



Third Party Filing

DIB and SSI Application Training



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WELCOME & INTRODUCTIONS



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People Helping Others

- We strive to provide easy and convenient information about our benefits and our application process. We are also here when you help others with assistance and support. The People Helping Others page was created to help you assist a family member, a friend, or vulnerable clients during their time of need. www.ssa.gov/thirdparty/



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People Helping Others

This training supplements information found on the People Helping Others page. We will review:

- Disability and SSI Application Process
- Special Consideration Cases
- Medical Forms
- Online Services



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Disability Programs

The **Social Security** and **Supplemental Security Income** disability programs are the largest of several Federal programs that provide assistance to people with disabilities.

While these two programs are different in many ways, both are administered by the Social Security Administration and only individuals who have a disability and meet medical criteria may qualify for benefits under either program.



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Disability Rules for an Adult (Over Age 18) Both Social Security and SSI

- Must have a physical or mental impairment (or combination of conditions)
- Disability must be expected to last 12 consecutive months or result in death
- We consider age, education, and past work activity
- Inability to perform substantial work activity (SGA, 2021):
Disability (\$1,310 a month); Blind (\$2,190 a month)



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Substantial Gainful Activity


- “Substantial gainful activity” (SGA) is a term used to describe a level of work activity and earnings. We generally use earnings guidelines to evaluate whether your work activity is SGA.
- If the impairment is anything other than blindness, earnings in 2021 averaging over \$1,310 a month generally demonstrate SGA.



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Substantial Gainful Activity

- The SGA amount in 2021 for blind individuals is \$2,190.
- SSI only uses SGA as a measure of work during initial claims.
- SSDI uses SGA throughout the life of the claim.



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When to apply for disability benefits?

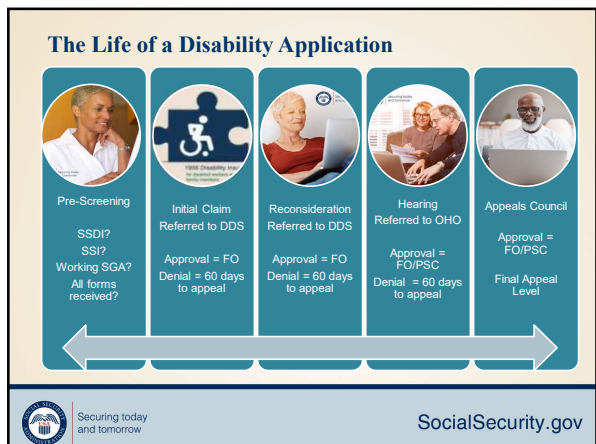
- Apply as soon as your client becomes disabled.
- Processing an application for disability benefits can take three to five months.
- We may be able to process the application faster if you help us by getting any other information we need.



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Documents Needed When Applying for Disability Benefits

- Social Security number(s) for client, spouse, & children
- W-2 or self-employment tax forms
- Military records (DD-214)
- Bank information for Direct Deposit
- Information about doctors, hospitals, clinics, and medical tests
- Names of current medications
- Information regarding work history for the last 5 years

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Application and Referral Process

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Potential Applicants

- Identify adult/child who may have a serious physical or mental impairment and is severe enough to keep them from working.
- Information shared in this training will help you in identifying potential programs and special considerations that may apply.
- Electronic filing of the iClaim is preferred.



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SSA Pre-Screening

- Your application will be reviewed to determine if the applicant is currently receiving SSI/SSDI benefits.
- The date the faxed/mailed forms are received will be considered as protective filing for the application.
- Electronic filing of the iClaim is preferred.



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SSA Pre-Screening

- Submission of online Disability claims (iDIB) is only considered to be complete when the applicant is present to click and sign.
- We will review the Disability Checklist to make sure all items have been received, completed, and signed by the applicant.
- We will evaluate any current work activities (SGA).



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SSA Pre-Screening

- *Wet Signature* required by applicant when third party involved.
- The “Sign Now” button represents applicant’s acceptance of the penalty of perjury statement and acts as their legal signature.
- Form Attestation
- Witnessed Signature

GN 00201.015 Alternative Signature Methods

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Medical vs non-Medical Review

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Two Appeal Types

Claimants or their representative can submit an appeal online for a **medical or non-medical** decision at the reconsideration, hearing, and Appeals Council levels.

Non-medical examples:

- Income and/or resources
- Living arrangements
- Overpayments
- Must have 20 credits (equivalent to 5 out of the last 10 years) before becoming disabled

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What Happens Next?


If the claimant is not performing SGA, we will forward the case to the **Disability Determination Services (DDS)** office in your state. DDSs are State agencies responsible for developing medical evidence and making the initial determination of whether or not a claimant is disabled under the law.


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The Life of a Disability Application

				
Pre-Screening	Initial Claim Referred to DDS	Reconsideration Referred to DDS	Hearing Referred to OHO	Appeals Council
SSDI? SSI? Working SGA? All forms received?	Approval = FO Denial = 60 days to appeal	Approval = FO Denial = 60 days to appeal	Approval = FO/PSC Denial = 60 days to appeal	Approval = FO/PSC Final Appeal Level


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Initial Determination

Once a claim reaches the DDS, the disability examiner (DE) reviews the claim, requests evidence, and schedules follow-ups.

- Consultative Examination (if necessary) for evaluation purposes only; not for treatment
- Determinations –
 - To FO for further development,
 - Favorable, or
 - Unfavorable


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Reconsideration

- First level of appeal in the claims process
- File within 60 days of the initial denial date
- Consultative Examination (possible)
- Request new medical documents (if stated in appeal documentation)
- Determination:
 - Favorable or
 - Unfavorable



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ALJ Hearing

- Second level of appeal process
- File within 60 days of the reconsideration denial date
- May call and question witnesses
- Request new medical documents (if stated in appeal documentation)
- Determination:
 - Favorable or
 - Unfavorable



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Appeals Council Review

- Third level of appeal process
- File within 60 days of the reconsideration denial date
- May call and question witnesses
- Request new medical documents (if stated in appeal documentation)
- Testimony is taken under oath or affirmation



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SSDI vs SSI

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Alleged Onset Dates

- The Alleged Onset Date is the date the applicant alleges his/her disability became severe enough to prevent him/her from working at SGA level.
- Please make sure the alleged onset date is the same throughout the applications – SSA-16, SSA-8000, and SSA-3368.
- The alleged onset date must have a month, date, and year.
- SGA can be affected by subsidies, IRWEs, and unsuccessful work attempts.

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SSDI vs. SSI	
Social Security Disability Insurance Payments come from the Social Security trust funds and are based on a person's earnings.	Supplemental Security Income Payments come from the general treasury fund, NOT SSA trust funds. SSI payments are not based on a person's earnings.
An insurance that workers earn by paying Social Security taxes on their wages.	A needs-based public assistance program that does not require a person to have work history.
Pays benefits to disabled individuals who are unable to work, regardless of their income and resources.	Pays disabled individuals who are unable to work AND have limited income and resources.
Benefits for workers and for adults disabled since childhood. Must meet insured status requirements.	Benefits for children and adults in financial need. Must have limited income and limited resources.

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Social Security Disability Insurance (SSDI) Who Can Get Disability Benefits?

- Must have earned 20 credits (equivalent to 5 years of work) over the last 10 years before becoming disabled
- For workers under age 31, less work is required
- Unlike retirement benefits, you could lose your eligibility for disability coverage if you stop paying into the program.

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How Do You Qualify for Disability Benefits?

- Must have paid into Social Security five out of the last 10 years
- For workers under age 31 less work is required
 - Must have paid Social Security taxes for half the time since age 21

Example: Age 24 Paid Social Security Taxes 1 ½ years
 Age 29 Paid Social Security Taxes 4 years

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Who Can Get Disability Benefits?

Child	Can receive benefit if not married and under age 18 (or under age 19 if still in high school).
Disabled Child	Can receive benefits beyond age 18 if not married and was disabled before age 22.
Spouse (Divorced spouses may also qualify.)	Can get full benefits at full retirement age – or reduced benefits at age 62 – or at any age if caring for child under 16 or a disabled child.

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SSDI: Benefits for the Family

Spouse

- At age 62
- At any age if caring for child who is under 16 or disabled
- Divorced spouses may qualify

Child

- Not married under age 18 (under 19 if still in high school)
- Not married and disabled before age 22



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SSI Benefits for Adults

Resource limits:

- \$2,000 for individual
- \$3,000 for couple

We count the value of:

- Bank accounts (CDs, IRAs)
- More than primary automobile
- Stocks and bonds, 401Ks
- Liquid assets
- Proper other than where you live



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SSI Benefits for Adults, cont.

We don't count as resources

- Home in which you live
- Primary automobile
- Burial plots
- Certain resources set aside for personal burial expenses



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SSI Benefits for Children

- SSI pays benefits to disabled children living in household with limited income and resources.
- We count the income and resources of the child's parent(s) in addition to the disabled child's personal income.





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SSI Benefits for Children

- Resource limits:
 - \$4,000 if living with 1 parent
 - \$5,000 if living with 2 parents
 - \$2,000 if not living with either parent, but with another guardian/care taker.



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SSI Benefits for Children

- We count the value of:
 - Bank accounts (CDs & IRAs)
 - More than 1 primary automobile
 - Stocks and bonds, 401Ks
 - Liquid assets
 - Property other than the residence where you live



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When the Child Attains Age 18

- We no longer count the income and resources of the child's parent(s) for eligibility purposes.
- If the child continues to live with parent(s), but does not pay for food and shelter expenses, a lower SSI payment may apply.
- SSA will conduct a new disability determination using the adult rules for all 18 year olds.

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Income can change your payment

- Earned Income: wages and self-employment
- Unearned Income: All income that is not earned
- In-Kind Income: Value of food and/or shelter
- Deemed Income: Part of the income from a spouse or parent

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SSI Benefit Rates

Effective January 2021	
Individual	\$794 a month
Couple	\$1,191 a month

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Income

Earned	Unearned
Wages	SSA benefits
Net earnings from self-employment	Veterans benefits
Payment for services in sheltered workshop	Unemployment benefits
	Interests
	Pensions
	Cash from family/friends

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Income Exclusion

Exclusions Include
The first \$20 a month of most income received
The first \$65 a month earned from work and half the amount over \$65
The value of food stamps
Most home energy assistance
Certain exclusion on Indian Trust Fund payments
One-third of child support received monthly

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Resources

Included Resources	Excluded Resources
Bank Accounts (CDs, IRAs)	Home in which you live
Stocks, Bonds, 401Ks (Liquid Assets)	First car
Second Car	Burial plots for self & family
Life Insurance	Some resources set aside for burial
Property other than where you live	

• Individual Limit: \$2,000 / Couples Limit: \$3,000

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Living Arrangements

Living arrangements are another factor to determine how much SSI a person can get. Benefits may vary depending on where you live:


- In someone else's household
- In an institution – generally \$30/month maximum
- In a group care or board and care facility




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Achieving a Better Life Expectancy (ABLE) Act



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ABLE (Achieving a Better Life Experience) Act

- ABLE accounts are tax-advantaged savings accounts (similar to a 529 College Savings Account) for qualified individuals with disabilities and their families.
- The beneficiary of the ABLE account is the account holder.
- A person with a disability who receives SSI may save up to \$100,00 and retain eligibility for SSI.

ssa.gov/ssi/spotlights/spot-able.html



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ABLE (Achieving a Better Life Experience) Act

- Signed in to law in 2014.
- ABLE accounts are excluded from resources in whole, or in part, for purposes of certain means-tested federal programs.
- Limits eligibility to individuals who became disabled before turning 26.
- Accounts must be administered by a qualified ABLE program which is available in most states.

ssa.gov/ssi/spotlights/spot-able.html



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ABLE Qualifying Expenses

- Education
- Housing
- Transportation
- Employment training and support
- Assistive technology
- Personal support services
- Healthcare
- Legal fees
- Financial management
- Administrative services

ssa.gov/ssi/spotlights/spot-able.html



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Special Consideration



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Priority Cases are those identified for priority handling, developed and processed expeditiously. These include:

- Homeless Cases
- Terminal Illness (TERI) Cases
- Compassionate Allowance (CAL) Cases
- Wounded Warrior / 100% P&T cases
- Presumptive Disability or Blindness (PD/PB)

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Homelessness

- We flag the disability folder to alert SSA and DDS components to special case processing and development requirements for homeless cases.
- An applicant is homeless if he or she does not have a fixed, regular, and adequate nighttime residence.
- We also consider applicants homeless if they expect to lose current accommodations within 14 days, and will not have a fixed, regular, and adequate nighttime residence.

ssa.gov/ssi/spotlights/spot-homeless.htm

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Homelessness

- Examples:
 - Someone who sleeps in doorways, overnight shelters, parks, bus stations, etc); or
 - A person who stays with a succession of friends or relatives and has no permanent living arrangement on the first moment of the month

ssa.gov/ssi/spotlights/spot-homeless.htm

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Homelessness

- May be:
 - Participating in a program that primarily assists the homeless;
 - Fleeing domestic violence;
 - Runaway or abandoned youth; and
 - Young adults aging out of foster care


ssa.gov/ssi/spotlights/spot-homeless.htm



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TERI Cases

SSA defines terminal illness as “a medical condition that is untreatable and expected to result in death.”

