

# How to Apply for SSDI

## Benefits

- Applying Online & In-Person
- Tips
- **FAQs**
- Checklist for Online Application

Connecting people with the assistance they need

ADRC of Dane County 2865 N. Sherman Avenue Madison, WI 53704

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#### **Applying Online**

You can start your application immediately online at: <u>www.ssa.gov</u> *There is no need to wait for an appointment.* 

Follow these four easy steps to get started:

- 1. Review the Adult Disability Checklist.
- 2. Use the Medical and Job Worksheet to help you get prepared to complete the application.
- 3. Complete the Online Adult Disability Application (see Helpful Tips) at <u>www.ssa.gov</u>.
- Complete the Authorization for Disclose Information to the Social Security Administration (<u>SSA-827 form</u>). Mail, fax or drop this off at your local Social Security Office. If given the option at the end of the application, you can electronically sign the SSA-827 form, then you do not need to mail in the form.

#### **Applying In-Person**

You can also apply in person, or you can:

- 1. Call SSA National number at 1-800-772-1213 between 8am and 7pm Monday through Friday to make an appointment; or
- 2. Contact your local Social Security office
  - Madison Social Security Office
    - 6011 Odana Rd, Madison, WI 53719
    - 1-866-770-2262

#### **Tips for Completing Online Adult Disability Application**

#### **Before Starting the Online Application**

It is recommended that you complete the "Medical and Job Worksheet – Adult" located at the end of this packet. While this is not a required step, taking the time to complete this form can help organize your thoughts, making completion of the online form a bit easier.

#### Time to Begin

Using your internet browser, navigate to this website: <u>http://www.socialsecurity.gov/pgm/disability.htm</u>. On this page, click "Apply for Disability" then follow the instructions to continue through the process. Follow the prompts and click "Start a New Application"



#### Who Is Completing This Application?

You will be given two options: If you choose the option "I am applying for myself" you will be prompted to sign up for a *my Social Security* account. In order to do this you will need an active email account to set up a *my* Social Security account. To set up this account you will need to set up a username and password by going to this website: <u>https://secure.ssa.gov/RIL</u>.

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	Test Stor - Ac	
	Social Security The Official Whether of the U.S. Social Security Admension	
	Apply for Benefits	
	Who Is Completing This Application?	
	Tell us information about the parson completing this application: I an applying for myself. I am heping someone who is not with me, and therefore cannot sign the application at this time.	
	Next Previous	

Click on "Create an Account" and follow the instructions to create a *my* Social Security account. If you successfully set up a *my* Social Security account you will be able to electronically sign the application online and will not have to wait to have one mailed out to you.

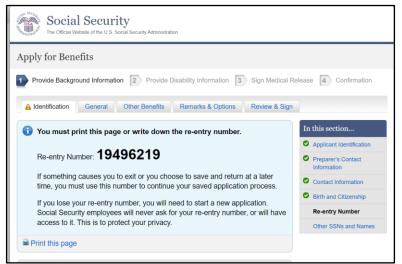
Create your account - Login.gov X S how to take a screenahot - Gooj X +		× - 0 ×
← → C ☆ is secure.login.gov/sign_up/enter_email?request_id=f71b8af2-efd8-4869-9bd6-cce87	e85534b	8 x 😩 :
🔛 Apps 🖸 My Profile - Zoom		Reading list
	An official website of the United States government Heer's how you know ~	
	Create your account	
	Enter your email address	
	Select your email language preference Login.gov allows you to receive your email communication in English, Spanish or French.	
	English (default)     Espailot	
	Check this box to accept the Login gov Rules of Use CP	
	Submit	
	Cancel Security Practices and Privacy Act Statement (#	
	Privacy Act Statement (8	

If you are unable to set up a *my* Social Security account or do not want to set up an account choose the other option "I am helping someone who is not with me, and therefore cannot sign the application at this time." This will allow you to skip the step of setting up an online account and take you right to the application. Social Security will mail out a copy of application for signature and a medical release form. Both forms should be signed and returned to the Social Security. If you do not return these forms, your application will not be processed.



#### Date You Became Disabled

You will be asked to enter the date you became disabled. Some examples of dates that people use are: the last day they worked full-time, date of a diagnosis, date of a significant event such as an accident, their birthday if disabled since birth, etc.



#### **Re-Entry Number**

After entering basic contact information, you will be presented with a "Re-entry number." This number allows you to exit and re-enter the application if you are not able to complete it in one sitting. It is recommended that you print this page, as it contains useful information. Or at least write down the re-entry number. If lost you will not be able to recover the number.

