

i3368PRO
AB003:

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3368PRO/i3368PROPages/ab003.html>


AB004:

Sign Off Edit Organization Profile Help/FAQ

John Public xxx-xx-3001
Alleged Onset: **03/04/2002** Work Status: **Never worked**
Condition(s): Cancer.

Important: Describe John Public's Conditions

Items marked with an asterisk (*) are required.

*** Describe each of the claimant's listed conditions that limit his/her ability to work.**  You indicated you have cancer. In the text area below please add the type and stage of the cancer.

(500 characters maximum. About 10 lines. If you need more space, continue in the Remarks section at the end of this report.)

Count Characters You have entered 5 characters

Check Spelling

*** Explain how the claimant's condition(s) limit his/her ability to do basic work activities such as sitting, lifting and carrying things, standing, walking, concentrating, or remembering instructions.**

(500 characters maximum. About 10 lines. If you need more space, continue in the Remarks section at the end of this report.)

Count Characters You have entered 4 characters

*** Explain how the following items limit the claimant's ability to work.**

- Pain
- Fatigue
- Feeling depressed

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3368PRO/i3368PROPages/ab004.html>

i3369:
AY005-SWCW

Adult Disability and Work History Report

Sign Off | **About You** | Medical History | Work/Education | Review and Send

Name: **John Public**
SSN: xxx-xx-3000

About You: Your Illnesses, Injuries, or Conditions

Please tell us about all of your illnesses, injuries, or conditions (referred to from here on as conditions) that limit your ability to work.

- If you have more than one condition, list and describe each of them.
- Use your own words if you do not know the medical names.
- Include all physical, mental, or emotional conditions, including any major complications resulting from your condition.
- We will consider these conditions whether or not you have been receiving treatment.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

You must answer all of the questions on this page before you can continue. We will ask you for more information about these conditions later.

List ALL the conditions that limit your ability to work.

Examples: Back injury, Arthritis, Diabetes, Glaucoma, Depression, Blind

1. Cancer
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

When did any of the above first interfere with your ability to work?

January 1, 2007

Enter the closest date you can remember.
Examples: June 2001; 6/2/01; June 2, 2001; Dec 2, 2001; at birth; summer 2001; 6??/02; etc.

Do any of the above ever cause... Yes No

Current screenshot on SNAPP:
<http://eis.ba.ssa.gov/snapp/screenshots/i3369/i3369Pages/ay005-swcw.html>

Social Security Online
www.socialsecurity.gov

Sign Out | **About You** | Medical History | Work/Education | Review and Send

Name: **John Public**
SSN: xxx-xx-3000

About You: Important: Describe Your Conditions


You listed these condition(s) that limit your ability to work:

Cancer

This is one of the most important pages in the report. You can help your case by giving us a detailed description of all of your conditions, and any symptoms that limit your ability to work. Please do not assume that your condition is self-explanatory. Different people with the same condition have different symptoms and complications. One person may need leg braces, another needs crutches and still another needs a wheelchair. No one knows better than you how this condition affects you, and your ability to work.

Please answer each of the questions below in your own words. If you are not sure how much information to give us, please review the examples.

Tell us more about your condition(s).

 You indicated you have cancer. In the text area below please add the type and stage of the cancer.

500 Characters Maximum. This is about 10 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

[Example](#)

Tell us how your condition(s) limit your ability to do basic work activities such as sitting, lifting and carrying things, concentrating, or remembering instructions.

500 Characters Maximum. This is about 10 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

[Example](#)

Count Characters You have entered 0 characters

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3369/i3369Pages/ay006-swcw.html>

i3820:
AC008:

The screenshot shows a web browser window with the Social Security Online interface. The page title is "Child Disability Report" and the user is identified as John Public Jr. with SSN xxx-xx-3000. The form is titled "About the Child: About John Public Jr's Illnesses, Injuries, or Conditions".

Instructions for the user:

- Please tell us about all of John Public Jr's illnesses, injuries, and conditions (referred to from here on as conditions):
- If John Public Jr has more than one condition, **list and describe each of them**.
- Use your own words if you do not know the medical names.
- Include **all** physical, mental, and emotional conditions, including learning disabilities and behavioral problems.
- We will consider these conditions whether or not John Public Jr has been receiving treatment.

A warning message with a yellow triangle icon states: "You indicated you have cancer. In the text area below please add the type and stage of the cancer."

List and describe ALL of John Public Jr's disabling conditions.

Your answer can be no more than 1000 characters, which 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

Cancer

[Examples of Condition Descriptions](#) Check Spelling

When did John Public Jr become disabled? April 27 2008

Enter the closest date you can remember.

Do any of the above ever cause pain or other symptoms? Yes No

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3820/i3820Pages/ac008.html>