- We make every effort to identify a potential TERI case as early as possible.
- TERI case flags
- Expedited processing

secure.ssa.gov/apps10/poms.nsf/lnx/0423020045

DI 23020.045 Terminal Illness (TERI) Case



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TERI Case Descriptors

We identify potential TERI cases either directly through the claimant’s allegations or indirectly through TERI case descriptors:

- An allegation from the claimant or third party that the illness is terminal.
- An allegation or diagnosis of ALS (Lou Gehrig’s Disease).
- An allegation or diagnosis of AIDS.

secure.ssa.gov/apps10/poms.nsf/lnx/0423020045


DI 23020.045 Terminal Illness (TERI) Case



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TERI Case Descriptors (cont.)

- Receiving inpatient or in-home hospice (end-of-life) care.
- Awaiting heart, lung, liver, or bone marrow transplant (excludes kidney and corneal transplants).
- Chronic Pulmonary or heart failure requiring continuous home oxygen and an inability to care for personal needs.
- Comatose for 30 days or more
- Newborn with a lethal genetic or congenital defect

secure.ssa.gov/apps10/poms.nsf/lnx/0423020045


DI 23020.045 Terminal Illness (TERI) Case



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TERI Case Descriptors (cont.)

- Any malignant neoplasm (cancer) which is:
 - Metastatic (has spread)
 - Defined as Stage IV
 - Persistent or recurrent following initial therapy
 - Inoperable or unresectable

secure.ssa.gov/apps10/poms.nsf/lnx/0423020045


DI 23020.045 Terminal Illness (TERI) Case



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TERI Case Descriptors (cont.)

- Any allegation or diagnosis of:
 - Cancer of the brain, esophagus, liver, pancreas, gallbladder
 - Mesothelioma
 - Small Cell or Oat Cell lung cancer
 - Acute myelogenous leukemia (AML) or acute lymphocytic leukemia (ALL)

secure.ssa.gov/apps10/poms.nsf/lnx/0423020045

DI 23020.045 Terminal Illness (TERI) Case



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Compassionate Allowances (CAL) and Quick Disability Determinations (QDD)

- Our two fast-track processes, CAL and QDD identify claimants with impairments that significantly affect their ability to function and allow us to expedite our determinations on those cases.
- The SSA field office employees do not select CAL and QDD cases.
- They are determined by a CAL/QDD selection software.


socialsecurity.gov/compassionateallowances



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Compassionate Allowances (CAL)

- A way of quickly identifying diseases and other medical conditions that invariably qualify under the Listing of Impairments based on minimal objective medical information
- Allows Social Security to target the most obviously disabled individuals for allowances based on objective medical information that we can obtain quickly
- Is not a separate program from the Social Security Disability Insurance or Supplemental Security Income programs

socialsecurity.gov/compassionateallowances



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Wounded Warriors & Veterans

Wounded warriors and veterans with 100% Permanent & Total disability ratings from the VA may be able to get expedited medical decisions on SSDI and SSI applications.

socialsecurity.gov/veterans



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VA 100% Permanent and Total Disability Rating

- Expedited processing for veterans that meet the VA 100% Permanent and Total disability compensation rating.
- Please provide letter with 100% P&T rating at the time of filing.
- A VA compensation rating of 100% P&T does not guarantee that you will receive Social Security disability benefits.
- VA compensation will not affect your Social Security benefits.

ssa.gov/people/veterans/100pt.html



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Presumptive Disability (PD) or Presumptive Blindness (PB) for SSI Eligibility

- SSI claim
- Payments for up to 6 months while waiting for DDS to make a final decision
- Based on the severity of your condition and the high likelihood the claim will be ultimately approved
- Not based on your financial need

ssa.gov/ssi/text-expedite-ussi.htm



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Presumptive Disability (PD) or Presumptive Blindness (PB) for SSI Eligibility

- SSI benefits may start right away based on PD or PB determination if you have:
 - Amputation of a leg at the hip
 - Allegation of total deafness or total blindness
 - Allegation of cerebral palsy
 - Allegation of Down syndrome

ssa.gov/ssi/text-expedite-ussi.htm



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Presumptive Disability (PD) or Presumptive Blindness (PB) for SSI Eligibility

- Continued:
 - Low-birth weight baby born weighing less than 1200 grams (2 pounds, 10 ounces) at birth
 - Symptomatic HIV infection or AIDS
 - *SSA-4814-F5 or SSA-4815-F6 needed
 - Physician confirmation of a terminal illness with a life expectancy of six months or less or under hospice care

ssa.gov/ssi/text-expedite-ussi.htm



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Presumptive Disability (PD) or Presumptive Blindness (PB) for SSI Eligibility

- Continued:
 - Spinal cord injury producing the inability to ambulate
 - Allegation of end-stage renal disease (ESRD) requiring dialysis
 - Allegation of ALS (Lou Gehrig's disease)
 - Allegation of stroke more than three months in the past

ssa.gov/ssi/text-expedite-ussi.htm



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Completing the Forms
"What DDS Wants to Know"



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Disability Determination Services (DDS)

- This state agency completes the initial disability determination decision for us.
- Doctors and disability specialists in the state agency ask your doctors for information about your condition(s). They'll consider all the facts in your case.
- They'll use the medical evidence from your doctors, hospitals, clinics, or institutions where you've been treated.

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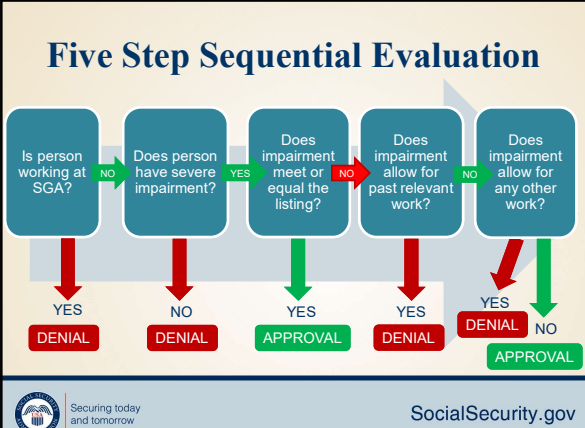
Disability Determination Services (DDS)

- Third party filers are encouraged to contact DDS examiners directly with any questions related to specific claims.
- You should receive correspondence with a barcode and/or Function Report/Work History Report from the DDS examiner once the claim is assigned. You can use the barcode to fax medical records and forms to DDS for inclusion in applicant's electronic file. If you do not receive a barcode, you can call the examiner and ask them to send one to you.

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Five Step Sequential Evaluation




