

# Social Security Disability Insurance Application Checklist

Information required:	Notes:	Ready?
<b>Date and place of birth</b>	For those born outside of the U.S. bring: <ul style="list-style-type: none"><li>• Permanent Resident Card number (for non-U.S. citizens)</li><li>• Name of your birth country at the time</li></ul>	<input type="checkbox"/>
<b>Marriage and divorce information</b>	<ul style="list-style-type: none"><li>• Name(s) of current spouse and any prior spouses</li><li>• Spouse(s) date of birth and Social Security number</li><li>• Start and end dates of marriage(s)</li><li>• Place of marriage(s)</li></ul>	<input type="checkbox"/>
<b>Name and dates of birth of children</b>	For children who: <ul style="list-style-type: none"><li>• Became disabled prior to the age of 22</li><li>• Are under the age of 18 and are unmarried</li><li>• Are aged 18-19 and attending secondary school full time</li></ul>	<input type="checkbox"/>
<b>U.S. military service</b>	<ul style="list-style-type: none"><li>• Specify type of duty and branch</li><li>• Dates of service</li></ul>	<input type="checkbox"/>
<b>Current employer details</b>	<ul style="list-style-type: none"><li>• Employer name(s)</li><li>• Start and end dates of employment</li><li>• Total earnings</li><li>• Social Security Statement</li></ul>	<input type="checkbox"/>

Information required:	Notes:	Ready?
<b>Prior employer details (from past 2 years)</b>	<ul style="list-style-type: none"> <li>• Employer name(s)</li> <li>• Start and end dates of employment</li> <li>• Total earnings</li> <li>• Social Security Statement</li> </ul>	<input type="checkbox"/>
<b>Self-employment details (current and prior 2 years)</b>	<ul style="list-style-type: none"> <li>• Business type</li> <li>• Total net income</li> <li>• Social Security Statement</li> </ul>	<input type="checkbox"/>
<b>Direct deposit</b>	<ul style="list-style-type: none"> <li>• Account type and number</li> <li>• Bank routing number</li> </ul>	<input type="checkbox"/>
<b>Alternate contact information</b>	<ul style="list-style-type: none"> <li>• Name of alternate contact aware of your medical conditions</li> <li>• Address and phone number</li> </ul>	<input type="checkbox"/>
<b>Medical conditions</b>	<ul style="list-style-type: none"> <li>• Provide a list of medical conditions</li> </ul>	<input type="checkbox"/>
<b>Medical contact information</b>	<ul style="list-style-type: none"> <li>• Name of doctors or other health care providers</li> <li>• Addresses and phone numbers</li> <li>• Patient ID numbers</li> <li>• Names and dates of medical tests and treatments</li> <li>• Names of medications, reason and who prescribed it</li> </ul>	<input type="checkbox"/>

Information required:	Notes:	Ready?
<b>Medical record information</b>	Bring relevant information on (if applicable): <ul style="list-style-type: none"> <li>• Attorneys</li> <li>• Workers' compensation</li> <li>• Public welfare</li> <li>• Vocational rehabilitation services</li> <li>• Prison or jails</li> </ul>	<input type="checkbox"/>
<b>Job history</b>	<ul style="list-style-type: none"> <li>• Date medical condition started affecting your work ability</li> <li>• Types of jobs you've had in the past 15 years prior to being unable to work (list up to 5)</li> <li>• Types of duties you performed in your longest job</li> </ul>	<input type="checkbox"/>
<b>Education and training</b>	<ul style="list-style-type: none"> <li>• Highest level of education completed and date</li> <li>• Name and address of any special education</li> <li>• Name of any special job training, such as trade school, and date completed</li> </ul>	<input type="checkbox"/>
<b>Materials needed to create a Social Security account:</b>		
<b>Mobile phone</b>		<input type="checkbox"/>
<b>W-2</b>		<input type="checkbox"/>
<b>Tax forms</b>		<input type="checkbox"/>
<b>Credit card</b>		<input type="checkbox"/>