

Social Security
Online

Child Disability Report

www.socialsecurity.gov

Education and Work

Name: Frank Doe
SSN: 743-99-4143

Education and Work: About Frank Doe's Education and Work History

We may contact all the schools that Frank Doe attended over the last 12 months. Schools are excellent sources of important information.

Schools

Has Frank Doe ever attended school (including daycare, preschool, Headstart, home school, Public, Private or other educational programs)? Yes No

Vocational Rehabilitation

Has Frank Doe received Vocational Rehabilitation or other employment support services to help him or her go to work? Yes No

Work History

Has Frank Doe ever worked (including sheltered work)? Yes No

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Social Security
Online

Child Disability Report

www.socialsecurity.gov

[Home
Search](#)

[Questions?](#)

[How to Contact Us?](#)

Welcome!

To complete a Child Disability Report on behalf of a child applying for Supplemental Security Income (SSI) disability benefits, you need to:

- give us information about the child's medical conditions, medical records, education, and work history and
- contact Social Security to complete an application for SSI benefits.

You can complete the Child Disability Report online but you **must** contact us to complete the SSI application. The SSI application can't be completed online. You can apply in person or over the phone, or get more information about SSI and this application process.

Using the online Child Disability Report gives you:

- security and privacy for the child's information
- step by step instructions and examples to help you complete the report
- a process to collect information that applies to the child, similar to the interview process in a Social Security office
- the ability to work at your own pace, stopping when you want and coming back to finish later




Applying in Person or Over the Phone

If you prefer not to do this report on the Internet, you can use any of the following ways to complete a Disability Report:

- Call our toll-free number, **1-800-772-1213**. Explain that you want to file an SSI application on behalf of a child. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday

through Friday from 7 a.m. to 7 p.m.

- Go to your local Social Security Office and ask to file an SSI application on of the child.
- If you have a working printer, print a paper Disability Report-Child from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Acrobat Reader to open and print it. If you don't have Adobe Acrobat Reader your computer you can download it at <http://www.adobe.com/accessibility/index.html>.
- If you live outside the United States, see Service Around the World.

More Information About SSI and this Process

How the Supplemental Security Income Application Process Works
The Definition of Disability for Children Applying for SSI
Internet Security Policy
The Privacy Act Statement
Social Security's Accessibility Policy



[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)



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Child Disability Report

About This Internet Form

Using Social Security Online Services

Using the online Child Disability Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the disability report.
- A process to collect information that applies to you, similar to the interview process in a Social Security office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

To complete this report you will need:

- Internet access
- A personal computer with a Web browser that supports 128-bit encryption
- Adobe Acrobat Reader - to download a free copy, go to <http://www.adobe.com/accessibility/index.html>.

Privacy Information

The Social Security Administration has access to the information you provide on this report and is authorized to keep even partially completed reports. This is for the purpose of helping you complete the application process or update your information. If you have decided you want to continue, you can start the report now, or, if you are undecided, you may do so at a later time. For more information about completing this report online or other services provided by the Social Security Administration, please call our toll-free number shown below.

Paperwork Reduction Act

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and

Budget control number. We estimate that it will take you an average of 120 minutes to respond, but total time required will depend upon the number of questions you need to answer.

You may send comments on our estimate of the time needed to complete the Child Disability Report to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send comments relating to our time estimate to this address, not the completed report.

The OMB approval number for the Internet Child Disability Report is 0960-0577; expiration date 07/31/2007.

Contacting Social Security by Phone

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Child Disability Report

What You Will Need

The online Child Disability Report will ask for information about the child, the child's medical history, and the child's education and work history. The list below shows details about what you will need:

About the Child

- The child's full name, Social Security Number, and date of birth.
- Your (the applicant's) name, address, telephone number, and e-mail address if you have one.
- The name, address, and telephone number of someone else who knows about the child's illnesses, injuries, or conditions (referred to from here on as "condition" or "conditions").
- A description of the child's conditions, including when they began and how they limit the child's daily activities.

Education and Work History (if applicable)

- The names, addresses, and telephone numbers for all schools or educational facilities that the child has attended in the last 12 months.
- The type of behavioral or learning test(s) that the child had, and when the test(s) was done.
- A description of the child's last job, if he or she has worked.

