library is a good resource if you do not have a computer.
- Have a paper and a pen on hand.
- Ask a trusted friend or family member to assist you, if you think it would be helpful.

APPLY FOR BENEFITS

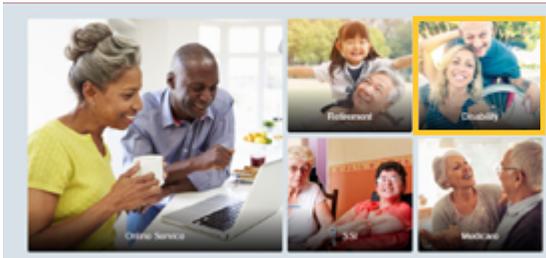


Now that you are prepared and have a computer to complete the application process, you are ready to work on your disability application. This section of the review guide is **long** and can feel overwhelming. Please remember that once you get a **re-entry number** at the beginning of **Step Three**, you can log out of the application at any time and come back to it when you are ready to proceed.

1

Start the Application

- Go to ssa.gov and click *Disability*. Select *Apply for Disability*, check the terms of service agreement box, then choose *Start a New Application*.
 - Once the application is started, you cannot log out until you get your Re-Entry Number in **Step 3!**



Before you apply, please review the basics to make sure you are ready. Also, gather the information and documents you'll need.

Apply for Disability

The Basics About Disability Benefits



Apply & Complete

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

Start a New Application

2

Answer Preliminary Questions

- When asked *Who is completing the application?*, select *I am applying for myself*.

Who Is Completing This Application

Tell us information about the person completing the application.

I am applying for myself

I am helping someone who is not with me, and there is a separate application for that person.

Do you have a *my Social Security* account?

Yes No

- You will be asked if you have a my Social Security Account.
 - If you do not have a my Social Security account, select *No*.
 - Answer the next question about an address.
 - On the next page, enter information about your name and disability.
 - Then, skip to Step 3.

Information About Applicant

Your Name:

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

John Lance Smith
First Middle Last Suffix

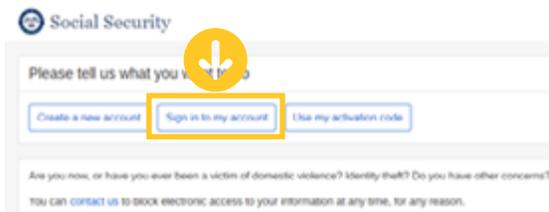
Social Security Number (SSN):

999-99-9999

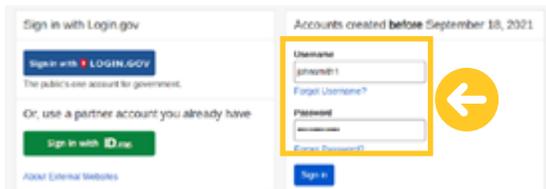
Date of Birth:

January 1 1965
Month Day Year

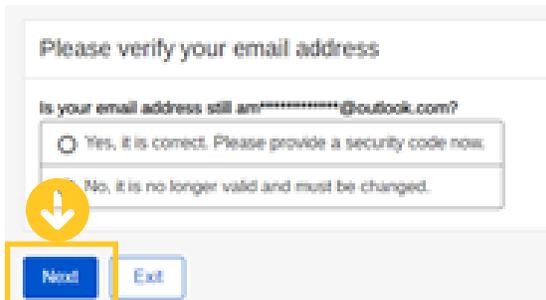
- If you do have a my Social Security account (see page 3), select *Yes*.
 - Select *Sign in to my account*.



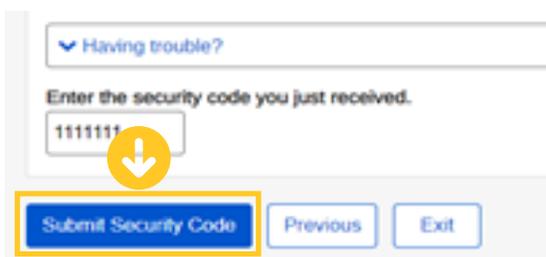
- Enter your username and password and click *Sign in*.



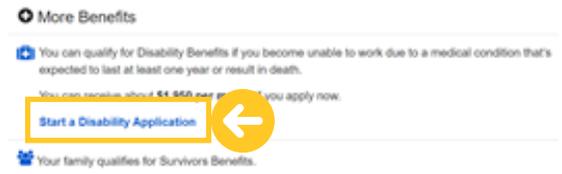
- Ensure that the email address connected with your log in is correct, then click *Next*.



