

SOCIAL SECURITY DISABILITY CHECKLIST

Use the following worksheet to compile the information required to file your Social Security Disability Application online.

Keep this document and any supplementary paperwork in a safe place.



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SOCIAL SECURITY DISABILITY CHECKLIST

STEP ONE: ELIGIBILITY TO APPLY ONLINE

You can apply for benefits online if you meet the following requirements:

- Are Age 18 or older
- Are not currently receiving benefits on your own Social Security record
- Are unable to work because of a medical condition that is expected to last at least 12 months or result in death
- Have not been denied disability benefits in the last 60 days. If your application was recently denied for medical reasons, the Internet Appeal is a starting point to request a review of the medical determination made.

You must check all boxes to be able to file your claim online. If you have checked all of these boxes, you can proceed to Step 2.

If you do not check all of these boxes, unfortunately, you have limited options at this point. You are not eligible to file your social security claim online, and will need to visit your local social security office to submit your claim if you choose.

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STEP TWO: INFORMATION GATHERING

You must now gather any information that you have in regards to your personal and work history.

Birth and Citizenship Information

Name: _____

Birth Country: _____

If born outside of the US:

Name of your birth country at the time of your birth (it may be different now):

Permanent Resident Card Number (if you are not a U.S. citizen):

Marriage and Divorce Information

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: _____

Place of marriage(s) (city, state or country, if married outside the U.S.):

Contact Information

Someone we can contact who knows about your medical condition(s) and can help with your claim.

Name: _____

Address: _____

Phone Number: _____

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Children Information

Name and Birth Dates of Children who:

- Became disabled prior to age 22, or
- Are under age 18 and are unmarried, or
- Are aged 18-19 and still attending secondary school full time

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

U.S. Military Service

Military Branch: _____

Type of Duty: _____

Dates of Service: _____

Employer Details (not self-employment)

For Current Year and Prior 2 Years

For full details, create a “my Social Security” account online at ssa.gov/myaccount

You will be able to review your full details here.

Employer Name: _____

Start Date: _____ End Date: _____

Total Earnings (wages, tips, etc.): _____

Employer Name: _____

Start Date: _____ End Date: _____

Total Earnings (wages, tips, etc.): _____

Note: Use the back of this page to record more employer information if needed.

- Check here if there is more information provided on the back of this page.

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Self Employment Details (if applicable)

For Current Year and Prior 2 Years

For full details, create a “my Social Security” account online at ssa.gov/myaccount

You will be able to review your full details here.

Business Type: _____

Net Income: _____

Direct Deposit Information

This is the account that any funds will be deposited into.

Domestic Bank (USA)

Account Type: _____

Account Number: _____

Routing Number: _____

International Bank (Non-USA)

International Direct Deposit (IDD) bank country: _____

Bank Name: _____

Bank Code: _____ Currency: _____

Account Type: _____

Account Number: _____

Branch/ transit Number: _____

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List of Medical Conditions

This part of the process may take some time, but it is important to compile as much information as you can about your medical conditions. We encourage you to use the back of each page to list more information if needed. Be sure to check the box at the bottom of each page so you do not forget to enter this information once you go to enter it online.

Doctors

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Check here if there are more doctors listed on the back of this page.

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Healthcare Professionals

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

- Check here if there are more healthcare professionals listed on the back of this page.

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Hospitals

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Check here if there are more hospitals listed on the back of this page.

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Clinics

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Name: _____

Address: _____

Phone Number: _____

Patient ID number: _____

Dates of Examinations: _____

Treatments Provided: _____

Check here if there are more clinics listed on the back of this page.

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Medications

Please make note of any medications you are currently taking, and who prescribed them.

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Medication: _____

Prescriber: _____

Check here if there are more medications listed on the back of this page.

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Job History

Date your medical condition began to affect your ability to work: _____

Type of jobs you have had in the 15 years before you became unable to work

because of your medical condition: _____

Dates of those jobs, if available: _____

Types of duties you had on the longest job you had: _____

Education & Training

Highest Grade in School Completed: _____

Date of Completion: _____

Name of special job training, trade school, or vocational school you attended:

Date of Completion: _____

Special Education School Name: _____

City and State of School: _____

Date Completed: _____

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STEP 3: GATHERING DOCUMENTS

The social security administration may ask that you provide a number of documents to show that you are eligible for benefits. Now is a good time to gather those documents into one place.

Please use the following checklist to gather the necessary documents:

- Birth certificate or other proof of birth
- Proof of U.S citizenship or lawful alien status if you were not born in the United States (U.S. consular report of birth, U.S. passport, Certificate of Naturalization, or Certificate of Citizenship, Permanent Resident Card)
- U.S military discharge paper(s) if you had military service before 1968
- W-2 forms and/or self employment tax returns for last year
- Medical evidence already in your possession (medical records, doctor's reports, recent test results)
- Award letters, pay stubs, settlement agreements, proof of temporary or permanent workers' compensation-type benefits you received.

Any documents mailed must include your Social Security number. Do not write on original documents. Please write the Social Security number on a separate sheet of paper and include it in the mailing envelope with the documents. Most documents must be original, but photocopies are acceptable for W-2 forms, self-employment tax returns and medical documents. Any original documents submitted to the Social Security Administration will be returned.

Caution: Do not mail foreign birth records or any Department of Homeland Security documents, especially those you are required to keep on you at all times. These documents are very expensive and difficult to replace if lost. Instead, bring them to your local social security office for examination if requested.

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STEP 4: COMPLETE YOUR ONLINE APPLICATION

Now that you have compiled the information required to complete your Social Security Disability application and can submit your application online!

Visit <http://SeffCapizzi.com/SSD> to begin your application.

Your application does not need to be completed in one sitting. You will be provided with a re-entry number to continue where you left off.

Re-Entry Number (if needed): _____

Once you have completed your application, the Social Security Administration will:

- Provide confirmation of your application, either electronically or by mail
- Review the application
- Contact you if they need any more information or documentation
- Inform you if other family members may be able to receive benefits on your record, or if you may be able to receive benefits on another person's record, such as your spouse or your parent
- Process your application
- Mail their decision to you

Date Your Submitted Your Application: _____

Confirmation Number: _____

Once submitted, you can also use their Application Status tool to check on the status of your application.

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IF YOUR BENEFIT IS APPROVED:

Congratulations! We are glad that you were able to help you get the benefits you so greatly deserve!

If you found this worksheet helpful, please let other's know about it's usefulness to make your social security application process easier, so we can help them as well!

IF YOUR BENEFIT IS DENIED:

We are sorry to hear this. Unfortunately, this is a common occurrence, and we are prepared to fight for your benefits.

We offer FREE Consultations, and we do not charge an up front fee to review your case. Please contact us at (954) 920-9220 to discuss the appeal process today.

It is important to you **DO NOT HESITATE** and that you file your appeal as soon as possible.