Medical History

- The names, addresses and telephone numbers for all doctors, hospitals, and clinics that the child has seen for his or her conditions, the dates of and reasons for the visits.
- Name(s) of any medical test(s) that the child had, when and where the test(s) was done, and who ordered it.
- Name(s) of each prescription medicine(s) that the child takes and the doctor(s) who prescribed it.

- Name(s) of any non-prescription medicine(s) that the child takes.

For us to decide if the child is disabled under Social Security Law, you must give enough information so that we can contact the child's doctors and hospitals to get child's medical records. It is important that you give us the names, addresses, and of treatment for all the child's doctors and hospitals. You do not have to get the records.



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[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)

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Social Security
Online

www.socialsecurity.gov

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Education and Work

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Yes No

Contact SSA | How to Move Around This Report

Social Security
Online

Child Disability Report

www.socialsecurity.gov

Education and Work

Name:
SSN:

Education and Work: More About 's Education History

You told us earlier that is not currently enrolled. If this is not correct, please

What is the highest grade that completed?

Please explain why is not enrolled in school now:

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 form.
Examples:

- quit school
- expelled from school
- too disabled to go to school.

You have entered 0 characters

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Online

www.socialsecurity.gov

Child Disability Report



Medical History

Name: Frank Doe
SSN: 743-99-4143

Medical History: Additional Sources of Testing or Examination

Has Frank Doe been tested or examined by any of the following?

Headstart (Title V) Yes No I don't know

Public or Community Health Department Yes No I don't know

Child Welfare or Social Service Agency Yes No I don't know

Women, Infants and Children (WIC) Program Yes No I don't know

Program for Children with Special Health Care Needs Yes No I don't know

Mental Health/Mental Retardation Center Yes No I don't know



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Internet Appeal

1501
(

Name: John Public
SSN: xxx-xx-0285

Request for Hearing by Administrative Law Judge

Please enter your Appeal Request Information.

Items marked with an asterisk (*) are required.

Claimant Name: John G Public

(First, Middle, Last)

*** Claimant Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

*** (Street Line 1)**

(Street Line 2)

(Street Line 3)

(Street Line 4)

*** (City, State, ZIP Code)**

21087

Claimant Telephone Number:

Example: (111) 222-3333

Claimant Fax Number:
(if known)

Claimant Social Security Number (SSN): xxx-xx-0285

Claimant Claim Number:
(If different from SSN):
What is the Claim Number?

Wage Earner Name
(If different from Claimant):

Suffix (if any)

(First, Middle, Last)
Who is the Wage Earner?

I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

*** I disagree with the determination made on my claim because:**

Count Characters You have entered 0 characters

An Administrative Law Judge of the Social Security Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

*** I have additional evidence to submit:** Yes No

If yes, you will be asked to give us the name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more information about how to submit additional evidence, use the link Submitting Additional Evidence.

Do you wish to appear at a hearing?

*** Select one answer:** I wish to appear at a hearing.
 I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver of Your Right to Personal Appearance Before an ALJ, HA-4608.)

You have a right to be represented at the hearing. Use this link if you want to know [more about representatives.](#)

*** Do you currently have a representative?** Yes No

*** Select one answer:** I am completing this form as the Claimant.
 I am completing this form as the Claimant's Representative.

Select the Continue button to review your information before sending it to the Social Security Administration. Select the Previous button if you want to review the previous page of instructions.

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Name: Frank Doe

SSN: xxx-xx-4170



Medical History: Other Medical Records

Although this does not apply to everyone, some people may have relevant medical records in other places. These other records may contain important information that we need to consider in evaluating Frank Doe's disability application.

Note: Do not repeat any places you already told us about in this form (i.e., doctors' offices or hospitals).

Have you received services from other organizations that would have your medical records?

Yes No

Does anyone else have medical records or information about Frank Doe's illnesses, injuries or conditions (foster parents, social workers, counselors, tutors, school nurses, detention centers, attorneys, insurance companies, and/or worker's compensation), or is scheduled to see anyone else?

Yes No

Previous Page

Continue