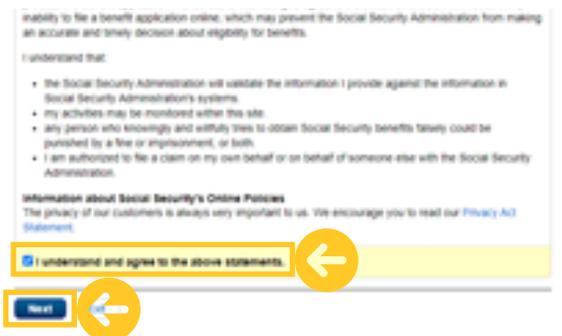
- Enter the security code that was sent to your email account and click *Submit*.



- After your security code is submitted, your my Social Security account page will pop up. Scroll about halfway down the page and select *Start a Disability Application*.

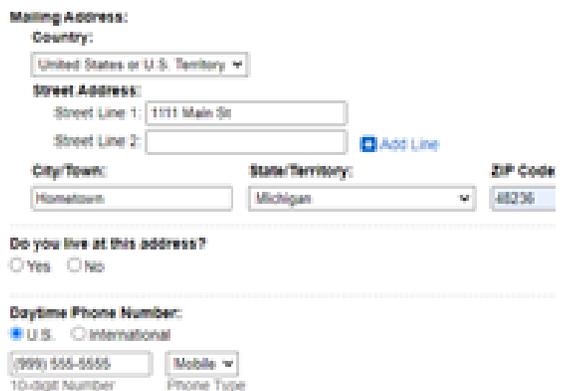


- Agree to the terms of service and click *Next* to officially begin the application!



3 Enter Background Information

- Provide contact information and answer questions about how you communicate.
 - If you do not have a reliable mailing address, enter the address of a trusted friend or family member. Be sure to check your mail at that location regularly.



- Answer questions about where you were born and your citizenship status.

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

Some Town Alabama
City/Town State/Territory

Are you a U.S. citizen? [More Info](#)
 Yes No

Type of Citizenship: [More Info](#)
US citizen born inside US

- Get your **re-entry number!**
 - This number is *very* important.
 - It is the *only* way to get back into your application if you need to take a break.
 - Make sure to *print the page or write this number down* and keep it in a safe place!

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

Re-entry Number: **95985338**

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

If you lose your re-entry number, sign in to your [my Social Security](#) account, or to view your re-entry number. Social Security employees will never ask for you have access to it. This is to protect your privacy.

[Print this page](#)

- Provide details about any names used in the past.
 - If you used different names for medical records or were married and changed last names, make sure to include them.
 - This will ensure Social Security will get your complete records.

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).
 Yes No

1st Other Name:

Jonathon Quincy Smith
First Middle Last

- If applicable, provide details about your marriage.
 - If you are not married, select *No* and move on.

Marriage

Spouse's Name:
Provide name at birth.

Janice Johnson
First Last

Spouse's Social Security Number (SSN):
111-11-1112

- If applicable, provide details about any past marriages.
 - If you were never married, select *No* and move on.

Did you have any prior marriages? [More Info](#)
 Yes No

Did you have any prior marriage that lasted at least 10 years?
 Yes No

Did you have any prior marriage that ended due to your spouse's death?
 Yes No

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 element school (below college level) full time?
 Yes No

- If applicable, provide information about your children.
 - If you do not have children, select *No* and move on.

- Provide information about any other Social Security programs you paid into.
 - This only applies if you or your spouse worked outside of the United States and paid Social Security taxes to another country's Social Security program.
 - The second question asks about your Social Security statement. This is the information that appeared when you created your my Social Security account.

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](#)

Yes
 No
 Not sure or I do not have a statement

- Provide information about current and future earnings
 - It is okay to estimate these amounts if you do not know the exact answer.
 - If you are currently unemployed and do not know if you will become employed soon, answer *No* to the second question.
 - Special payments refer to things like advances on paychecks or backpay due from a previous year.

Total Earnings for 2021

Show the total of all wages and tips that will be earned in 2021. [More Info](#)
 Estimate if necessary.

\$

Are you working outside the United States for salary, wages, or self-employment? [More Info](#)

Yes No

Total Earnings for 2022

Show the total of all wages and tips that will be earned in 2022. [More Info](#)
 Estimate if necessary.