#### **Supplement Security Income (SSI)**

SSI is a need-based program for people who are disabled and elderly; you must have a low income and have under \$2,000 in assets or

\$3,000 for a married couple. If you would like to apply for SSI click "Yes" when asked if you intend to apply for SSI. A separate application with Social Security must be completed for SSI, in addition to this online application. The SSI application is usually completed through a phone interview. By clicking "Yes" this will let Social Security know that you would like to apply and they will attempt to contact you to set up an appointment. It is also recommended that you call Social Security to follow-up if you do not hear from them within a week. You may also schedule an appointment online by going to this website: https://www.ssa.gov/ssi/start.html

**Note:** There is no penalty if you apply for SSI and it turns out that you do not qualify. If you are not sure, it is always a good idea to check "yes" anyway.

#### **Other Contact**

On occasion, Social Security will want to speak to someone to clarify information about the application materials. It is important to list someone who knows you well. Someone who knows how your disability limits your ability to function from day to day and how that prevents you from being able to work. Often a parent, spouse, or other family member is the best option, as they know the applicant the best. If you do not feel there is an appropriate person to list under this section, you do not need to enter anyone.

#### **Medical History**

It is *not* necessary to gather your medical records prior to applying for disability benefits. However, it is critical to provide the contact information and as much information as possible about the doctors who have treated you so that Social Security can collect them. If you have medical records already in your possession, sharing them with Social Security *may* reduce the time needed to process your claim.



#### **Medical Conditions**

List all conditions on your application, starting with the diagnoses that affects you the most. Fill in the remaining spaces with any diagnoses that cause less issues. Include vision, hearing, and mental health diagnoses. If you have more than 10 conditions, add it to the remarks section at the end of the application.

#### **Doctors**

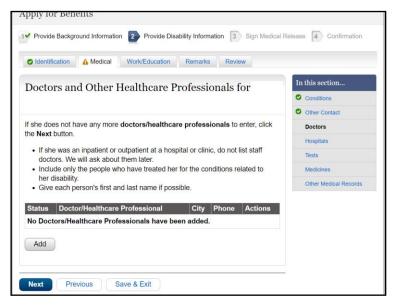
There are two pages for entering medical providers. The first page allows you to list individual doctors. Try to list every doctor you have seen in the last year, even if it was only once. List each doctor by their full name and the exact location where you were seen by them since some doctor's work at multiple clinics. If you have been seen at mutiple clinics by the same doctor, make sure to list each location separately.

Also include any doctors or therapists you have seen at mental health & behavioral health clinics/hospitals, inpatient rehabilitation centers, residential care facilities, addiction treatment centers, nursing homes, outpatient physical, occupational/speech therapy and home health or

Long Term Care services should also be listed in this section.

#### **Hospitals and Clinics**

Use the Hospitals and Clinics screen to provide contact information for hospitalizations and inpatient stays (including ER/Urgent Care services) you have been treated at within the last year. Visits to urgent care, the emergency room, or crisis stabilization, should also be listed in this section, even if staff names for each facility cannot be provided.



pply for Benefits	
Provide Background Information 2 Provide Disability Information 3 Sign Medical	Release 4 Confirmation
Identification     A Medical     Work/Education     Remarks     Review	
Hospitals and Clinics for	In this section
	Conditions
If she does not have any <b>hospitals/clinics</b> to enter, click the <b>Next</b> button.	Other Contact
Include all hospitals and clinics where she has been treated for the condition(s)	Doctors
related to her disability.	Hospitals
Status Hospital/Clinic City Phone Actions	Tests
No Hospitals/Clinics have been added.	Medicines
Add	Other Medical Records



#### **Medical Test and Prescriptions**

You can choose whether to add medical tests and prescription medications as you enter each doctor/clinic; or by adding them separately in the Medical Test and Prescriptions pages. If there are more than three of either item, it is easier to add them through the separate, dedicated pages.

It is not necessary to list all medications that you have been prescribed in the past. List the medications you are currently prescribed

Social Security The Official Websile of the U.S. Social Security Administration			
Apply for Benefits			
Provide Background Information 2 Provide Disability Information 3 Sign Medical F	Release 4 Confirmation		
C Identification A Medical Work/Education Remarks Review			
Medical Tests for			
	Conditions		
If she does not have any medical tests to enter, click the Next button.			
Status Name of the Test Test ordered by Actions Octors			
No Tests have been added.	Hospitals		
	Tests		
Add	Medicines		
	Other Medical Records		
Next Previous Save & Exit			

(even if the medication is only used occasionally). In the "Remarks" section you can add details about why the medication is only used once in a while. Also include over the counter medications you take.