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    graph LR
      Q1[Is person working at SGA?] -- NO --> Q2[Does person have severe impairment?]
      Q1 -- YES --> D1[DENIAL]
      Q2 -- YES --> Q3[Does impairment meet or equal the listing?]
      Q2 -- NO --> D2[DENIAL]
      Q3 -- YES --> A1[APPROVAL]
      Q3 -- NO --> Q4[Does impairment allow for past relevant work?]
      Q4 -- YES --> D3[DENIAL]
      Q4 -- NO --> Q5[Does impairment allow for any other work?]
      Q5 -- YES --> D4[DENIAL]
      Q5 -- NO --> A2[APPROVAL]
  
```

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Disability Evaluation Under Social Security
Also known as "The Social Security Blue Book"

- Provides physicians and other health professionals with an understanding of the disability programs administered by the Social Security Administration
- Explains how each program works, and provides information to help health professionals make sound and prompt determinations and decisions on disability claims
- Lists specific criteria under which claimants who suffer from a disabling condition can qualify for Social Security disability benefits.

socialsecurity.gov/disability/professionals/bluebook



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We'll tell you our decision...


- When the state agency makes a determination on your case, we'll send a letter to you.
- If approved, the letter will show the amount of your benefit, when your payments start, and your reporting responsibilities.
- If not approved, the letter will explain why and tell you how to appeal the determination if you don't agree with it.



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SSDI Appeals and Allowances


- Processed by the SSA office of jurisdiction.
- Depending on the level of approval, some cases may be referred to the Payment Center for adjudication and completion.
- Technical (non-medical decisions) and initial allowances are typically adjudicated in the local Social Security office.



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SSI Appeals and Allowances

- Processed by the SSA office of jurisdiction.
- Applicant will more than likely be scheduled for a PERC (Pre-Effectuation Review Conference) appointment at the SSA office before payments can begin to make sure the applicant is still financially eligible for benefits and to update any other information.
- You do not have to wait for the scheduled appointment to complete the PERC – the applicant can call in to any office before that time.
- If the applicant doesn't make the scheduled appointment, they still have another 15 days to walk-in/call-in to the SSA and complete the paperwork.



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Checklist for Initial Disability Claims



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Checklist for Adult Initial Claims

SSA-3288: Consent for Release of Information

SSA-1696: appointment of Representative

SSA-827: Authorization to Disclose Information to SSA

SSA-8000: Application for Supplemental Security Income (SSI)

SSA-16: Application for Social Security Disability Insurance (SSDI) / iDIB file online

SSA-3368: Adult Disability Report

**SSA-4814 Applicants who are HIV+*



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Checklist for Childhood Disability Claims

- SSA-3288: Consent for Release of Information
- SSA-1696: Appointment of Representative
- SSA-827: Authorization to Disclose Information to SSA
- SSA-8000: Application for Supplemental Security Income (SSI)
- SSA-3280: Disability Report – Child / iSSI file online
- *SSA-4815 Child Applicants who are HIV+
- Latest School Progress Reports – Individualized Education Plan (IEP); and

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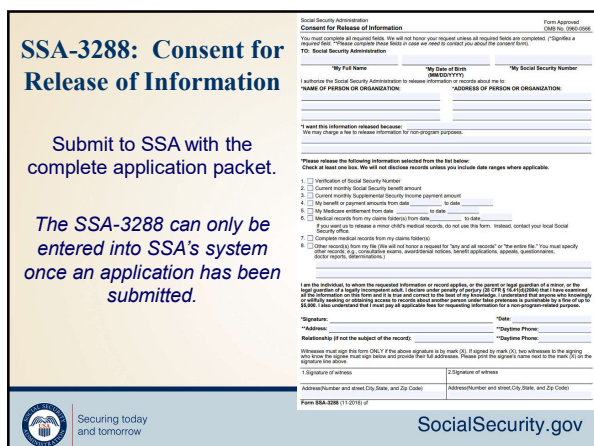
Checklist for Childhood Disability Claims

Childhood Function Report Based on Age:

- SSA-3375 Function Report - Birth to 1 year;
- SSA-3376 Function Report – Age 1 to 3 year birthday;
- SSA-3377 Function Report – Age 3 to 6 birthday;
- SSA-3378 Function Report - Age 6 to 12th birthday
- SSA-3379 Function Report - Age 12 to 18th birthday

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SSA-3288: Consent for Release of Information

Submit to SSA with the complete application packet.

The SSA-3288 can only be entered into SSA's system once an application has been submitted.

Social Security Administration Form Approved (OMB No. 0960-0088)

You must complete all required fields. We will not honor your request unless all required fields are completed. (†) Signatures are required from †. Please complete these fields in order as noted in order of the printed form.

TO: Social Security Administration

My Full Name: _____ My Date of Birth (MM/DD/YYYY): _____ My Social Security Number: _____

I authorize the Social Security Administration to release information or records about me to: NAME OF PERSON OR ORGANIZATION: _____ ADDRESS OF PERSON OR ORGANIZATION: _____

*I want this information released because: _____ We may charge a fee to release information for non-program purposes.

Please release the following information indicated from this list below. Check at least one box. We will not disclose records unless you indicate date ranges where applicable.

- Verification of Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit or payment amount from date _____ to date _____
- My lifetime entitlement from date _____ to date _____
- Records used to verify my name (SSA's Form 8900) from date _____ to date _____
- Complete records from my dates of service (do not use this form. Instead, contact your local Social Security office.)
- Complete records from my dates of service (do not use this form. Instead, contact your local Social Security office.)

See the individual to whom the requested information or record applies, or the parent or legal guardian of a minor, or the member of a health maintenance organization (under contract with SSA) (19 CFR 4.412(d)(2)(ii)). I have reviewed the information on this form and it is true and correct to the best of my knowledge. I understand that anyone with knowledge of falsifying, making or copying records to provide false and/or untrue information is prohibited by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

Signature: _____ Title: _____

Address: _____ Daytime Phone: _____

Relationship (if not the subject of the record): _____

Witness must sign and provide (†) If the sponsor/signatory is a minor (U), he/she must sign (†) and reference to the signatory who signs the document, must sign below and provide (†) If address, please print the signatory's name next to the mark (U) on the signature line above.

1. Signature of witness _____ 2. Signature of witness _____

Address/Number and street, City, State, and Zip Code: _____ Address/Number and street, City, State, and Zip Code: _____

Form SSA-3288 (11-2016) of _____ SocialSecurity.gov

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Serving as an Appointed Representative

- As the applicant's appointed representative, the appointed representative can communicate with SSA and DDS about the applicant's file and will receive copies of all applicant communication from SSA/DDS
- Neither the appointed representative nor his/her agency is liable for any decision(s) made by SSA or DDS.
- This is NOT the same as the representative payee.

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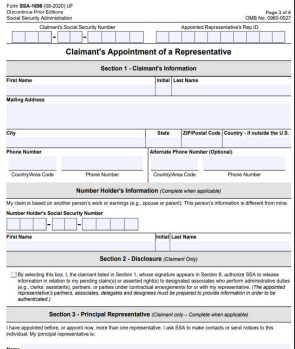
79

SSA-1696: Appointment of Representative

Submit to SSA with the complete application packet.

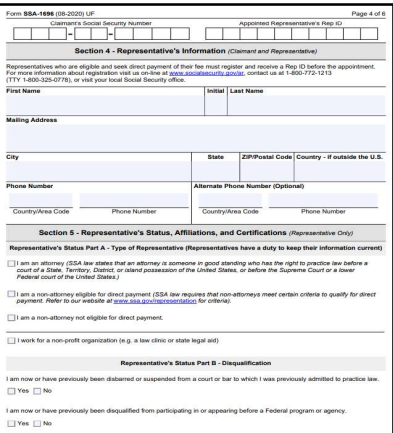
The SSA-1696 can only be entered into SSA's system once an application has been submitted.

**current version 08/2020*



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Form SSA-1696 (08-2020) LPL Page 4 of 6

Section 4 - Representative's Information (Claimant and Representative)

Representatives who are eligible and seek direct payment of their fee must register and receive a Reg. ID before the appointment. For more information about registration visit our site at <https://www.socialsecurity.gov/regid>, contact us at 1-800-772-1213 (TTY 1-800-328-0778), or visit your local Social Security office.

Section 5 - Representative's Status, Affiliations, and Certifications (Representative Only)

Representative's Status Part A - Type of Representative (Representatives have a duty to keep this information current.)

I am an attorney (SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or Island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)

I am a non-attorney eligible for direct payment (SSA law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representations for criteria.)

I am a non-attorney not eligible for direct payment.

I work for a non-profit organization (e.g. a law clinic or state legal aid)

Representative's Status Part B - Disqualification

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.
 Yes No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.
 Yes No

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Appointed Representative Services (ARS)

- Non-attorney representatives that do not request direct payment of authorized fees are eligible to enroll for eFolder access.
- Must have active cases pending to be eligible to enroll.

www.ssa.gov/ar



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Applying for Social Security Disability Insurance (SSDI)

- SSDI is an insurance program -- not needs-based
- Information **not** collected: resources, assets, or living arrangements.
- Eligibility: generally based on work history and earnings record
 - Applicant may also qualify based on a parent or spouse's record



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Applying for Social Security Disability Insurance (SSDI)


- SSDI application also explores eligibility for other benefit programs (Worker's Compensation, VA benefits, etc.)
- SSA prefers online submissions



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SSA-827: Authorization to Disclose Information to SSA

- The SSA-827 allows SSA/DDS to gather medical records and information from medical records departments
- The applicant will “e-sign” an e827 Medical Release as part of the Online Disability Benefit application
- We also recommend submitting a signed SSA-827 form to SSA as part of the complete application packet
- You will submit an SSA-827 to each medical provider along with the agency’s release form



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The SSA-827 – Age 12 or Over

The *claimant* (child) signs in the “INDIVIDUAL authorizing disclosure” signature box on the left; and

The *parent, guardian, or other* authorized personal representative:

- Marks the appropriate entry in the “IF not signed by subject of disclosure” relationship block;
- Signs in the box below the check boxes; and
- IF he or she signs as “other personal representative,” then he or she explains the basis for authority to sign in the space provided.



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The SSA-827 – Under Age 12

When the claimant is under age 12, the child’s applicant should:

- Sign the “INDIVIDUAL authorizing disclosure” box;
- Mark the appropriate entry in the “IF not signed by subject of disclosure” relationship block; and
- If he / she sign as “other personal representative,” then he / she explains the basis for authority to sign in the space provided.



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Applying for Supplemental Security Income (SSI)

- SSI is needs-based
- Income, resources, living arrangement
 - Legal status and citizenship/residency also affect eligibility
- Long application but many questions regarding resources
 - Don't assume applicant does or does not have resources



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SSA-8000: Application for SSI

This is the full SSI application (not the same as the iSSI).
Cannot be submitted online.

Remember that if you are listing that an applicant is NOT homeless, you need to put the residence address and answer the questions about who is paying the rent (agency, housing authority, etc.).