\$

Will you work outside the United States for salary, wages, or self-employment? [More Info](#)

Yes No

Special Payments

Do any of the total earnings include special payments paid in one year but not in another? [More Info](#)

Yes No

- Provide details about any jobs that did not require you to pay Social Security taxes.

- Some jobs pay into a special pension and do not require Social Security taxes withheld.
- Some types of self-employment may also fit into this category.

Did you ever work in a job where U.S. Social Security taxes were not withheld? [More Info](#)

Yes No

- Provide details about a bank account that can be used for direct deposit of benefits if approved.
 - Direct deposit is a quick and easy way to get your disability benefits sent electronically to your bank account.
 - If you do not have a bank account that you can use for direct deposit or if you don't know your account number and routing number, you can select *No* and a representative from Social Security will help you set one up if you are approved for benefits.

- Provide information about your plans to apply for Supplemental Security Income (SSI) and past applications for Social Security, SSI, and Medicare.

→ **We recommend applying for SSI.**

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

- The next two questions in this section can be tricky.
 - Question one is asking if you became injured at work or due to the nature of your work.

Are your illnesses, injuries or conditions related to work in any way?
 Yes No

→ For Question two, you should only answer *Yes* if you are able to work and your gross income is more than SGA (this amount is set by SSA and changes every year: ssa.gov/oact/cola/sga.html).

Are you now able to work?
 Yes No

- Provide information about any worker’s compensation benefits or income you may have received after stopping work.
 - Money from an employer refers to vacation or sick pay that is due to you or any continued salary payments during a time you were not able to work.

Have you applied or intend to apply for any workers' compensation or other public disability benefits? [More info](#)
 Yes No

Money from Employer
 Have you received money from your employer on or after the date you became unable to work?
 Yes No
 Do you expect to receive any money from your employer in the future?
 Yes No

- If applicable, provide information about family members you care for.
 - Since you indicated that you have a disability, Social Security needs to know if there were years in which you were caring for a child under age 3 and had no earnings for the year. Social Security needs this information to give you credit for the years in which you could not work because you were caring for a young child. They can give credit for up to 6 years.

Do you have a parent who receives one-half support from you?
 Yes No

Child Care Years

Do you have any years with no earnings in which you were caring for a child under the age of 3?
[More info](#)
 Yes No

- Provide additional details in the *Remarks Section*.
 - If you are experiencing or at-risk of homelessness, are a Veteran, or are experiencing domestic violence and are worried about your safety, make sure to include this information.
 - Address any questions that you needed to estimate an answer for.

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 marriage, please explain. There is a limit of 750 characters (about 15 lines).

I am currently experiencing homelessness. I was evicted from my apartment on October 16, 2021, and have been staying at New House Shelter ever since. I am not sure about my earnings in 2021, this amount was estimated to the best of my ability.

- Provide information about an *Advanced Designee*.
 - If you think you will have trouble managing your money if awarded disability benefits, you can provide information about a reliable person who can help you.

- If you decide to list an *Advanced Designee* here, be sure they are a safe and trustworthy person because they will have access to all your Social Security benefit payments if you are awarded.

If You Need Help Managing Your Benefits in the Future

What is Advance Designation?
 If you qualify for benefits, you will be responsible for managing or directing the management of the benefits. In the event SSA later determines that you have become unable to do so yourself, we will then name you as a Representative Payee to receive and manage the benefits on your behalf. You may also choose to provide contact information for individuals you would like us to consider in the future if you are unable to manage your benefits. We refer to these three contacts as Advanced Designees. You may visit <https://www.ssa.gov/payee/> to learn more about Representative Payees.

What You Need to Know

- You can make updates or change the order of priority of your Advance Designees(s) at any time by:
 - signing in to your [my Social Security account](#)
 - calling us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- If you qualify for benefits, we will notify you annually of your Advance Designees(s).

- Review the information and provide an electronic signature.
 - Once this box is checked, the first portion of your application will be sent to your local Social Security Office.
 - You must still complete the next part of the Online Disability Application.

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 of all of the information you have provided.

- Provide Authorization for Social Security to obtain wage and employment information.
 - If you do not select Yes for this authorization, Social Security will not be able to process your application.

Do you give us authorization to obtain your wage and employment information from payroll providers for the Social Security Disability Insurance (SSDI) program?
 Yes No



3 Provide Disability Information

- Enter **ALL** conditions you experience.
 - This includes physical health conditions and mental health conditions.
 - Even if you think a condition is minor, you should still list it!