	Social Security The Official Website of the U.S. Social Security Administration	
Identification ▲ Medical Work/Education Remarks Review  Medicines  If she does not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that she is taking.  Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added.  It the status	Apply for Benefits	
Medicines       In this section         If she does not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that she is taking.       Other Contact         Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added.       Tests	Provide Background Information 2 Provide Disability Information 3 Sign Medical	Release 4 Confirmation
Medicines If she does not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that she is taking. Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added.	Identification     A Medical     Work/Education     Remarks     Review	
If she does not have any medicines to enter, click the Next button. Please make sure to include all the prescription and over the counter medicines that she is taking. Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added. Attal	Medicines	In this section
sure to include all the prescription and over the counter medicines that she is taking.  Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added.  Add		Conditions
taking.  Status Name of Medicine Reason Prescribed/Recommended by Actions No Medicines have been added.		Other Contact
Status Name of Medicine         Reason         Prescribed/Recommended by         Actions           No Medicines have been added.         Image: Comparison of the		O Doctors
No Medicines have been added.	Status Name of Medicine Reason Prescribed/Recommended by Actions	Hospitals
Add		Tests
Add Other Medical Records		Medicines
	Add	Other Medical Records
	Next Previous Save & Exit	

It is not necessary to list your entire medical history. Usually, your medical records from the past year will provide Social Security with sufficient information to make its determination.

#### **Other Contacts**

If you have a probation & parole officer, or are working with a case manager or social worker, include their contact information in this section. If you are a recent high school graduate or enrolled in 18-21 programming, include the name of one of your special education teachers. If you have an Individualized Educational Plan (IEP), or an Individual Plan for Employment (IPE), list the school/agency that developed the plan under the "Other Medical Records" page. For example: East High School, DVR, etc.

Other Medical Records for	In this section
	Conditions
Although this does not apply to everyone, some people may have relevant medical records in other places. These other medical records may be available from:	Other Contact
	Octors
vocational rehabilitation services     worker's compensation	Hospitals
public welfare	Tests
<ul> <li>doctors in a prison or jail</li> <li>records held by an attorney or lawyer or</li> </ul>	Medicines
medical records at another place	Other Medical Records
These other records may contain important information that we need to consider in evaluating the disability application.	
Note: You do not need to list any organization that you have already mentioned.	
If she does not have any sources of <b>other medical records</b> , please click the <b>Next</b> button.	
Status Name of Organization/Office City Phone Actions	
No Medical Records have been added.	
Add	
Next Previous Save & Exit	



The next page, Education and Training page, does not have the contact information needed for the Social Security staff to be able to request records.

Education for	In this section
Highest Grade Completed:	<ul><li>Work Status</li><li>Work Activity</li></ul>
If did not complete the entire school year, select the previous year that she completed. If she has education equivalent to high school from	Job History
another country, select 12th Grade.	Education
Has completed any type of specialized job training, trade or vocational school? Yes ONo	
Language Information	

#### <u>Work</u>

You will need to report any work that you have done 15 years before the date that you became disabled. If you have worked multiple positions at the same company, list each job title as a separate job, do not list them together under one title. Describe your job(s) with as much details as possible. However, on this application you will only need to report up to five jobs, even if you have had more than five jobs in the past 15 years. It is important that you let Social Security know about all work you are currently doing. It is ok to work part-time while applying for Social Security Disability. In general, if you are making under **\$1,550 (in 2024)** you could still

meet their definition of disabled. Again, in general, if you are making more than **\$1,550** you will be found not disabled. There are some exceptions to this, such as if you are blind or paying medical expenses out of pocket that allow you to continue to work. It is recommended that you call Social Security if you have further questions about your work activity.

#### **Remarks**

The last page of the report is a free format text area in which you can (and should) write a story that paints a picture of who you are, and what it is like to live with your disability. Feel free to use the space as a letter describing your unique traits and how impairments from the disability keep you from working.

The examiner will not have the opportunity to personally meet you. It is important to be honest about your limitations without exaggerating, giving the examiner a "word picture" of your life.

**Example:** Ryan is 18 years old and applying for SSI benefits. His mom is helping him with the online application and includes a story about how Ryan is required to do the dishes each night as a household chore, but someone else always has to check his work and regularly rewash the dishes because he doesn't recognize that they're still dirty.

