SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0437

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION	2. DDS CODE	3. FILING DATE	4. SSN	BIC (if CDB or DWB CLAIM)
DDS ☐ ODO ☐ DPB ☐ DQB ☐ OIO ☐			– –	

5. NAME AND ADDRESS OF CLAIMANT (include ZIP Code)

6. WE'S NAME *(IF CDB OR DWB CLAIM)*

7. TYPE CLAIM (Title II)
DIB ☐ FZ ☐ DWB ☐ CDB-R ☐ CDB-D ☐ RD-R ☐ RD-D ☐ RD ☐ P-R ☐ P-D ☐ MQFE ☐

8. TYPE CLAIM (Title XVI)
☐ DI ☐ DS ☐ DC ☐ BI ☐ BS ☐ BC

9. DATE OF BIRTH	10. PRIOR ACTION	11. REMARKS
	☐ PD ☐ PT	

12. DISTRICT-BRANCH OFFICE ADDRESS (include ZIP Code)	DO-BO CODE

13. DO-BO REPRESENTATIVE	14. DATE	11A. Presumptive ☐ Disability	11B. ☐ Impairment

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

15. CLAIMANT DISABLED	16A. PRIMARY DIAGNOSIS	BODY SYS.	CODE NO.	16B. SECONDARY DIAGNOSIS	CODE NO.
A. ☐ Disability Began					
B. ☐ Disability Ceased					

17. DIARY TYPE	MO./YR.	REASON

18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)/(216)(i)
A. ☐ Not Disab. for Cash Bene. Purp. B. ☐ Disab. for Cash Benefit Purp. Beg.

19. CLAIMANT NOT DISABLED
A. ☐ Through Date of Current Determination B. ☐ Through _____ C. ☐ Before Age 22 (CDB only)

20. VOCATIONAL BACKGROUND	OCC YRS.	ED YRS.	21. VR ACTION	SC IN	SC OUT	Prev Ref
			A. ☐	B. ☐	C. ☐	

22. REG-BASIS CODE	23. MED LIST NO.	24. MOB CODE	25. REVISED DET ☐

25A. Initial A. ☐ Recon B. ☐ Recon DHU C. ☐ ALJ Hearing D. ☐ Appeals Council E. ☐ U.S. District Court F. ☐

26. LIST NO.	A.	B.	C.	D.	E.	F.

27. RATIONALE ☐ See Attached SSA-4268-U4/C4 ☐ Check if Vocational Rule Met. Cite Rule

28. A. ☐ Period of Disability B. ☐ Disability Period C. ☐ Estab Beg _____ AND D. ☐ Continues E. ☐ Term _____

29. LTR/PAR NO.	30. DISABILITY EXAMINER-DDS	31. DATE	32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE	33. DATE

32A. PHYSICIAN OR MEDICAL SPEC. NAME *(Stamp, Print or Type)*	32B. SPEC. CODE

34. REMARKS	MULTIPLE IMPAIRMENTS CONSIDERED
	34A. COMBINED MULTIPLE NONSEVERE-SEVERE
	34B. COMBINED MULTIPLE NONSEVERE-NONSEVERE

35. BASIS CODE	36. REV. DET. CODES	37. SSA REPRESENTATIVE	SSA CODE	38. DATE

Form **SSA-831 C3/U3** (12-2001) ef (01-2006)

Electronic Input: ☐ DECISION ☐ CASE CONTROL

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PRIVACY ACT/PAPERWORK ACT NOTICE

We are authorized to collect this information under Sections 221 (a) and (b) of the Social Security Act and Sections 404.1615(d) and 416.1015 (d) of the Code of Federal Regulations. The information will be used to determine eligibility for benefits and for program evaluation and management. You are not required to complete this form, however, failure to do so could affect the claimants eligibility for benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

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