1st Condition:
 Depression

2nd Condition:
 Back Pain

3rd Condition:
 Arthritis

- Provide additional details about your health.
 - It is okay to estimate if you do not know your exact height and weight.

What is your height without shoes?
 6' 7"
 Feet Inches

What is your weight without shoes?
 180
 lbs

- Answer Yes for the treatment questions even if the same provider who treats your physical conditions also treats your mental health conditions.

Treatment

Have you seen a doctor or other healthcare professional or received treatment at a hospital or do you have a future appointment scheduled?
 For any physical condition(s):
 Yes No
 For any mental condition(s):
 Yes No

- Provide information about someone other than your doctor who knows about your conditions, (e.g., family member, friend, or case manager).
 - Social Security may reach out to this person for additional information.

Do you know someone we can contact about your condition?
 Yes No

Name:
 Mary Katherine Johnson --
First Middle Last Suffix

Relationship to You:
 Family Member

- Provide details about all doctors or health care professionals who have treated your physical and/or mental health conditions.
 - Use the notes you took under the *Preparing for the Application* section of this guide to make this part go quickly!
 - Answer all questions as thoroughly as possible.
 - Do **not** provide information about hospitals or clinics here.

Doctor/Healthcare Professional Details

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

Dr. Isaiah Johnson
Title First Last Suffix

Office Name or Clinic, if applicable:
 Johnson Family Practice

Medical Conditions Treated by this Doctor/Healthcare Profes

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

Depression, back pain, emphysema, high blood pressure.

- Provide details about any hospitals or clinics where you have received treatment.

- Review information about medications prescribed.
 - If a medication you take is not listed, you can click the *Add* button.

Medicines

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

Status	Name of Medicine	Reason	Prescribed/Recommended by	Actions
<input checked="" type="checkbox"/>	Diazepam	Nothing Entered	Dr. Isaiah Johnson	<input type="button" value="Edit"/> <input type="button" value="D"/>

- Provide information about any other treatment providers.
 - Substance abuse treatment, job training programs, treatment in jail or prison, etc.

Other Medical Record Details

Name of Place:
 Charities Substance Abuse Counseling

Name of Contact:
 John Smith

- Provide information about your work history.
 - Answer *Because of my condition* if any of your symptoms made it hard to stay employed.

- For example, "Let go from a job because back pain prevented you from doing physical labor."
- For example, "Left a job because depression made it hard to get out of bed in the morning."

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

January 9 2021
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 were working? [More Info](#)
 Yes No

- Provide information about work performed in the past 15 years.
 - Use the notes you took under the *Preparing for the Application* section of this guide.
 - Earnings include hours you were paid for doing work.
 - Earnings do not include vacation, sick, or disability pay.
 - Provide as much detail as possible about past work.

Most Recent Job

Job Title:

Type of Business:

Start Date:	Hours per Day:	
<input type="text" value="January"/> <input type="text" value="2008"/>	<input type="text" value="8"/>	
<small>Month Year</small>		
End Date:	Days per Week:	
<input type="text" value="January"/> <input type="text" value="2021"/>	<input type="text" value="5"/>	
<small>Month Year</small>		
	Rate of Pay:	
	<input type="text" value="\$ 15"/>	
	<small>Amount</small>	

Job Details

Describe this job: What did you do all day?
If you need more space, use the Remarks tab. (1000 characters maximum)

I help the pharmacist fill prescriptions from patients. I answered phones and used the computer to verify prescription information and insurance coverage. When customers came to pick up medications, I checked the dosages, charged the patients, and used the cash register to bill them up. I stocked inventory and let the pharmacist know when ingredients were running low.

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)

I lifted boxes of medications and carried them about 20 feet to stock the shelves. Then, I removed inventory from boxes and placed it on designated shelves. This involved a lot of bending and stooping.

- Provide a few additional details about your education, training, and languages spoken.
 - Social Security will use this information to make a decision about your ability to do other work than what you have done in the past.

- If you did not complete school, enter the last grade you did complete.
- If you received any extra help in school check "Yes" for special education.

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

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

Month Year

Training

Have you completed any type of specialized job training, trade or vocational school?
 Yes No

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

I went to a career training program to get my Pharmacy Technician certificate

- Provide any extra information you think the Social Security office should know in the *Remarks Section*.
 - If your condition is expected to end in death make sure to mention that here.
 - List any other phone numbers where you can be reached.