**Example:** Ricardo is applying for disability due to peripheral neuropathy secondary to diabetes. His doctor recently recommended that he use a walker because he's had several falls over the last two months. Ricardo includes this is in the remarks as the falls occurred because he could not feel whether his feet were firmly planted on the ground due to the loss of feeling from the neuropathy.



#### **Medical Authorization Form**

In order for Social Security to make a decision about your claim, they will need to request your medical records from the doctors/clinics you listed on this application. Attached at the end of this packet is a form title "Authorization to Disclose Information to the Social Security Administration (SSA)." You will need to fill out the top right portion with your name, SSN and Date of Birth. At the bottom you will need to sign under "Individual", date, write your address and phone number. *You do not have to have a witness sign this form, unless the person with a disability applying cannot sign their name*. After you have filled out this form you will need to mail, fax or drop this form off at your local Social Security office. They will not be able to finish processing your claim until they receive this signed form.

If the person with the disability is the one completing the online application, you may be given the option to sign this form electronically at the end of your application. You can check this option, if you choose, it may speed up the process slightly since they will not have to wait for the signed copy to be mailed.

#### **Getting help**

People often hear that "no one is approved on their first application." That is not exactly true. Approximately 40% of applications are approved on initial application. Children who receive services funded by Katie Beckett or other Medicaid waiver programs often require a substantial level of care; their adult claim is usually approved rather quickly. People with certain illnesses are offered quick determination by the Compassionate Allowance policy. These illnesses, by definition, automatically meet the medical standard of disability. These include diseases such as Amyotrophic lateral sclerosis (ALS) and Stage 4 cancers. For more information about Compassionate Allowances, visit the Social Security website:

http://www.socialsecurity.gov/compassionateallowances/ for the full list of diseases covered by this policy.

People often ask whether they need an attorney. Not initially. If your application is denied, you have the right to request reconsideration of the claim. If you want help with the reconsideration appeal, the Disability Benefit Specialist (DBS) program is available to assist. The DBS services are available to Dane County residents aged 18 through 59 and are free. You also have the right to obtain an attorney at any time. The ADRC can provide a list of local attorneys.

If you have questions along the way, you can call your local Social Security Office. The majority of Dane County residents are in the jurisdiction of the Madison office; their number is (866) 770-2262. You can also call the Aging and Disability Resource Center (ADRC) at (608) 240-7400.





#### **Frequently Asked Questions (FAQ)**

Reference: ssa.gov

#### How does Social Security decide if I am disabled?

- By law, to be found disabled you must meet the strict Social Security definition of disability:
  - You must be unable to do any substantial gainful activity (SGA) because of your medical conditions. This amount changes each year. In **2024** if you are working and earning more than \$1,550 in gross income per month you are earning too much to qualify;

and

• Your medical condition 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 based only on the fact that your doctor says you are disabled.
 You must have medical testing and/or documentation of your condition(s) which shows that it is severe enough to keep you from doing any substantial gainful activity.

### *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. Social Security has certain criteria that needs to be met for disability, this is likely different criteria than other disability programs. Social Security also does not pay partial disability like some private insurances do.

#### How long does it take to make a decision on my claim?

• Typically, it takes about 6-12 months to make a decision on your initial application. However, the exact time depends on how long it takes to get your medical records and any other evidence needed to make a decision. It can also take longer if there is a lack of records and Social Security decides you need to see one of their contracted doctors (at the cost of Social Security) before they can make a decision.

#### How does Social Security make the decision?

- Social Security sends your application to the state agency that makes disability decisions. The state has medical and vocational experts who will contact all the clinics, hospitals, and offices where you have received treatment to get your medical records.
- The state agency may send you forms to complete or ask you to have an examination or medical test completed. If the state does request an examination, **make sure you keep the appointment or call to reschedule if necessary**. If you miss your appointment and do not call to reschedule, they could deny your claim for failure to cooperate. You will not have to pay for any exams or tests you are sent for.



#### If Social Security decides I am disabled, what types of benefits can I receive?

- Social Security Disability Insurance (SSDI) is for insured workers (those who paid in to the Social Security system through employment income); and their disabled surviving spouses & children (disabled before age 22) once the insured worker becomes disabled, retires, or passes away.
  - The monthly payment amount will vary from one person to another. If you would like an estimate of your monthly payment, if you are found disabled, you can call Social Security, look at your most recent Social Security Earnings statement, or set up a My Social Security account on ssa.gov.
- Supplemental Security Income (SSI) for people with little or no income and resources. To qualify you must have less than \$2,000 in assets for an unmarried person and less than \$3,000 if you are married.
  - The most you can receive for Federal SSI in **2024** is **\$943** per month. This amount will be determined by your other income, spouse's income, and your living arrangement.
  - You can also receive the Wisconsin SSI State Supplement of **\$83.78** each month.

