



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. During the appointment, a representative will interview you and complete the application. The interview will take place either in your local Social Security office or by telephone. It will take at least 1 hour. The enclosed letter has the date, time and location of your appointment.

If you have Internet access, you can complete an online Adult Disability Report at www.socialsecurity.gov/adulthooddisabilityreport. You still need to **keep your scheduled appointment** with the local Social Security office.

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

• 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.

• 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?

It takes about 3 to 5 months to get a decision. This depends on how much time it takes to get your medical records and any other evidence needed to make a decision.

• Can I do anything to speed up the decision?

Yes. You can speed up the decision by being prepared for your interview and by **completing the enclosed Medical and Job Worksheet prior to your interview**.

You can also speed things up by making sure you have the information listed on the **enclosed checklist**. **Have this information with you at the time of the interview**.

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• 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 ask you to have an examination or medical test. You will not have to pay for any examination or test. If the state does request an examination, **make sure you keep the appointment.**

• 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.

• Can I apply for disability benefits online?

Yes. Simply log on to: www.socialsecurity.gov/applyfordisability/ for information about applying online. **NOTE: You cannot apply online for SSI.**

• Will my personal information be kept safe?

Yes. Social Security protects the privacy of those we serve. As a Federal agency, we are required by the Privacy Act of 1974 (5U.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, ask the interviewer during your appointment or call toll-free, 1-800-772-1213 (for the deaf or hard of hearing, call TTY 1-800-325-0778).

Checklist – Adult Disability Interview

You should have as much of the following information as possible ready **for your interview**. **Keep your appointment**, even if you do not have all of the information. We will help you get any missing information.

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

Medical Information:

- Names, addresses and phone numbers of all doctors, hospitals and clinics.
- Patient ID number(s)
- Dates seen
- Name(s) of medicine(s) you are taking
- Medical records in your possession

- An original or certified copy of your birth certificate. If you were born in another country, we also need proof of U.S. citizenship or legal residency.

- If you were in the military service, the original or certified copy of your military discharge papers (Form DD 214) for all periods of active duty.

- If you worked, your W-2 Form from last year; or if you were self-employed, your federal income tax return (IRS 1040 and Schedules C and SE).

- Workers' compensation information, including date of injury, claim number and proof of payment amounts.

- Social Security Number(s) for your spouse and minor children.

- Your checking or savings account number, if you have one.

- Name, address and phone number of a person we can contact if we are unable to get in touch with you.

- Kinds of jobs and dates you worked in the 15 years before you became unable to work.

The enclosed Worksheet will help you collect the information you need for your interview.

MEDICAL AND JOB WORKSHEET - ADULT

Help us to help you!

Completing this worksheet will help you get ready for the interview. Or, you can complete the Adult Disability Report on the Internet at www.socialsecurity.gov/adulthooddisabilityreport. We may ask for additional information at the interview. *If you need more space, use blank sheets of paper.*

A. Illnesses, injuries or conditions limiting your ability to work. _____

B. Date you became unable to work because of your medical condition (month/day/year). _____

C. If applicable, Medical Assistance Number (Medicaid or other). _____

D. Doctor/HMO/therapist/ or other person who treated your illnesses, injuries, or conditions, or who you expect to treat you in the future.

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE FIRST SEEN	DATE LAST SEEN

E. Hospitals, clinics, or emergency rooms you visited or expect to visit because of your illnesses, injuries, or conditions.

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE IN	DATE OUT

F. Medications you take and **why** you take them. If **prescribed**, provide the **doctor's name**.

NAME OF MEDICINE	WHY YOU TAKE IT	PRESCRIBED BY

G. Medical tests you had or are going to have in the future.

NAME OF TEST	PLACE OF TEST	PERSON WHO SENT YOU	DATE(S)

H. Jobs you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

JOB TITLE <i>(e.g., cook)</i>	TYPE OF BUSINESS <i>(e.g., restaurant)</i>	DATES WORKED <i>(month/year)</i> FROM - TO	HOURS PER DAY	DAYS PER WEEK	RATE OF PAY <i>(per hour/ week/year)</i>