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

I am currently staying at a shelter with no income. My dates of employment are estimated. I was in Special Education in High School because I had trouble paying attention in class and needed extra help reading questions on tests and other assignments. My treatment dates with Doctor Johnson are estimated.

- Review the details you entered and submit.
 - **Make sure to review this information carefully!**

Warning: 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 ensure that everything you provided is correct before you continue to Step 3.

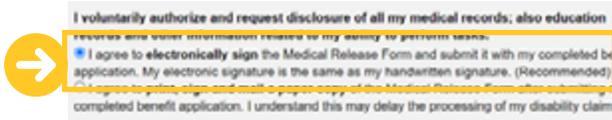
→

Accept & Continue to Step 3

Previous

Save & Exit

- Electronically sign the Medical Release Form.
 - If you started the application without creating a my Social Security account, you will need to manually sign a printed copy of your application.



- View and print your receipt!
 - Keep these records in a safe place.
 - Congratulations, your disability application is submitted!

View & Print the following:

- [Your Receipt](#)
- [Electronically Signed Medical Release Form](#)

We recommend that you keep a copy of each for your records

WHAT TO EXPECT AFTER SUBMITTING YOUR ONLINE DISABILITY APPLICATION

Confirmation

Immediately following submission of your Online Disability Application, you will receive a confirmation email from Social Security.

- This confirms that your application was submitted successfully!
- Once you receive the confirmation email, you can check your application status any time using your my Social Security account.

Social Security Follow Up

If Social Security needs more information about your application someone from your local office (ssa.gov/locator) will contact you.

- If you also applied for SSI, the SSA field office will follow up to complete the SSI application with you over the phone or in-person (when offices are open).
- You may also receive mail from Social Security. If you receive forms from Social Security, be sure to complete and return to them as soon as possible.

Disability Determination Services

Once the local Social Security office has all of the information needed, they will transfer your application to your state's Disability Determination Services (DDS) office. This part of the application process can take up to 6 months.

- DDS will assign your application to a Disability Examiner, who will review your medical records and work history.
 - Page 16 provides more guidance on what types of information you can send to DDS.
- Disability Examiners usually send out additional questionnaire(s) that you should complete and return as soon as possible.
 - If you do not return the questionnaire(s), your application may be denied.
 - See page 21 for more information about the questionnaires from DDS.
- Sometimes the Disability Examiner assigned to your case will schedule an appointment called a CE.
 - You need to call the number on the CE notice to confirm your appointment.
 - Make sure to let your examiner know if you will have trouble making it to the CE; they can help to arrange transportation.
- When the DDS Examiner has enough information to make a decision on your case, they will send it back to Social Security.

Reviewing the Decision

- Social Security will review the decision and send you a determination letter.
 - If your case is approved, Social Security will notify you by mail.

- Social Security may need to schedule a phone or in-person interview to set up payments.
- Some beneficiaries will need a Representative Payee. See page 20 for more information on this.

- If your case is denied, Social Security will send a letter that explains the decision. This letter will also explain what to do if you do not agree with the decision and want to appeal.

Decision Notices

- Keep in mind that you will likely apply for two different disability programs, SSI and SSDI. This means you may get a denial notice for one benefit program while SSA continues to evaluate your eligibility for the other benefit program.
 - For example, if you do not have enough credits of coverage to be insured for SSDI, you will be denied for that program while your application for SSI is still pending.
 - If you get a denial notice in the mail, call Social Security or check your my Social Security Account to verify the status of your applications.

SUPPORTING DOCUMENTS



The Disability Examiner can use more than just medical records to decide about your disability. This page lists examples of other types of evidence you can provide to DDS and how to submit that information to your assigned Disability Examiner.

Letter from Employer

- Your employers have great insight into your ability to perform work duties.
- If you maintain a relationship with a former employer, ask them to write a letter that explains any limitations, special accommodations needed, or other details that help describe how your physical and mental health conditions impact(ed) you at work.
 - See page 17 for a sample letter from an employer.

Letter from Family or Friend (Collateral Source)

- A letter from a trusted family member or friend, also known as a collateral source, can help the Disability Examiner “see” the impact your conditions have on your ability to function.
- The letter can include information about how your conditions impact your ability to care for yourself, socialize, take care of your home, and maintain work.
 - A sample letter from a collateral source is provided on page 18.