#### Will my personal information be kept safe?

• Yes. Social Security protects the privacy of each individual they serve. As a Federal agency, they are required by the Privacy Act of 1974 (5 U.S.C. 522a) to protect the information they get from you.

#### What if I am more comfortable speaking in a language other than English?

You are encouraged to call with a friend or family member or bring them with you to help translate. If
you are not able to bring someone with you Social Security will need advanced notice to make
arrangements with a translator.

#### Who can complete an application?

There are several people who can fill out the Disability Application for an adult wanting Social Security benefits:

- The adult with a disability (the applicant);
- A friend or relative of the applicant (e.g., parent, spouse, neighbor);
- An Appointed Representative (i.e., someone with special status formally recognized by Social Security, usually an attorney or a non-attorney advocate).



#### **Checklist for Online Adult Disability Application**

#### □ my Social Security Account username and password (if you have one set up)

#### **D** Birth and Citizen Information (If you were born outside of the US or its territories)

- □ Name of your birth country at the time of your birth (it may have a different name now)
- D Permanent Resident Card number (if you are not a US citizen)

#### □ Marriage and Divorce

- □ Name of current spouse and/or prior spouse (prior spouse only 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 US)

#### □ Names and Birth Date of Children Who

- □ Became disabled prior to the age of 22
- □ Are under age 18 and are unmarried
- Are aged 18 to 19 and still attending secondary school full time (below college level)

#### □ US Military Service

- □ Type of duty and branch
- □ Service period dates

#### Employer Details for Current Year and Prior 2 years (not self-employed)\*

- □ Employer name
- □ Employment start and end dates
- □ Total earnings for the year (wages, tips, etc.)

\*It may be helpful to bring your W-2 form, tax return, or most recent paystub

#### □ Self-Employment Details for Current Year and Prior 2 Years

□ Business type and total net income

#### **Direct Deposit (if approved benefits)**

- Domestic bank (US)
  - □ Account type and number
  - □ Bank routing number
- □ International Bank (Non-US)
  - □ 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 who Social Security can contact who knows about your medical condition(s) and can help with your claim. This should be someone other than your doctors, such as a friend or family member. Most likely a form will be mailed to them to complete. It will ask details about your functioning limitations.
- □ List all of your medical conditions
- □ Information about Doctors, Healthcare Professionals, Hospitals and Clinics
  - □ Names, addresses, phone numbers, and dates of examinations and treatments
    - □ The date of the first visit to the provider, the date of the most recent visit, and any future visits scheduled
  - □ Names and dates of medical tests you have had done and who sent you for them
  - Names of medications (prescriptions and non-prescriptions), reason for the medication and who prescribed them
- □ Information about other 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 (if you have a resume please bring this with you)**

- Date your medical condition began to affect your ability to work
- □ Type of jobs (up to 5) that you have had in the 15 years before you became unable to work because of your medical condition
- Dates you worked at those jobs, if available
- □ Wages or pay rate

#### □ Education and Training

- □ 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

#### Medical and Job Worksheet — Adult

Complete this worksheet to get ready for the appointment or when filing online. Please do **not** mail this worksheet to your local office. Did you know that you can start the application process online? Visit **www.socialsecurity.gov/applyfordisability** for more information!

This worksheet is <u>not</u> the application for Social Security disability benefits. You should bring this worksheet to your appointment or have it with you if your appointment is by telephone.

#### A. Medical Conditions

List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

Coi	nditions
1.	
2.	
3.	
4.	
5.	

B. If you are not working, when did you stop working?\_

C. Height without shoes: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight without shoes: \_\_\_\_\_ pounds

#### D. Medical Sources

Please list any doctors, hospitals, clinics, therapists, or emergency rooms you have visited because of your conditions.

Name	Address	Phone Number (with area code)	Date First Seen or Admission Date	Date Last Seen or Discharge Date

Name	Address	Phone Number (with area code)	Date First Seen or Admission Date	Date Last Seen or Discharge Date

#### 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)		

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	Type of Business	Dates Worked		Hours	Days	Rate of Pay	
(e.g. cook)	(e.g. restaurant)	From Mo/Yr	To Mo/Yr	Per Day	Per Week	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.