

Social Security
Online

Disability Report - Appeal

www.socialsecurity.gov

Sign Off

About You

Medical History

Review and Send

Name: **John Public**
SSN: 743-99-4184

About You: Updated Information

Please tell us about changes in your illnesses, injuries, or conditions **since you last completed a Disability Report**. Look at the medical decision notice you received in the mail if you are not sure what you already told us. If you previously filed an Internet report, please refer to any pages you saved or printed.

You must answer all of the questions on this page before you can continue. We will ask you to explain some of your "yes" answers.

Your Conditions Since You Last Completed a Disability Report

Has there been any change (for better or worse) in any of your conditions? Yes No

Examples: blood pressure has gotten higher, asthma is worse

Do you have any new physical or mental limitations as a result of your conditions? Yes No

Examples: can't walk without a walker now; can't take gym class

Do you have any new illnesses, injuries, or conditions? Yes No

Examples: had a stroke, developed glaucoma, diagnosed with ADHD

Your Work and Training Since You Last Completed a Disability Report

Have you worked?

Yes No

If yes, we will contact you for more information.

Have you completed any type of special job training, trade or vocational school?

Yes No

Examples: Auto mechanics, cosmetology, computer courses

Have you received Vocational Rehabilitation services or participated in the Ticket-to-Work program?

Yes No

See revision

See revised language on the following page (R1)

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Have you participated, or are you participating in:

Yes No

an individual work plan with an employment network under the Ticket to Work Program;
an individualized plan for employment with a vocational rehabilitation agency or any other organization;
a Plan to Achieve Self-Support;
an individualized education program through an educational institution (if a student age 18-21); or
any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

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About You: Vocational Rehabilitation or Ticket-to-Work Program

See revised language on the following page (R2)

You said earlier that you have participated in a vocational rehabilitation or ticket-to-work program. If this is not correct, you can

Information from Vocational Rehabilitation helps us understand your conditions more fully. Please give as much information as you can so we can contact the correct organization. If you cannot find the complete address, fill in whatever information you can that might help us find your records. We need to know the dates of your visits **since you last completed a Disability Report** and a description of any tests and/or services you were given.

See revision

or Instructor
Counselor Name:

(First, Last)
or School

Agency Name:

The text to the left will be revised as indicated.

If you don't know the exact name, tell us as closely as you remember.

Address:

If you don't have the full street address, give us as much as you can. Be sure to include the city and state. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

(Street Address 1)

(Street Address 2)

(Street Address 3)

(City, State, ZIP)

Phone Number: () -

About You: Vocational Rehabilitation, Employment, Other Support Services Information, or Individualized Education Program

You said earlier that you have participated in a work plan; employment plan; plan for achieving self-support; individualized education program; or other program providing vocational rehabilitation, employment services, or other support services to help you go to work. If this is not correct, you can

Change Your Answer

Information from such a plan, program, or school helps us understand your condition(s) more fully. Please give us as much information as you can so we can contact the correct organization or school. If you cannot find the complete address, fill in whatever information you can that may help us find your records. We need to know the dates of your visits or attendance **since you last completed a Disability Report** and a description of any tests and/or services you were given or classes you attended.

Extension:

Appointment Dates

These dates tell us for what period of time to request your records.

When did you first go?

When did you last go?

When is your next appointment?

If not scheduled, enter None.

Types of Services, Tests, or Evaluations Performed:

Examples: IQ tests, aptitude tests, job placement, job coaching, workshops or classes.

The text to the left will be revised as indicated.

1000 characters maximum. This is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

Count Characters | You have entered 0 characters

Employment, Older Support Services Information, or Individualized Education

Check here if you want to add another Vocational Rehabilitation or Ticket-to-Work Program

The text to the above will be revised as indicated.

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