Journal

- We recommended keeping a journal about your symptoms earlier in this workbook. You can submit that same journal to DDS!

Letter from Treatment Provider

- You can ask your doctor, Nurse Practitioner, Physician’s Assistant, or Occupational/Physical Therapist to write a letter describing the severity of your symptoms and your prognosis.

New Treatment Records

- It is likely that you will continue to attend appointments and tests, and you may even experience a hospitalization while waiting for a decision on your SSI/SSDI application.
 - Submit any new records to DDS as soon as possible after treatment is received.

How to Submit Letters and Additional Records

- There are a few ways to submit letters and additional documentation to SSA and DDS.
 - You can submit all documents directly to your local SSA office.
- Be sure to include your full name, date of birth, and Social Security Number on all documents so they will be correctly added to your file.
 - You can submit to the DDS examiner.
- Once your application is received by DDS, you will receive a letter in the mail with a contact number for the examiner assigned to your case.
- Call the examiner and tell them you have additional information to submit.

SAMPLE EMPLOYER LETTER TO SUPPORT SSI/SSDI CLAIM

August 3, 2021

Disability Determination Services
P.O. Box 9999
Everyplace, USA

Re: Jones, Jane

To Whom It May Concern:

Ms. Jane Jones was hired as an aide at our nursing home and worked here from 2017-2019 in a full-time position. During the years that Ms. Jones was here, she had to take a significant amount of medical leave. However, because she was so well liked by the staff and patients here, we granted such leave. During the last year, she was unable to do her work without someone with her virtually at all times. She would often become confused and needed help completing her assigned duties on time. Initially, other staff were more than willing to pitch in with Ms. Jones as she was very sweet, pleasant, and appreciative. However, over time, it became impossible for us to keep providing this amount of support, and we had to let her go. We were sorry to have to do this.

If you have further questions, please call me at 640-782-9876.

Sincerely,

Clara Barton, RN
Nursing Supervisor

SAMPLE LETTER FROM A COLLATERAL SOURCE

June 5, 2021

Disability Determination Services
P.O. Box 5555
Bigcity, New State 44124

Re: Sam Smith
Born: 5/7/77

To Whom It May Concern:

I am the mother of Sam Smith, who is now 27 years old. For a very long time, Sam lived with me. Last year, I couldn't keep him here any longer because he was up a lot at night, talking loudly when he was up, and kept saying very strange things to me, like he didn't think I was his mother. I had to ask him to leave because I work, and I couldn't keep working when I wasn't getting sleep.

For a little bit of time, Sam did a few odd jobs, but he couldn't seem to be able to keep work. He would say that the people at work were out to get him or his bosses accused him of doing wrong things. At first, I believed him but then I wondered if this could happen at so many different jobs. He gave up trying to get work and then just stayed in his room. Sometimes he would say that I was trying to feed him bad food and he would refuse to eat.

I didn't know what to do. We've never had problems like this before and I didn't realize that what Sam was doing were signs of a sickness. Finally, one day, he got so upset with me I was frightened and called the police. When they got here, he was angry with them, and they took him to the hospital. He was there for a couple of weeks, and I was told he had schizophrenia. He came back home and was better for a while but then fell back to his old ways.

Right now, Sam doesn't do anything. He's stopped taking the medicine they gave him because he said he doesn't like it. He sometimes goes to the clinic and meets with people there but not as often as he should. He also says that he doesn't trust those people and they're just going to try to put him away again.

Sam has changed so much. He used to be so bright and clever. Now, he seems to get really confused when I ask him questions. He forgets to do things and can't seem to tell me much about his life and what he does. He always seems to be distracted and thinking about something else even when I am talking to him, and he says he's listening. I know that he hears voices and noises and that's a big problem. I think these voices say very scary things to him.

I hope that you can help my son. I try to give him some help, but my job doesn't pay too much, so I can't do a lot. If you know of some place he can get help, I'd sure appreciate it. Having some income would help him get a place, and that would help him a lot, too. Thank you for reading my letter. I hope this helps. You can call me at work 999-456-2345.

Sincerely,

Sara Smith

CONSULTATIVE EXAMS



If a Disability Examiner needs more medical evidence to make a decision about your application, they may schedule a Consultative Exam (CE). A CE is an evaluation conducted by a contracted provider, scheduled and paid for by DDS, so DDS can obtain additional information as needed.

Who Conducts a CE?

SSA rules state that the CE must be conducted by an “acceptable medical source.”