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Supplemental Security Income (SSI): iSSI

- As of April 1, 2017, the iSSI application can be completed as part of the Online Disability Benefit Application.
- iSSI is a limited deferred SSI application and is not the same as the SSA-8000; the applicant will need to answer additional questions from SSA about income and resources.
- Eligibility criteria includes: age 18-65; not blind; never been married; never applied for/received disability benefits, etc.



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SSA-3368: Adult Disability Report

- SSA-3368 gathers information about the applicant's work history, medical treatment and education.
- Complete information is essential.
- DDS will request records from medial sources listed.
- Indicate in "Remarks" which medial records you will be submitting with the application and whether there are conditions for which applicant has not received treatment.
- SSA prefers online submissions.



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SSA-3368: Adult Disability Report

Completeness Helps

The more you are able to provide,
the better picture SSA has






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Adult Function Report


- Be aware that DDS WILL REQUIRE a completed Function Report - Adult (SSA-3373) at some point during the claims process.
- You can turn this form in with your packet when you submit the claim if you wish. This will assist in overall expedition of claim.
- Expect to receive one in the mail from DDS shortly after your claim is assigned to an examiner.



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Child Function Report

- Be aware that DDS WILL REQUIRE a completed Function Report (SSA-3375 – 3379 based on age) at some point during the claims process.
- You can turn this form in with your packet when you submit the claim if you wish. This will assist in overall expedition of claim.
- Expect to receive one in the mail from DDS shortly after your claim is assigned to an examiner.
- You can use a lot of the functioning information you have already gathered (for the Medical Summary Report) to complete the Function Report with client.
- *If applicable, please include school progress reports (IEP Individualized Education Plan). Some schools no longer complete forms mailed by DDS.*



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SSA-4815: Medical Report on Child with Allegation of HIV Infection

Form SSA-4815 (01-2017) (P)
Social Security Administration Page 1 of 1
OMB 302-0002-0002

MEDICAL REPORT ON CHILD WITH ALLEGATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

To receive credit from this form an application for a benefit of disability must be filed. If you complete this form, you cannot file for a benefit of disability until you have received a decision on your application. This is not required for an evaluation, and for working benefit determinations.

MEDICAL RELEASE INFORMATION

Form SSA-421, "Authorization to Disclose Information to the Social Security Administration (SSA)," attached.

I hereby authorize the medical records listed below to be used to decide the Social Security Administration's claim.

I agree that medical records or other information regarding the child's treatment for human immunodeficiency virus (HIV) infection:

I, the parent of the child, authorize the release of information regarding the child's treatment for human immunodeficiency virus (HIV) infection.

I, the child, authorize the release of information regarding the child's treatment for human immunodeficiency virus (HIV) infection.

I, the child, do not authorize the release of information regarding the child's treatment for human immunodeficiency virus (HIV) infection.

A. IDENTIFY THE ORGANIZATION

CLINIC NAME _____ CLINIC'S EIN _____ CLINIC'S PHONE NUMBER _____

CLINIC'S ADDRESS _____ CLINIC'S DATE OF BIRTH _____ CLINIC'S SOURCE NUMBER _____


B. HAS HIV INFECTION DIAGNOSED?

Laboratory testing confirming HIV infection Other clinical and laboratory findings, medical history, and information indicated in the medical records

C. CONDITIONS RELATED TO HIV INFECTION: Please check if applicable.

ALL INFORMATION PROVIDED IN THIS SECTION MUST BE SUPPORTED BY DOCUMENTATION IN THE MEDICAL RECORDS. We will request your patient's medical records as part of our own administrative process.

<p>1. Malaise, fatigue, weight loss, or recurrent fevers</p> <p><input type="checkbox"/> Malaise, fatigue, weight loss, or recurrent fevers</p> <p><input type="checkbox"/> Malaise, fatigue, weight loss, or recurrent fevers</p> <p>2. <input type="checkbox"/> Primary central nervous system symptoms</p> <p>3. <input type="checkbox"/> Primary effusion lymphoma</p> <p>4. <input type="checkbox"/> Progressive multifocal leukoencephalopathy</p> <p>5. <input type="checkbox"/> Progressive Kaposi sarcoma</p>	<p>6. CD4 Count: Please indicate measurement, date received, and reporting provider.</p> <p><input type="checkbox"/> CD4 count of 500 cells/mm³ or less</p> <p><input type="checkbox"/> CD4 percentage of less than 15 percent</p> <p>7. Age at attainment of age 6:</p> <p><input type="checkbox"/> Age at attainment of age 6:</p> <p><input type="checkbox"/> CD4 percentage of less than 15 percent</p> <p>8. Age at attainment of age 18:</p> <p><input type="checkbox"/> Age at attainment of age 18:</p> <p><input type="checkbox"/> CD4 percentage of less than 15 percent</p>
---	--



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Completing Forms



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**Let's begin with the
Disability Report - Adult**

SSA-3368-BK



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Internet Adult Disability Report

- The Internet Adult Disability Report (i3368) is a tool that gives an applicant and third parties the ability to provide medical and work history information electronically.
- Users can complete the i3368 over multiple sessions using an automatically assigned application number.
- The report sometimes displays additional questions and information based on responses and actions.



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Internet Adult Disability Report

- 1st party applicants are given an option to electronically sign or Print, Sign, and Mail the SSA-827 to their local SSA office.
- The address of the local office is provided, based on the applicant's zip code.
- Third party users do not have the option to electronically sign the SSA-827.
- Use the [Office Locator](#) on our Contact Page for local SSA office information.

ssa.gov/agency/contact



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SECTION 8 - MEDICAL TREATMENT (continued)

Tell us who may have medical records about any of your physical and/or mental condition(s) (including emotional or learning problems). This includes doctors' offices, hospitals (including emergency rooms visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

T8.C. Name of Facility or Office: _____ Name of health care professional who treated you: _____

ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.

Phone Number: _____ Patient ID# (if known): _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country (if not USA): _____

Date of Treatment: _____

1. Office, Clinic, or Outpatient visits: _____ 2. Emergency Room visits: _____ 3. Overnight hospital stays: _____
List the most recent date first. List the most recent date first.

First Visit: A. Date in: _____ Date out: _____

Last Visit: B. Date in: _____ Date out: _____

Next scheduled appointment (if any): C. Date in: _____ Date out: _____

What medical conditions were treated or evaluated? _____

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.) _____

Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11-Remarks on the last page.

Check this box if no tests by this provider or at this facility.

Kind of Test	Dates of Tests	Kind of Test	Dates of Tests
<input type="checkbox"/> EKG (heart test)		<input type="checkbox"/> ECG (brain wave test)	
<input type="checkbox"/> Treadmill (exercise test)		<input type="checkbox"/> HIV Test	
<input type="checkbox"/> Cardiac Catheterization		<input type="checkbox"/> Blood Test (not HIV)	
<input type="checkbox"/> Biopsy (bit body part)		<input type="checkbox"/> X-Ray (bit body part)	
<input type="checkbox"/> Hearing Test		<input type="checkbox"/> MR/CT Scan (bit body part)	
<input type="checkbox"/> Speech/Language Test		<input type="checkbox"/> Other (please describe)	
<input type="checkbox"/> Vision Test			
<input type="checkbox"/> Breathing Test			

If you do not have any more doctors or hospitals to describe, go to Section 9 on page 11.

Form SSA-3569-BK (03-2015) (F-10-2015) Page 4

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SECTION 9 - OTHER MEDICAL INFORMATION

9. Does anyone else have medical information about your physical and/or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else? (This may include people such as workers' compensation, vocational rehabilitation, insurance companies who have paid you disability benefits, prisons, attorneys, social service agencies and others.)

Yes (Please complete the information below.)

No (If you are receiving Supplemental Security Income (SSI) and have been asked to complete this report, go to Section 10 - Vocational Rehabilitation, if not, go to Section 11 on the last page.)

Name of Organization: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country (if not USA): _____

Name of Contact Person: _____ Claim or ID number (if any): _____

Date of First Contact: _____ Date of Last Contact: _____ Date of Next Contact (if any): _____

Reasons for Contacts: _____

If you need to list other people or organizations use Section 11 - Remarks on the last page and give the same detailed information as above for each one you list.

COMPLETE THIS SECTION ONLY IF YOU ARE ALREADY RECEIVING SSI - SECTION 10 - VOCATIONAL REHABILITATION, EMPLOYMENT, OR OTHER SUPPORT SERVICES

T9.A. Have you participated, or are you participating, in:

- An individualized plan for employment with an employment network under the Ticket to Work Program;
- A Plan to Achieve Self-Support (PASS);
- An Individualized Education Program (IEP) through a school if a student age 18-21; or
- Any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

Yes (Complete the following information) No (Go to Section 11)

T9.B. Name of Organization or School: _____

Name of Counselor, Instructor, or Job Coach: _____ Phone Number: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country (if not USA): _____

T9.C. Where did you start participating in the plan or program? _____

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SECTION 10 - VOCATIONAL REHABILITATION, EMPLOYMENT, OR OTHER SUPPORT SERVICES (continued)

T10.D. Are you still participating in the plan or program?

Yes. I am scheduled to complete the plan or program on: _____

No. I completed the plan or program on: _____

No. I stopped participating in the plan or program before completing it because: _____

T10.E. List the types of services, tests, or evaluations that you received (for example: intelligence or psychological testing, vision or hearing test, physical exam, work evaluations, or classes). _____

If you need to list another plan or program use Section 11 - Remarks and give the same detailed information as above.

SECTION 11 - REMARKS

Please write any additional information you did not give in earlier parts of this report. If you did not have enough space in the sections of this report to write the requested information, please use this space to tell us the additional information requested in those sections. Be sure to show the section to which you are referring.

Date Report Completed: _____ month, day, year

Form SSA-3569-BK (03-2015) (F-10-2015) Page 12

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Completing Function Report Adult

**SSA-3369-BK
& SSA-3373-BK**

***Typically mailed by DDS within
30 days of receipt of claim**

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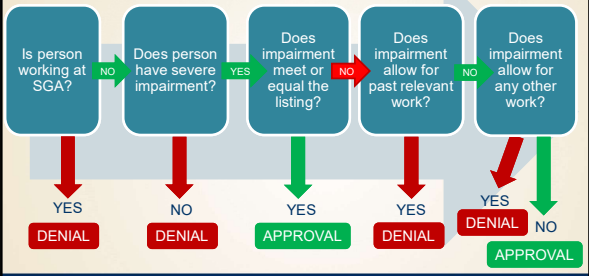
Work History Report

SSA-3369-BK


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Five Step Sequential Evaluation




