

**Addendum to the Supporting Statement for Form SSA-3441  
Disability Report-Appeal  
20 CFR 404.1512 & 416.912, 20 CFR, 404.916(c) & 416.1416(c), and 20 CFR 405,  
Subpart C & 20 CFR 422.140  
OMB No. 0960-0144**

**Revision to the Collection Instrument**

SSA is revising the language on page 8 of the SSA-3441 to maintain consistency on our forms. OMB approved the following language on page 10 of the SSA-3368 (0960-0579):

"Name of person completing this form **if other than the disabled person**".

SSA is making the same change to page 8 of the SSA-3441m by adding the phrase shown in bold above. The revised language is attached as a PDF.