- This includes doctors, psychologists, and some other medical providers.
- DDS maintains a list of providers they contract with in the community willing to conduct CEs.
- The CE can be conducted by your treating doctor or psychologist if the provider is a contracted CE provider.
 - The advantage is that you may feel more comfortable with a provider you know.
 - Your own physician can provide an update in the context of past treatment.
 - If you are scheduled for a CE, call your DDS examiner to see if it can be rescheduled with your preferred treatment provider.

Benefits of a CE

CEs can provide valuable information to support a claim.

- CEs provide an up-to-date evaluation
- They are helpful when no- or low-cost assessments or evaluations are not available in the community.
- These exams can take the form of psychological or neurological testing or medical diagnostic testing (such as laboratory work, radiology assessments, or evaluations by specialists).

What to Do if a CE Is Scheduled for You

If a CE is needed, you will receive notification of the CE and the date from DDS.

- It is critical that you attend the appointment—after one or two missed appointments and no follow up, DDS will generally deny the application.
- Do what you can to ensure you can keep the appointment.
 - Ask someone you trust to come with you, if possible.
- It’s important to be honest and open, and to “tell your struggles” to the consultative examiner.
- No special preparation or dress is required.
 - It’s best for the examiner to see you on an average or regular day, wearing your usual clothes.
 - It may be helpful to bring a list of your medications and your symptoms.
 - Some examiners will allow a support person to attend the appointment with you.

REPRESENTATIVE PAYEES



Sometimes, Social Security will require a Representative Payee to help manage disability payments. A representative payee can be a person or an organization. A payee's main duties are to use the benefits to pay for your current and future needs, and properly save any benefits not needed to meet current needs. A payee must keep records of expenses. When SSA requests a report, a payee must provide an accounting to SSA of how they used or saved the benefits.

Duties of a Representative Payee

Your payee receives your payments on your behalf and must use the money to pay for your current needs.

- Need can include the following:
 - Housing and utilities
 - Food
 - Medical and dental expenses
 - Personal care items
 - Clothing
 - Rehabilitation expenses
- After the expenses listed above are paid, your payee can use the rest of the money to pay any past-due bills you may have, support your dependents, or provide entertainment for you. If there is money left over, your payee should save it for you.
- The payee must keep accurate records of your payments and how they are spent and regularly report that information to Social Security. Your payee also should share that information with you.

How Does SSA Select a Representative Payee?

SSA will try to select someone who knows you and wants to help you. SSA's main concern is that your payee is someone who can see you often and who knows what your needs are. For that reason, if you're living with someone who helps you, SSA will usually select that person to be your payee.

- If you do not have someone in your life who is able to serve as a Representative Payee there are a few other options:
 - Social Service Organizations
 - Nursing Homes
 - Independent Representative Payee Organizations

Common Questions About Representative Payees

- What if I don't know anyone who can serve as my Representative Payee?
 - If you do not have someone in mind who can serve as your Representative Payee, let your local SSA office know. They will be able to put you in touch with an agency that provides Representative Payee Services.
- What if I disagree with Social Security's decision to assign a Representative Payee?
 - If you don't agree that you need a payee, or if you want a different payee, you have 60 days to appeal that decision by sending Social Security a letter.
- How can I contact Social Security about other questions I have about Representative Payees?
 - Call Social Security's toll-free number, 1-800-772-1213, between 8:00 a.m. and 5:30 p.m. on business days.

DISABILITY WORKSHEETS



For most people, DDS will send out a few worksheets that need to be completed. These worksheets provide information about your functioning and work history, and DDS uses them to determine your eligibility for disability benefits. It is important to return these worksheets in the self-addressed envelope as soon as possible. Failure to return them could result in a denial. This part of the workbook will provide more information about these forms: the SSA-3373 Adult Function Report and the SSA-3369 Work History Report.