```
graph LR; Q1[Is person working at SGA?] -- NO --> Q2[Does person have severe impairment?]; Q1 -- YES --> D1[DENIAL]; Q2 -- YES --> Q3[Does impairment meet or equal the listing?]; Q2 -- NO --> D2[DENIAL]; Q3 -- YES --> A1[APPROVAL]; Q3 -- NO --> Q4[Does impairment allow for past relevant work?]; Q4 -- YES --> D3[DENIAL]; Q4 -- NO --> Q5[Does impairment allow for any other work?]; Q5 -- YES --> D4[DENIAL]; Q5 -- NO --> A2[APPROVAL];
```

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Our Cover Letter

- We need to know about your past work.
- Please complete and return the attached form within 10 working days of your receipt of this letter.
- *Failure to provide the requested information may result in a decision being made on your claim based on the evidence already in file. This could result in a finding of not disabled or cessation.*



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Information About Your Work

List ALL the jobs you had in the last 15 years before becoming unable to work due to illnesses, injuries, or conditions.

- Record the type of job performed, **not** the individual employers you had.
- The job title alone is not a sufficient description of the work performed. Provide a complete and detailed description of your daily tasks. Describe each job as if you were training your replacement.
- If you had multiple jobs at the same company, describe each job separately. Include the dates you performed each job.
- Complete ALL of the questions for all jobs. Leave no blanks.
- Provide 15 years of work information. List any years you were unemployed.



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Please do not put "Don't know" or "Can't remember" as an answer in this section

SOCIAL SECURITY ADMINISTRATION Form Approved OMB No. 0900-0078

WORK HISTORY REPORT
For SSA Use Only
Do not write in this box.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. NAME (First, Middle Initial, Last) **B. SOCIAL SECURITY NUMBER**

C. DAYTIME TELEPHONE NUMBER (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)

Area Code Phone Number Your Number Message Number None

SECTION 2 - INFORMATION ABOUT YOUR WORK

List all the jobs that you have had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.


	Job Title	Type of Business	Dates Worked	
			From	To
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				


Form SSA-3369-BK (04-2014) of (04-2014) PAGE 1
Destroy Prior Editions

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Only Six Pages?

While the form itself only has six actual pages available to give job descriptions, if the claimant has more than six jobs in the last 15 years, please use additional forms or a sheet of paper and follow the format outlined in the form.





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Now, let's take a look at the Function Report

The SSA-3373-BK


Eating


Bathing


Dressing


Transferring


Toileting


Walking or moving around




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Our Cover Letter

- In order to obtain a more detailed description of your daily activities, it is necessary you complete the enclosed Function Report.
- A friend or relative may assist you.
- A postage-paid return envelope or label is enclosed for your convenience.
- FAX reports to 1-866-461-8140 (NM DDS)

continued...




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Our Cover Letter

Please fax cover letter and Function Report together for reports to be properly associated into our SSA system. You Must Always use the Request Letter with the barcode as your cover (top/first) sheet.



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If this is a new number, different since filing, please note that on form.

Form Approved
SSA Form No. 9900-0001

FUNCTION REPORT - ADULT
How your illnesses, injuries, or conditions limit your activities
For SSA Use Only
Do not write in this box.

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly omits or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION A - GENERAL INFORMATION

1. NAME OF DISABLED PERSON (First, Middle Initial, Last) _____ SOCIAL SECURITY NUMBER _____

3. YOUR DAYTIME TELEPHONE NUMBER (If there is no telephone number where you can be reached, you may leave a message for you.)

Area Code _____ Phone Number _____

Your Number Message Number None

4. a. Where do you live? (Check one.)

House Apartment Boarding House Nursing Home

Shelter Group Home Other (Where?) _____

b. With whom do you live? (Check one.)

Alone With Family With Friends

Other (Describe relationship.) _____

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

(10-2016) Page 1
Printed on Recycled Paper

Do not use this area to list what is wrong (e.g. back pain, leg pain), instead tell us how both mental & physical problems limit the ability to function on a daily basis (at home and at work).

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You can use this space to give additional information that is not asked in questions

SECTION C - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? Yes No

If "YES," for whom do you care, and what do you do for them?

8. Do you take care of pets or other animals? Yes No

If "YES," what do you do for them?

9. Does anyone help you care for other people or animals? Yes No

If "YES," who helps, and what do they do to help?

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

11. Do the illnesses, injuries, or conditions affect your sleep? Yes No

If "YES," how?

12. PERSONAL CARE (Check here if NO PROBLEM with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:

Dress _____

Bathe _____

Care for hair _____

Shave _____

Feed self _____

Use the toilet _____

Other _____

Form SSA-3373-BK (10-2016) UF (10-2016) Page 2

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c. Do you have any problems getting along with family, friends, neighbors, or others? Yes No
If "YES," explain.

d. Describe any changes in social activities since the illness, injuries, or conditions began.

SECTION D - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

<input type="checkbox"/> Lifting	<input type="checkbox"/> Walking	<input type="checkbox"/> Stair Climbing	<input type="checkbox"/> Understanding
<input type="checkbox"/> Squatting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Seeing	<input type="checkbox"/> Following Instructions
<input type="checkbox"/> Bending	<input type="checkbox"/> Kneeling	<input type="checkbox"/> Memory	<input type="checkbox"/> Using Hands
<input type="checkbox"/> Standing	<input type="checkbox"/> Talking	<input type="checkbox"/> Completing Tasks	<input type="checkbox"/> Getting Along With Others
<input type="checkbox"/> Reaching	<input type="checkbox"/> Hearing	<input type="checkbox"/> Concentration	

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift (how many pounds), or you can only walk (how far))

b. Are you: Right Handed? Left Handed?

c. How far can you walk before needing to stop and rest?
If you have to rest, how long before you can resume walking?

d. For how long can you pay attention?

e. Do you finish what you start? (For example, a conversation, chore, reading, watching a movie.) Yes No

f. How well do you follow written instructions? (For example, a recipe.)

g. How well do you follow spoken instructions?

Form SSA-3373-BK (10-2015) UF (10-2015) Page 6

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h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers.)

i. Have you ever been fired or laid off from a job because of problems getting along with other people? Yes No
If "YES," please explain.

If "YES," please give name of employer.

j. How well do you handle stress?

k. How well do you handle changes in routine?

l. Have you noticed any unusual behavior or fears? Yes No
If "YES," please explain.

21. Do you use any of the following? (Check all that apply.)

<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Walker	<input type="checkbox"/> Brace/Splint	<input type="checkbox"/> Glasses/Contact Lenses
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Artificial Limb	<input type="checkbox"/> Artificial Voice Box
<input type="checkbox"/> Other (Explain)		

Which of these were prescribed by a doctor?

When was it prescribed?

When do you need to use these aids?

Form SSA-3373-BK (10-2015) UF (10-2015) Page 7

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Additional Thoughts


- Detailed descriptions for all questions are helpful. Details can make a big difference.
- Providing "why" you cannot do a particular function is very informative. For example:
 - Don't just say you shop for 2 hours, tell us how you shop
 - Do you use an electric chair?
 - Do you lean on a buggy?
 - Do you take breaks to sit while shopping?

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Additional Thoughts


- Long letters from the claimant are not normally helpful unless they describe specific ways they are limited by their impairment(s).
- Consistency is important. For example, if you indicate you have “no trouble” getting along with others and then check the “trouble getting along with others” box, this will require a phone call to the claimant.

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Additional Thoughts

- Checking boxes without clarification is not very helpful.
- Legible writing is important.

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Disability Report - Child

**SSA-3820-BK
& Function Reports**

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Disability Report - Child

SSA-33820-BK



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Internet Disability Report - Child

- The Internet Disability Report - Child (i3820) provides the public with the ability to complete the form online.
- Users can complete the i3820 over multiple sessions using an automatically assigned reentry number.
- The i3820 will calculate the age of the child based on the information entered on the screening page to ensure that the child is under age 18.



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Internet Disability Report - Child

- The child must meet these requirements:
 - Has a social security number
 - Has not attained age 18, and
 - Has not been denied disability benefits within the past 60 days, and
 - Lives in one of the 50 States, the District of Columbia, or the Northern Mariana Islands (applicant and child).



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Internet Disability Report - Child

- Users are directed to a link to the PDF version of the SSA-827.
- They are instructed to print, sign, date, and return the SSA-827s to the local SSA office.
- Use the [Office Locator](#) on our Contact Page for local SSA office information.

ssa.gov/agency/contact

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SOCIAL SECURITY ADMINISTRATION Form SSA-3820-BK (03-2017) UF	Form Approved OMB No. 2980-0577 Page 1 of 12
DISABILITY REPORT - CHILD	
SECTION 1 - INFORMATION ABOUT THE CHILD	
A. CHILD'S NAME (First, Middle Initial, Last)	S. CHILD'S SOCIAL SECURITY NUMBER
C. YOUR NAME (If agency, provide name of agency and contact person)	
YOUR MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route)	
CITY	STATE ZIP CODE
D. YOUR DAYTIME PHONE NUMBER (If you do not have a phone number where we can reach you, give us a daytime number where we can leave a message for you.)	
Area Code Number	Your Number Message Number None
E. What is your relationship to the child?	
F. Can you speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what is your preferred language?	
NOTES: If you cannot speak and understand English, we will provide you an interpreter, free of charge. If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages? <input type="checkbox"/> YES (Enter name, address, phone number, relationship) <input type="checkbox"/> NO	
NAME RELATIONSHIP TO CHILD	
ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)	
City State ZIP Area Code Number	DAYTIME PHONE
G. Can you read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
H. Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", with whom does the child live?	
NAME RELATIONSHIP TO CHILD	
ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)	
City State ZIP Area Code Number	DAYTIME PHONE
I. Can this person speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what is this person's preferred language?	
Can this person read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Form SSA-3820-BK (03-2017) UF	Page 2 of 12
SECTION 1 - INFORMATION ABOUT THE CHILD	
H. Can the child speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what language can the child speak?	
If the child understands any other languages, list them here:	
I. What is the child's height (without shoes)?	
What is the child's weight (without shoes)?	
J. Does the child have a medical assistance card? (for example Medicaid, Medi-Cal) <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", show the number here:	
SECTION 2 - CONTACT INFORMATION	
A. Does the child have a legal guardian or custodian other than you?	
<input type="checkbox"/> YES (Enter name, address, phone number, relationship) <input type="checkbox"/> NO	
NAME	
ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)	
City State ZIP	DAYTIME PHONE NUMBER
Area Code Number	RELATIONSHIP TO CHILD
Can this person speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what is this person's preferred language?	
Can this person read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Is there another adult who helps care for the child and can help us get information about the child if necessary?	
<input type="checkbox"/> YES (Enter name, address, phone number, relationship) <input type="checkbox"/> NO	
NAME OF CONTACT	
ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)	
City State ZIP	DAYTIME PHONE NUMBER
Area Code Number	RELATIONSHIP TO CHILD
Can this person speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO", what is this person's preferred language?	
Can this person read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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SECTION 3 - THE CHILD'S ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT HIM/HER

A. What are the child's disabling illnesses, injuries, or conditions?

B. When did the child become disabled? Month Day Year

C. Do the child's illnesses, injuries or conditions cause pain or other symptoms? YES NO

SECTION 4 - INFORMATION ABOUT THE CHILD'S MEDICAL RECORDS

A. Has the child been seen by a doctor/hospital/clinic or anyone else for the illnesses, injuries or conditions? YES NO

B. Has the child been seen by a doctor/hospital/clinic or anyone else for emotional or mental problems? YES NO

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Form SSA-3820-BK (03-2017) UF Page 4 of 12

SECTION 4 - INFORMATION ABOUT THE CHILD'S MEDICAL RECORDS

Tell us who may have medical records or other information about the child's illnesses, injuries or conditions.

C. List each DOCTOR/MO/THERAPIST/OTHER. Include the child's next appointment.

1. NAME DATES

STREET ADDRESS FIRST VISIT

CITY STATE ZIP LAST VISIT

PHONE Patient ID # (if known) NEXT APPOINTMENT

Area Code Number

REASONS FOR VISITS

WHAT TREATMENT WAS RECEIVED?

2. NAME DATES

STREET ADDRESS FIRST VISIT

CITY STATE ZIP LAST VISIT

PHONE Patient ID # (if known) NEXT APPOINTMENT

Area Code Number

REASONS FOR VISITS

WHAT TREATMENT WAS RECEIVED?

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Form SSA-3820-BK (03-2017) UF Page 5 of 12

SECTION 4 - INFORMATION ABOUT THE CHILD'S MEDICAL RECORDS

DOCTOR/MO/THERAPIST/OTHER

3. NAME DATES

STREET ADDRESS FIRST VISIT

CITY STATE ZIP LAST VISIT

PHONE Patient ID # (if known) NEXT APPOINTMENT

Area Code Number

REASONS FOR VISITS

WHAT TREATMENT WAS RECEIVED?

If you need more space, use Section 10.

D. List each HOSPITAL/CLINIC. Include the child's next appointment.

1. HOSPITAL/CLINIC TYPE OF VISIT DATE IN DATE OUT

NAME INPATIENT STAYS (Stayed at least overnight) OUTPATIENT VISITS (Self home same day) EMERGENCY ROOM VISITS

STREET ADDRESS DATE FIRST VISIT DATE LAST VISIT

CITY STATE ZIP DATES OF VISITS

PHONE Area Code Number

Next appointment The child's hospital/clinic number

Reasons for visits

What treatment did the child receive?

What doctors does the child see at the hospital/clinic on a regular basis?

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Form 85A-3820-8K (03-2017) UF Page 9 of 12

SECTION 8 - EDUCATION

A. Is the child currently enrolled in any school? YES, grade: _____ NO, too young
 NO, other reason (complete B)

B. Other reason the child is not enrolled in school:

C. List the name of the school the child is currently attending and give dates attended. If the child is no longer in school, list the name of the last school attended and give dates attended.


NAME OF SCHOOL _____
ADDRESS _____
(Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)
City _____ County _____ State _____ ZIP _____
PHONE NUMBER Area Code Number _____

DATES ATTENDED _____
TEACHER'S NAME _____

Has the child been tested for behavioral or learning problems? YES NO
If "YES", complete the following:
TYPE OF TEST _____ WHEN DONE _____
TYPE OF TEST _____ WHEN DONE _____

Is the child in special education? YES NO
If "YES", and different from above, give:
NAME OF SPECIAL EDUCATION TEACHER _____

Is the child in speech/language therapy? YES NO
If "YES", and different from above, give:
NAME OF SPEECH/LANGUAGE THERAPIST _____



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Form 85A-3820-8K (03-2017) UF Page 10 of 12

SECTION 8 - EDUCATION

D. List the names of all other schools attended in the last 12 months and give dates attended.

NAME OF SCHOOL _____
ADDRESS _____
(Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)
City _____ County _____ State _____ ZIP _____
PHONE NUMBER Area Code Number _____

DATES ATTENDED _____
TEACHER'S NAME _____

Was the child tested for behavioral or learning problems? YES NO
If "YES", complete the following:
TYPE OF TEST _____ WHEN DONE _____
TYPE OF TEST _____ WHEN DONE _____

Was the child in special education? YES NO
If "YES", and different from above, give:
NAME OF SPECIAL EDUCATION TEACHER _____


Was the child in speech/language therapy? YES NO
If "YES", and different from above, give:
NAME OF SPEECH/LANGUAGE THERAPIST _____

If there are other schools, show them in Section 10.

E. Is the child attending Daycare/Preschool? YES NO
If "YES", complete the following:

NAME OF DAYCARE/ PRESCHOOL/CAREGIVER _____
ADDRESS _____
(Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)
City _____ County _____ State _____ ZIP _____
PHONE NUMBER Area Code Number _____

DATES ATTENDED _____
TEACHER/CAREGIVER'S NAME _____



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Form 85A-3820-8K (03-2017) UF Page 11 of 12

SECTION 9 - WORK HISTORY

A. Has the child ever worked (including sheltered work)? YES NO
If "YES", complete the following:


DATES WORKED _____
NAME OF EMPLOYER _____
ADDRESS _____
(Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)
City _____ County _____ State _____ ZIP _____
PHONE NUMBER Area Code Number _____
NAME OF SUPERVISOR _____

B. List job title, and briefly describe the work and any problems the child may have had doing the job.

SECTION 10 - DATE AND REMARKS

Please give the date you filed this disability report.
Date (MM/DD/YYYY) _____

Use this section for any additional information about your child.



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Form SSA-3620-0R (03-2017) UP Page 12 of 12

SECTION 10 - REMARKS

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Our Cover Letter

- In order to obtain a more detailed description of your daily activities, it is necessary you complete the enclosed Function Report.
- A friend or relative may assist you.
- A postage-paid return envelope or label is enclosed for your convenience.
- FAX reports to (DDS)

continued...

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Our Cover Letter

Please fax cover letter and Function Report together for reports to be properly associated into our SSA system. You Must Always use the Request Letter with the barcode as your cover (top/first) sheet.

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Additional Thoughts

- Detailed descriptions for all questions are helpful. Details can make a big difference.
- Providing “why” your child cannot do a particular function is very informative. For example:
 - Don't just say you plays for 2 hours, tell us how the child plays:
 - Does the child play well with other children?
 - Does the child experience shortness of breath while playing?



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Additional Thoughts

- Long letters from the parent / guardian are not normally helpful unless they describe specific ways the child is limited by their impairment(s).
- Consistency is important. For example, if you indicate child has “no trouble” getting along with others and then check the “trouble getting along with others” box, this will require a phone call to clarify.



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Completing Function Report Child

SSA-3375-BK
thru SSA-3379-BK


***Typically mailed by DDS within 30 days of receipt of claim**



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Function Reports - Child

Form	Age Based
SSA-3375-BK	Birth to 1 st Birthday
SSA-3376-BK	Age 1 to 3 rd Birthday
SSA-3377-BK	Age 3 to 6 th Birthday
SSA-3378-BK	Age 6 to 12 th Birthday
SSA-3379-BK	Age 12 to 18 th Birthday



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SSA-3375-BK Function Report – Child Birth to 1st Birthday



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SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0990-0062

FUNCTION REPORT - CHILD BIRTH TO 1st BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

I. A. Print NAME OF CHLD:

FIRST _____

MIDDLE _____

LAST _____

B. Child's SOCIAL SECURITY NUMBER: _____

C. Child's DATE OF BIRTH: _____

Month/Day/Year

D. PERSON COMPLETING FORM

NAME: _____

RELATIONSHIP TO CHILD: _____

DATE FORM COMPLETED: _____

Month/Day/Year

DAYTIME TELEPHONE NUMBER (including Area Code): _____

MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route): _____

CITY _____ STATE _____ ZIP CODE _____

Form SSA-3375-BK (02-2015) of (02-2015)
Use (05-2005) of (12-2005) edition until exhausted

Page 1

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SECTION 3 - REMARKS

Form SSA-3376-BK (02-2015) of (02-2015) Page 5

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SSA-3376-BK Function Report – Child Age 1 to 3rd Birthday

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Form SSA-3376-BK (10-2017) LF
Discontinue Prior Editions
Social Security Administration

Page 3 of 9
OMB No. 0945-0042

FUNCTION REPORT - CHILD AGE 1 TO 3rd BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

1. A. First NAME OF CHILD:

FIRST	MIDDLE	LAST

B. Child's SOCIAL SECURITY NUMBER:

C. Child's DATE OF BIRTH:

Month/Day/Year

D. PERSON COMPLETING FORM

NAME:

RELATIONSHIP TO CHILD:

DATE FORM COMPLETED:

Month/Day/Year

DAYTIME TELEPHONE NUMBER (including Area Code):

MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):

CITY	STATE	ZIP CODE

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SSA-3378-BK Function Report – Child Age 6 to 12th Birthday



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Form SSA-3378-BK (10-2017) U/P
Discontinue Prior Editions
Social Security Administration

Page 3 of 12
OMB No. 0960-0042

FUNCTION REPORT - CHILD AGE 6 TO 12th BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print NAME OF CHILD:

FIRST	MIDDLE	LAST

B. Child's SOCIAL SECURITY NUMBER:

C. Child's DATE OF BIRTH:

Month/Day/Year

D. PERSON COMPLETING FORM

NAME:

RELATIONSHIP TO CHILD:

DATE FORM COMPLETED:

Month/Day/Year

DAYTIME TELEPHONE NUMBER (including Area Code):

MAILING ADDRESS (Number and Street, Apt. No. (if any), P. O. Box, or Rural Route):

CITY	STATE	ZIP CODE

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Form SSA-3378-BK (10-2017) U/P

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SECTION 2 - FUNCTION DETAILS

2. A. Does the child have problems seeing?

YES (Continue)

NO (Go to 2.B.)

If "yes," please mark **exactly** statement below that is **generally** true about the child:

Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:

Child cannot be fitted for glasses or contact lenses. Explain:

Child has other seeing problems. If so, please describe:

B. Does the child have problems hearing?

YES (Continue)

NO (Go to 2.C.)

If "yes," please mark **exactly** statement below that is **generally** true about the child:

Child uses hearing aid(s). If the child has problems hearing even with a hearing aid(s) OR has trouble using a hearing aid, please explain:

Child cannot be fitted for hearing aid(s).

Child has other hearing problems. If so, please describe:

Child uses American Sign Language.

Child reads lips.

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Form SSA-3379-BK (10-2017) LIF Page 11 of 12

2. I. Is the child's ability to pay attention and stick with a task limited?


YES (Continue)
 NO (Go to 2.J.)
 NOT SURE (Continue)

If "yes" or "not sure," please tell us what the child does or can do by checking "yes" or "no" for each of the following:

Yes No Keeps busy on his/her own
 Yes No Finishes things he or she starts
 Yes No Works on arts and crafts projects (draws, paints, knits, does woodwork)
 Yes No Completes homework
 Yes No Completes chores most of the time

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to pay attention and stick with a task:


J. Please tell us anything else about the child that you think we should know.



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Form SSA-3379-BK (10-2017) LIF Page 12 of 12

SECTION 3 - REMARKS



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SSA-3379-BK
Function Report – Child
Age 12 to 18th Birthday



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Social Security Express

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•The Social Security Express Icon initiative where we team up with local community organizations (e.g. Veterans Administrations, Health and Human Services, Libraries, Retirement Homes, etc.) to install an icon shortcut to [ssa.gov](https://www.ssa.gov) on their existing public computers started in **November 2013**.

•The Icon offers a choice of quick or full service menu options to select various eServices, such as My Social Security.

- There are no additional costs to the Agency.

<https://mwww.ba.ssa.gov/online services/Gservices/>

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Social Security cares about your personal information. We have a robust cybersecurity program in place to help us protect your personal information. We want you to know that because you are accessing the Social Security Administration's (SSA) online services on a computer at a non-SSA location, SSA is not responsible for the protection of your personal information associated with your use of **this** computer.

As with the use of any public computer, enter all personal information (e.g. Social Security number, federal taxpayer information, personal health information, etc.) at your own risk. In order to help protect your personal information, please remember to log off and close your internet browser session. SSA is not liable for damages incurred due to any access to or disclosure of your personal information related to your use of this computer.

To learn more about our commitment to your security [click here](#).

[Continue in English](#)

<https://mwww.ba.ssa.gov/online services/Gservices/>

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- Electronic Records Express offers electronic options for submitting health and school records related to disability claims. ERE allows submission of records via:
 - Online to Social Security's secure website, or
 - By fax
- All ERE options are free of charge.

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- The website has restricted access.
- Authorized users assigned user ID and password.
- ERE Help Desk (866) 691-3016; email is electronic-records-express@ssa.gov
- Website: <https://mwww.ba.ssa.gov/ere/>



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Appeals




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Disagree With The Medical Decision?




If you recently applied for Social Security or Supplemental Security Income disability benefits and were denied for medical reasons, you may file an appeal within **60 Days** of the date of your decision notice.

You can appeal online and can check the status using your personal and secure **my Social Security account.**




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History and Background of *i*Appeals



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Background of the *i*Appeal

SSA developed *i*Appeals to meet:

- public demand for more Internet services
- requirements of Government Paperwork Elimination Act of 1998

The ***i*Appeal** allows most claimants who are appealing **medical** or **non-medical** decisions to complete and submit:

- /561 – online Request for Reconsideration
- /501 – online Request for Hearing by Administrative Law Judge
- /520 – online Request for Appeals Council Review
- /3441– online Disability Report – Appeal



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Benefits of the *i*Appeal



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Benefits

- Simple instructions
- Guides user through process
- Printable receipt
- Reduces delays
- Saves time
- Saves money
- Single submission
- Minimizes follow-ups

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*i*Appeals Hours of Operation

Monday-Friday: 5 a.m.-1 a.m.
Saturday: 5 a.m.-11 p.m.
Sunday: 8 a.m.-11:30 p.m.

For technical issues, call 1-800-772-1213
Monday-Friday
7 a.m.-7 p.m. (EST)

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The *i*Appeal Process

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Getting Ready to Complete an *i*Appeal

Gather client's personal information:


- Name, Social Security number, address, and phone number
- Date of denial decision
- Representative's name, address, and phone number



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Getting Ready to Complete an *i*Appeal

Gather client's updated medical information

- Description of any changes to medical condition(s) and any new conditions
- Name, address, phone number of all new medical providers, visit dates, treatments, medicine (prescription or over-the-counter), and tests
- Description of any change in daily activities, work, and education