SSA-3373: Adult Function Report

- The Function Report (SSA-3373) helps DDS obtain information about how your illness(es) and condition(s) affect your ability to function and perform everyday tasks.
- It is important to complete the SSA-3373 in your own words.
 - Describe your struggles on your worst days.
 - Example: “I struggle to control my sugar levels at least 3 times per month. When this happens, I’m unable to care for myself. I get dizzy and have to lay down.”
 - Describe specific scenarios when your symptoms impact your ability to perform tasks.
 - Example: “When showering I need to use a special shower seat. The neuropathy makes my legs feel numb and I am unable to stand long enough to wash my hair in the shower.”
 - Always expand on the Yes/No answers with more detailed explanations.
 - Example: “Yes, I have trouble sleeping. My racing thoughts keep me up most nights. It feels like I can’t shut off my mind. After being up for 24-36 hours, I crash and can’t get myself to wake up during the day. I miss a lot of appointments and was fired from my job for unexcused absences because of this.”
- When answering the questions about medications, include prescription and non-prescription medications and explain any side effects that impact your ability to take care of your daily needs or work.
 - Example: “The Hydrocodone I take to manage my back pain causes me to become tired. Last year, I fell asleep at work after taking the hydrocodone prescribed by my doctor.”
- You can use the remarks section at the end of the worksheet or additional pages of notebook paper to complete your answers.
 - When you do this, make sure to indicate which question you are providing information for.
- There are important things to note about submitting the SSA-3373 to DDS.
 - The SSA-3373 needs to be returned to DDS within 10 days of you receiving it.
 - The worksheet will come with a self-addressed envelope.
 - Put the completed worksheet and any additional pages in the envelope and drop in the mail.
 - Postage is paid by DDS, so don’t worry about a stamp.

SSA-3369: Work History Report

- DDS uses the Work History Report (SSA-3369) when more information is needed to determine if you are able to perform past work or other types of work. This worksheet asks about your past five jobs, and helps DDS see what type of work skills you may possess.
 - The SSA-3369 provides space to list all the jobs you have had in the 15 years before becoming unable to work because of your illnesses, injuries, or conditions. It also provides space for the dates worked (month and year).
 - If you do not know the exact dates of employment, it is okay to estimate.
 - The remaining pages of this worksheet ask the same set of questions about each job listed on page 1.
 - The rate of pay and hours of work per day and per week
 - The use of machines, tools, or other equipment
 - Amount of bending, sitting, walking, or related activities
 - Whether you had to do any writing
 - Basic job duties
 - Space to provide more descriptions about the work you performed
 - If you do not remember all the details of your past work, enter “I don’t know” or “unknown” and explain any difficulties with memory in the Remarks section. It is important to not leave questions unanswered.
 - You can also use the Remarks section to explain how your illnesses or conditions make it hard to do work you used to do.
 - Example: “I used to do a lot of lifting and carrying at my job as shelf-stocker, but because of my back pain,

my doctor has restricted my lifting to no more than 5 lbs.”

- Provide additional details or jobs held in the Remarks section. Be sure to indicate if you needed any help completing this worksheet.
- Like the SSA-3373, you will send this back to DDS using the self-addressed envelope.

Commonly Asked Questions

- What do I do if I don’t know the answer to a question?
 - You may not have an answer for all the questions on the worksheets from DDS. You can write “I don’t know” or “I don’t remember.”
- I have trouble reading the questions on the form, what should I do?
 - A lot of applicants ask a trusted family member or friend for help with completing these worksheets. They may even have some observations about your symptoms and functioning that you haven’t noticed.
- What if I don’t have enough room to fully answer a question?
 - You can finish answering questions in the Remarks section at the end of the worksheet!
 - If you run out of room in Remarks, you can add additional pages to the back of the worksheet.
- What if I don’t return the worksheet in the required 10 days?
 - Call the DDS examiner and let them know that you were delayed in completing the worksheet and you are returning it now.

APPLICANT RESOURCE GUIDE



This guide is meant to provide additional community resources for applicants who are not eligible for SOAR services at _____ . Update all of the following information with local resources.

Low- or No-Cost Legal Representatives

Legal Aid Clinic

→ Name: _____
☎ Phone: _____
✉ Email: _____

Local University Law Program:

→ Name: _____
☎ Phone: _____
✉ Email: _____

Pro-Bono Attorney

→ Name: _____
☎ Phone: _____
✉ Email: _____

Local Bar Association

→ Name: _____
☎ Phone: _____
✉ Email: _____

Other Attorney

→ Name: _____
☎ Phone: _____
✉ Email: _____

Vocational Rehabilitation and Work Centers

Vocational Rehabilitation Program

→ Name: _____
☎ Phone: _____
✉ Email: _____

Employment Center

→ Name: _____
☎ Phone: _____
✉ Email: _____

Other Community Programs

Department of Human Services

☎ Phone: _____

Community Mental Health Agency

☎ Phone: _____

Local SSA Office

☎ Phone: _____
✉ Email: _____