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Attachment Utility

- Claimants and third party representatives can submit attachments with *i*Appeal.
- Users may upload any form, including:
 - Claimant's Appointment of Representative (SSA-1696)
 - Fee agreement
 - Authorization to Disclose Information to the Social Security Administration (SSA-827)
 - Questionnaire for Children Claiming SSI Benefits (SSA-3881)
 - Good Cause for late filing statement
 - Additional medical evidence
- All signatures must be originals.



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Attachment Utility Tips

- Limits: maximum of 10 files. Cannot exceed 50 MB combined
- Acceptable file types: .doc, .docx, .tif, .tiff, and .pdf
- Password-protected files cannot be processed

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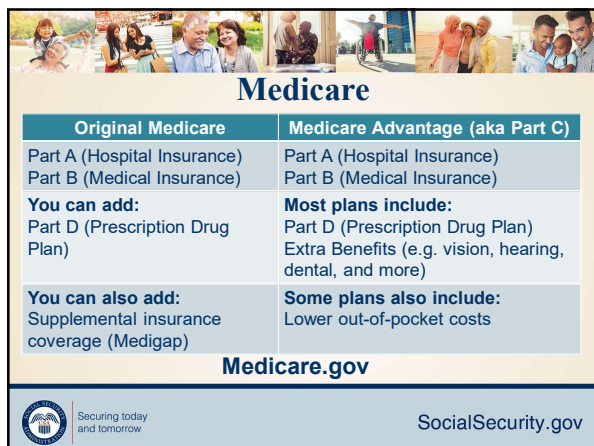
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Medicare

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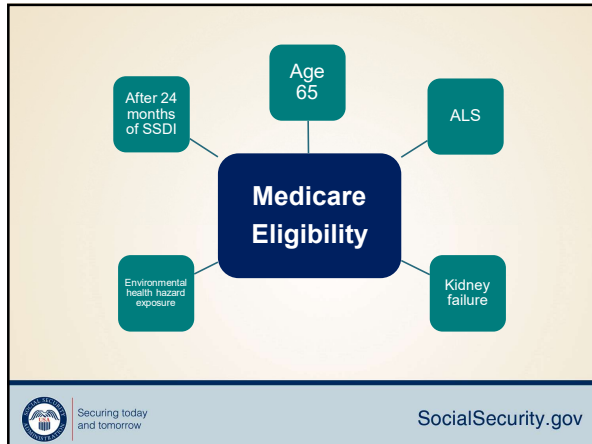
Medicare

Original Medicare	Medicare Advantage (aka Part C)
Part A (Hospital Insurance) Part B (Medical Insurance)	Part A (Hospital Insurance) Part B (Medical Insurance)
You can add: Part D (Prescription Drug Plan)	Most plans include: Part D (Prescription Drug Plan) Extra Benefits (e.g. vision, hearing, dental, and more)
You can also add: Supplemental insurance coverage (Medigap)	Some plans also include: Lower out-of-pocket costs

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Medicare Part B Coverage

If you enroll in this month of your initial enrollment period:	Then your Part B Medicare coverage starts:
One to three months before you reach age 65	The month you reach age 65
The month you reach age 65	One month after the month you reach age 65
One month after you reach age 65	Two months after the month of enrollment
Two or three months after you reach age 65	Three months after the month of enrollment

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How to File for Part B in SEP

If you have Medicare Part A and wish to add Part B under a Special Enrollment Period, you have one of three options:


1. Online application
2. Fax completed forms to 1-833-914-2016
3. Mail completed forms to local Social Security office

If faxing or mailing, download fillable forms from www.ssa.gov/forms:

1. CMS-40B (Application for Enrollment in Medicare – Part B)
2. CMS-L564* (Request for Employment Information)

***If employer cannot sign CMS-L564, SSA may accept other evidence.**

ssa.gov/benefits/medicare



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Expedite Part B with Online Application

1. Complete online application, "Apply Online for Medicare Part B During a Special Enrollment Period".
2. Upload documentation from list of acceptable evidence to verify coverage under Group Health Plan (GHP) or Large Group Health Plan (LGHP).
3. A digital signature and email address are required.
 - Once you submit application, you will receive an email.
 - You must respond to instructions in email before SSA processes your application.

Note: If you and your spouse are both applying for Part B under an SEP, you must file separate applications.

ssa.gov/Medicare-PartB-SEP



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Medicare Coverage

Part A

- Covers most inpatient hospital expenses
- 2021 Deductible \$1,484

Part B


- Covers 80% of doctor's bills & other outpatient medical expenses after the first \$203 in approved charges
- 2021 Standard Monthly Premium \$148.50

Medicare Advantage (aka Part C)

- Health care services through a provider organization.

Part D

- Covers a major portion of prescription drug costs



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Medicare Standard Part B Premiums for 2021

If you're single and file an individual tax return, or married and file a joint tax return:

Modified Adjusted Gross Income (MAGI)	Part B monthly premium amount	Prescription drug plan monthly premium amount
Individuals with a MAGI of \$88,000 or less Married couples with a MAGI of \$176,000 or less	2021 standard premium = \$148.50	Your plan premium is \$0
Individuals with a MAGI above \$88,000 up to \$111,000 Married couples with a MAGI above \$176,000 up to \$222,000	Standard premium + \$59.40	Your plan premium + \$12.30
Individuals with a MAGI above \$111,000 up to \$138,000 Married couples with a MAGI above \$222,000 up to \$276,000	Standard premium + \$148.50	Your plan premium + \$31.80
Individuals with a MAGI above \$138,000 up to \$165,000 Married couples with a MAGI above \$276,000 up to \$330,000	Standard premium + \$237.60	Your plan premium + \$51.20
Individuals with a MAGI above \$165,000 up to \$500,000 Married couples with a MAGI above \$330,000 up to \$750,000	Standard premium + \$326.70	Your plan premium + \$70.70
Individuals with a MAGI equal to or greater than \$500,000 Married couples with a MAGI equal to or greater than \$750,000	Standard premium + \$356.40	Your plan premium + \$77.10



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The screenshot shows the MyMedicare.gov homepage. The main heading is "MyMedicare.gov Help". Below it, there are navigation tabs: "Getting Started", "Accounts Services", "Claims Menu", "My Health", "Plans & Coverage", "MSP & MSA", "Security & Privacy", and "Customer Service". The "Getting Started" tab is selected. The content area includes a "Getting Started" section with a "Registering online" link and a "Benefits" section with a "Signing in for the first time" link. A list of benefits of using MyMedicare.gov is provided, including checking Medicare information, finding eligibility, and managing a prescription drug list. At the bottom, there is a "Start your online registration" link and the Social Security logo.

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The image compares a "Current Medicare Card" and a "NEW Medicare Card". The current card is for JANE DOE, born 09-09-1948, with Medicare Number 000-000000-A. The new card is for JOHN L SMITH, born 07-07-1948, with Medicare Number 1EG4-TE5-MK72. The new card features a red banner that says "New Card! New Number! Mailing in 2018". Both cards show the Medicare Health Insurance logo and the Social Security logo. At the bottom, the text "1-800-MEDICARE or Medicare.gov" is displayed, along with the Social Security logo and the text "Securing today and tomorrow".

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SSDI Work Incentives

Helping you return to work -

Trial Work Period (TWP): 9 months (not necessarily consecutive) in a rolling 60-month period.

Extended Period of Eligibility (EPE): 36-month period following the TWP. Benefits paid for months below the substantial gainful activity (SGA) level (\$1,310). Payment suspension for months over the SGA level. Payment restarts if work level is under SGA.


Medicare Continuation: 93 months following TWP



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SSI Work Incentives

- **Earned Income Exclusion:** \$65 & ½ remaining
- **Student Earned Income Exclusion (under 22):**
2021: \$1,930/month (max: \$7,770/year)
- **Medicaid While Working - Section 1619(b)**
- **Blind Work Expenses**



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SSDI and/or SSI Employment Supports

Contents

- Impairment-Related Work Expenses (IRWE)
- Subsidies and Special Conditions
- Unsuccessful Work Attempt (UWA)
- Expedited Reinstatement (EXR)
- Plan to Achieve Self-Support (PASS)
- Ticket to Work (TTW)



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Substantial Gainful Activity

- “Substantial gainful activity” (SGA) is a term used to describe a level of work activity and earnings. We generally use earnings guidelines to evaluate whether your work activity is SGA.
- If the impairment is anything other than blindness, earnings in 2021 averaging over **\$1,310** a month generally demonstrate SGA.
- The SGA amount in 2021 for blind individuals is \$2,190.
- SSI only uses SGA as a measure of work during initial claims.
- SSDI uses SGA throughout the life of the claim.

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SSDI Only Employment Supports

Contents

- Trial Work Period (TWP)
- Extended Period of Eligibility (EPE)
- Continuation of Medicare Coverage
- Medicare for Persons with Disabilities Who Work

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Trial Work Period (TWP)

- Allows SSDI beneficiaries time to **test their ability to work**
- **9 Months**, not necessarily consecutive
- “Rolling” **60 month** period
- **Full SSDI** benefit continues regardless of earnings
- Months over **\$940** in gross earnings (2021) or more than 80 hours of self employment are considered TWP months.
- Cannot begin before the month of entitlement or the month of filing, whichever is later.


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Extended Period of Eligibility (EPE)

- The EPE begins the month after the Trial Work Period (TWP) ends, even if you are not working that month.
- The first **36 months** of the EPE is the re-entitlement period.
- During the re-entitlement period:
 - if work or monthly earnings are below SGA, benefits are payable;
 - if work or monthly earnings are above SGA, benefits are suspended.
- EPE ends with the later of:
 - the month before the first month of SGA earnings after the re-entitlement period, or
 - the second month after the month of disability cessation due to SGA.



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Extended Period of Eligibility (EPE)

Cessation Month and Grace Period:

- Cessation Month - the first month work or monthly earnings exceed SGA after the end of the TWP
- Grace Period - the two months immediately following the cessation month


> NOTE: Benefits are paid for the cessation month and the grace period, whether or not the beneficiary is earning over SGA.




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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017				TWP	TWP	TWP	TWP	TWP	TWP	TWP	TWP	TWP
				1	2	3	4	5	6	7	8	9
2018	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE
	1	2	3	4	5	6	7	8	9	10	11	12
	Cess	Grace	Grace									
2019	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE
	13	14	15	16	17	18	19	20	21	22	23	24
2020	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE
	25	26	27	28	29	30	31	32	33	34	35	36
2021	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE	EPE
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Continuation of Medicare Coverage

- Although cash benefits may cease due to work, continued health insurance is possible.
- Most beneficiaries who work will continue to receive at least **93 consecutive months** of Part A; Part B (if enrolled); and Part D (if enrolled). There is no premium for Part A.
- The 93 months start the month after the last month of the TWP.
- To qualify, beneficiary must already have Medicare and be working at SGA level but not medically improved.

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Medicare for Persons with Disabilities Who Work

After premium-free Medicare coverage ends due to work, a disabled individual may buy continued Medicare coverage as long as he/she remains medically disabled.

To qualify, the individual:

- must be under age 65, and
- continue to have a disabling impairment, and
- Medicare must have stopped due to work.

Hospital Insurance (Part A) is available for \$471.00 per month in 2021; (\$259 if you paid Medicare taxes for 30-39 credits). Supplemental Medical Insurance (Part B) is available for \$148.50 per month in 2021.

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SSI Only Employment Supports

Contents

- Earned Income Exclusion
- Student Earned Income Exclusion (SEIE)
- Special SSI Payments for Persons Who Work - Section 1619(a)
- Medicaid While Working - Section 1619(b)


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Earned Income Exclusion


- SSI does not count the first \$65 of the earnings received in a month, plus one-half of the remaining earnings. This means we count **less than one-half of earnings** when we figure the SSI payment amount.
- We apply this exclusion in addition to the \$20 general income exclusion.
- We apply the \$20 general income exclusion first to any unearned income received.



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SSI Example - Part time job (2021)


- You earn **\$885 a month** (no other income):
 - Wages \$885
 - \$ 20 (general income exclusion)
 - \$ 65 (earned income exclusion)

\$800 divided by 2 = **\$400** countable income

\$794 (SSI maximum)

- \$400 (countable income)


\$394 SSI check + \$885 wages = \$1279 total



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Student Earned Income Exclusion (SEIE)

If you are under age 22 and **regularly attending school**, we do not count up to **\$1,930** of your earned income per month when we figure the SSI payment amount. The maximum yearly exclusion for 2021 is **\$7,770**.

"Regularly Attending School" means:


- in a college or university for at least 8 hours a week, or
- in grades 7-12 for at least 12 hours a week, or
- in a training course to prepare for employment for at least 12 hours a week (15 hours a week if the course involves shop practice), or
- for less time than indicated above for reasons beyond the student's control, such as illness, or
- home schooling, if instructed in grades 7-12 for at least 12 hours a week.



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Special SSI Payments for Persons Who Work - Section 1619(a)

You can receive **SSI** cash payments **even when** earned income is at the Substantial Gainful Activity (**SGA**) level. This provision eliminates the need for the trial work period or extended period of eligibility under SSI.

To qualify, you must:

- have been eligible for an SSI payment for at least 1 month before working at the SGA level, and
- still be disabled, and
- meet all other eligibility rules, including income and resource tests.


Under 1619(a), a beneficiary can receive their gross income from wages, an SSI payment (calculated based on wages) and Medicaid.



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Medicaid While Working – Section 1619(b)

How does it work?

- After you return to work, Medicaid coverage can continue (if needed to work), even if your earnings become too high for an SSI cash payment.
- If your state provides Medicaid to persons on SSI, you will continue to be eligible for Medicaid. Each state has a Medicaid threshold. In **Texas**, the **2021** threshold is **\$47,676**.


Do you need to apply?
You do **not** need to file a special application; just keep us up to date on your work activity.



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Medicaid While Working – Section 1619(b)

After you return to work, Medicaid coverage can continue, even if your earnings become too high for an SSI cash payment.

To qualify, a beneficiary must meet **ALL** of the following:

- was eligible for an SSI cash payment for at least 1 month
- would be **eligible for cash payment except for earnings**
- still be **disabled**
- meet all other eligibility rules, including the **resources test**
- **need Medicaid in order to work**
- have gross earned income that is insufficient to replace SSI, Medicaid, and any publicly funded attendant care

Under 1619(b), a beneficiary will receive income from gross wages and Medicaid but no SSI payment.



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Reinstating SSI Eligibility Without a New Application

How does it help you?

- If you have been ineligible for Supplemental Security Income (SSI) payments **due to your work**, you may be able to restart your SSI cash payments again at any time without a new application.
- If you have been ineligible for SSI and/or Medicaid for **any reason** other than work or medical recovery, you may be able to restart your SSI cash payment and/or Medicaid coverage within 12 months without a new application.
- When your situation changes, contact us and ask about how you can restart your SSI benefits and/or Medicaid.



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Special SSI Rule for Blind People Who Work

- There is a special rule to help people who work and receive Supplemental Security Income (SSI) based on blindness.
- This rule allows a blind person to **exclude** from earned income **all expenses** that enable the person to work.
- The expense does not need to be related to the blindness.
- *Examples:* service animal, transportation to/from work, taxes, meals eaten at work, medical, attendant, etc.....



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SSDI and/or SSI Employment Supports

Contents


- Impairment-Related Work Expenses (IRWE)
- Subsidies and Special Conditions
- Unsuccessful Work Attempt (UWA)
- Expedited Reinstatement (EXR)
- Plan to Achieve Self-Support (PASS)
- Ticket to Work (TTW)



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Impairment-Related Work Expenses (IRWE)

We deduct the cost of certain impairment-related items and services that are needed to work from gross earnings when we decide if your work is SGA.

Example:
Beneficiary is earning \$1350.00 per month in gross wages. His monthly co-pay for his disability related medications is \$50.00.

$\$1350 - \$50 = \$1300$ - This is countable income when determining SGA.



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Impairment-Related Work Expenses (IRWE)

Type of Expense	Example
Transportation Costs	The cost of structural or operational modifications to vehicle that is needed to travel to work. The cost of driver assistance or taxicabs if public transportation is not available or not accessible.
Attendant Care Services	Services performed in the work setting. Services performed to help prepare for work, the trip to and from work and after work.
Service Animals	Expenses paid in owning a guide dog or other service animal that enables beneficiary to overcome functional limitations in order to work.
Medical Devices	Deductible devices include wheelchairs, dialysis equipment, pacemakers, respirators, traction equipment, and braces.
Prosthesis	Artificial hip, artificial replacement of an arm, leg, or other parts of the body.
Residential Modifications	Employed outside of home - modifications to exterior to permit access to the street or transportation. Self-employed at home - modifications inside to create workspace to accommodate impairment.
Prescription Drugs	Regularly prescribed medical treatment or therapy that is necessary to control disabling condition. This includes co-payments and insurance deductibles.
Other Items and Services	Assistive technology that people with disabilities use for employment-related purposes; such as software applications, computer support services, and special tools which have been specifically designed to accommodate the person's impairment.



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IRWE Example:

Mr. Smith receives **SSDI** benefits due to **blindness**. He works and earns \$2,100 gross a month. He has the following work expenses:

- Pays \$125 a month for union dues and insurance;
- Pays \$75 a month for heart medication; and
- Pays \$350 a month to a special transportation service needed to get to and from work due to disabling condition.

Although Mr. Smith has expenses of \$550 a month, only the \$350 of his earnings for the special transportation service are *related to his impairment* and not counted in determining the amount of his SSDI benefit as follows: (Normally, public transportation is not an IRWE.)


$\$2,100 - \350 (impairment-related work expense) = $\$1,750$ (below the 2021 blind SGA amount of \$2,190)

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Expedited Reinstatement (EXR)

What is EXR?
 EXR is your safety net if your cash benefits end because of your work. If you make less money or you have to stop working because of your disability, we may be able to restart your benefits right away if:

- you **stop working above the SGA** level, and
- your **disability is the same as or related** to your current disability, and
- you make your request **within 5 years** of when your benefits end.

How does EXR help you?


- The EXR provision allows you to receive up to 6 months of temporary cash benefits while we conduct a medical review to decide if we can reinstate your benefits. You may also be eligible for Medicare and/or Medicaid during this provisional benefit period.



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Plan to Achieve Self-Support (PASS)


What is a PASS?

- A PASS is a plan for your future that allows you to use your income or resources to help you reach your work goals. For example, you could set aside money to go to school to get specialized training for a job or to start a business.

A PASS may benefit you if:

- You want to work.
- You get SSI (or can qualify for SSI by having this plan) because you're disabled or blind.
- You **have other income and/or resources to use** to pursue a job or start a business.

The objective of a PASS is to help disabled individuals find employment that reduces or eliminates SSI or SSDI benefits.



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Plan to Achieve Self-Support (PASS)

What kinds of expenses can a PASS help pay for?


- School or training expenses - tuition, fees, books, and supplies
- Uniforms, special clothing, safety equipment, tools
- Attendant care or child care expenses
- Transportation for work
- Employment services such as a job coach
- Supplies or equipment to start a business



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Plan to Achieve Self-Support (PASS)

Example: SSDI excluded under an approved PASS

- Maria wants to go to school and become a paralegal.
- She receives \$800 in SSDI benefits.
- Maria's employment goal needs to be expected to generate enough income to eliminate SSDI - (have expected earnings over \$1,310 per month SGA for 2021).
- Maria determines she needs \$780 per month for tuition, books, and school supplies. We can deduct the \$780 in school expenses from her SSDI benefit and deduct the remaining \$20 (general exclusion) so that her SSDI benefit is not countable income and she is eligible for the full SSI payment of \$794 (for 2021).
- Maria must use the SSI payment of \$794 for living expenses and use the PASS funds of \$780 for approved plan expenses.



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Ticket to Work (TTW)


- A Ticket provides access to **free employment services**, vocational rehabilitation (VR) services, and other support services you may need to get or keep a job.
- It is a **free and voluntary** service.
- **No Medical review** while your ticket is "In Use"
- Call the *Ticket to Work Helpline* at **1-866-YOURTICKET** (866-968-7842) (TTY 1-866-833-2967), or go online at: www.chooseworkttw.net



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Responsibilities When Beneficiary Returns to Work

Notify Social Security of any changes in work activity:

- Start or stop work;
- Work has been reported but duties, hours, or pay have changed;
- Start paying for expenses that are needed to work due to the disability.

Report changes in work activity by phone, fax, or mail.

Call 1-800-772-1213 between 8 a.m. and 7 p.m. Monday-Friday.
TTY 1-800-325-0778



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Wage Reporting

For SSDI and SSI recipients, you can report wages through:

- your personal **my Social Security** account;
- calling a field office;
- mailing/faxing the information; or
- calling the Teleservice Center.

Note: SSI recipients can also report wages via the mobile wage reporting application and the telephone wage reporting service.




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myWageReport (myWR)

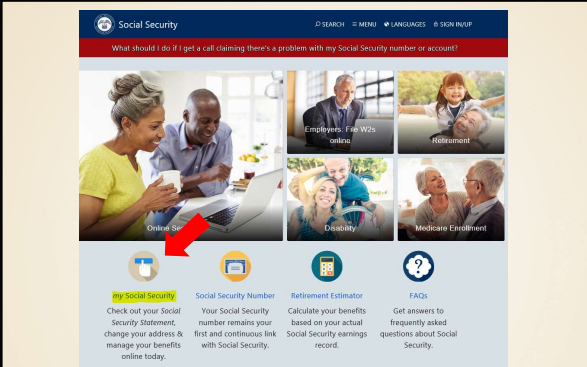
- Available behind the **my Social Security** account portal
- Automated wage reporting application for **SSDI, SSI, and concurrent** beneficiaries
- Rep Payee and SSI deemors may use this app
- Reporters using this tool provide information from individual **pay stubs**
- Once entered, the information is passed on to the SSDI and SSI systems



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The screenshot shows the Social Security website interface. At the top, there is a navigation bar with 'Social Security', a search bar, and links for 'MENU', 'LANGUAGES', and 'SIGN IN/UP'. Below this is a red banner with the text: 'What should I do if I get a call claiming there's a problem with my Social Security number or account?'. The main content area features a grid of service tiles: 'Online ID' (with a red arrow pointing to the 'my Social Security' tile), 'Social Security Number', 'Retirement Estimator', and 'FAQs'. Each tile includes a brief description of the service. At the bottom, there is a footer with the Social Security logo and the text 'Securing today and tomorrow' and 'SocialSecurity.gov'.



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my Wage Report

1st
Notify SSA of
employment
& EIN

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SSI Mobile Wage Reporting (SSIWMR)

- Allows individuals to report monthly wages using mobile smartphone technology
- Accepts monthly wage reports from both SSI-only and concurrent recipients, rep payees and deemors
- Accepts wage reports for a **prior month** on any day during the current reporting month

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SSI Telephone Wage Reporting (SSITWR) 1-866-772-0953

- Automated monthly wage reporting system
- Allows recipients, their representative payee, and deemors to call a toll free number to report the prior month's gross wages: **1-866-772-0953**
- Accepts wage reports submitted for the **prior month** on any day during the current reporting month
- A successful wage report results in the gross wage amount automatically posting to the SSI claims system

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my Social Security Services

If you receive benefits or have Medicare, you can:

- Opt out of mailed notices for those available online;
- Request a replacement Social Security card if you meet certain requirements;
- Report your wages if you work and receive Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) benefits;
- Get a benefit verification letter as proof that you are getting benefits;
- Check your benefit and payment information and your earnings record;
- Change your address and phone number;
- Start or change direct deposit of your benefit payment;
- Submit your advance designation of representative payee request;
- Request a replacement Medicare card; and
- Get a replacement SSA-1099 or SSA-1042S for tax season.

ssa.gov/myaccount/what.html



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my Social Security Services

If you do not receive benefits, you can:

- View retirement benefit estimates at different ages or dates when you want to start receiving benefits;
- View possible spouse's benefits;
- Request a replacement Social Security card if you meet certain requirements;
- Check the status of your application or appeal;
- Get a benefit verification letter as proof that you are not getting benefits;
- Get your Social Security Statement to review:
 - Estimates of your future retirement, disability, and survivor benefits;
 - Your earnings once a year to verify the amounts that we posted are correct; and
 - The estimated Social Security and Medicare taxes you've paid.

ssa.gov/myaccount/what.html



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Advance Designation of Representative Payees

What is it?

- Effective March 2020, Advance Designation of Representative Payees allows you to designate in advance up to three individuals who could serve as a representative payee for you, should the need arise.

Who is it for?

- Adult and emancipated minor applicants and beneficiaries of Social Security or Supplemental Security Income, who do not have a representative payee



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**Enhanced Security for your
my Social Security Account**

We recently added a second method to check the identification of account holders when you register or sign in. This is in addition to the first layer of security, your username and password. You will be able to choose either your cell phone or your email address as your second identification method.



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**Enhanced Security for your
my Social Security Account (cont.)**

Each time you sign in to your account, you will complete two steps:

Step 1: Enter your username and password.

Step 2: Enter the security code we send by text message or email, depending on your choice (cell phone provider text message and data rates may apply).

If a user does not have a text-enabled cell phone, or does not wish to provide their cell phone number, they will need to use their email address as a second identification method instead.



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How to Open a *my* Social Security Account

1. Visit ssa.gov/myaccount
2. Select: "Sign In or Create an Account"
3. Provide some personal information to verify your identity (answer "out of wallet" questions)
4. Choose a username and password
5. Select how to receive a security code every time you access your account (text or email)



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You **can** assist someone in creating a **my Social Security** account if they: are with you;

- have their own email address;
- can answer the "out of wallet" questions; and
- have been appointed a payee.

You **cannot** create a **my Social Security** account on behalf of another person by using another person's information or identity, even if you have that person's written permission.

For example, you cannot create an account for another person:

- with whom you have a business relationship;
- for whom you are a representative payee; or
- for whom you are an appointed representative.



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You can visit your local field office to obtain a unique activation code.

You will need to bring in proof of identity in one of the following forms (must be current):

- State driver's license or identity card;
- U.S. passport or passport card;
- U.S. military identification; or
- U.S. government employee identification card.



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We're With You Through Life's Journey



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Q&A Session

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Third Party Filing
DIB and SSI Application Training

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