



# Adult Disability Report

Kelly G. Anderson xxx-xx-1234

- Overview
- Identification
- Medical
- Work/Education
- Remarks
- Review
- Submit

Overview

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## Overview

This Disability Report is one step in the disability claim process described below. After you submit this report electronically, we will give you the opportunity to complete the application for Social Security benefits online.

### Steps in the Disability Claim Process:

- **Disability Report** (about 90 minutes) - provides us with medical and work history
- **Medical Release Form (Authorization to Disclose Information to the Social Security Administration)** (about 5 minutes) - allows us to get information from your medical sources
- **Disability Application** (about 15 minutes) - provides us with information regarding eligibility for payment

**Note:** Print and review the [Adult Disability Checklist](#) so you know what information you need to begin the Disability Report. (The Adult Disability Checklist requires [Adobe Reader](#) to open and print it.)

If you have not already done so, refer to [How to Move Around in This Report](#) to understand how to navigate and work with the Disability Report.

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## Overview

This Disability Report is one step in the disability claim process described below. You have already completed the Disability Application.

### Steps in the Disability Claim Process:

- **Disability Application** - You have already completed the Disability Application
- **Disability Report** (about 90 minutes) - provides us with medical and work history
- **Medical Release Form (Authorization to Disclose Information to the Social Security Administration)** (about 5 minutes) - allows us to get information from your medical sources

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Overview	Identification	<b>Medical</b>	Work/Education	Remarks	Review	Submit
Conditions	Doctors	Hospitals/Clinics	Tests	Medicines	Other Records	<b>Medical Release</b>

<<[P]revious      [N]ext >>

## Medical Release Form

In order to make a decision about your disability claim, we need to obtain your:

- Medical records
- Education records
- Other information related to your ability to perform tasks

We will help get your records if you give us permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.

Read the [Medical Release Form](#) and make a selection below.

**I voluntarily authorize and request disclosure of all my medical records; also education records and other information related to my ability to perform tasks.**

I agree to **electronically sign** the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)

I agree to **print, sign and mail a paper copy** of the Medical Release Form after submitting my completed Adult Disability Report. I understand this may delay the processing of my disability claim.

[S]ign Off (finish later)      <<[P]revious      [N]ext >>



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  - Medical Release**

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**This may delay processing of your disability claim. To electronically sign, change your selection above.**

[S]ign Off (finish later)

<<[P]revious

[N]ext >>

<input type="button" value="Add Medicine"/>	
<b>Other Medical Records</b>	
<input type="button" value="Edit"/>	No Other Medical Records listed
<input type="button" value="Add Medical Record"/>	
<b>Medical Release</b>	
<input type="button" value="Edit"/>	I agree to electronically sign the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)

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<b>Work/Education</b>	
<b>Introduction</b>	
<input type="button" value="Edit"/>	Currently working? No, I have never worked
<b>Work Activity</b>	
<input type="button" value="Edit"/>	Date became unable to work: 03/04/2011
<b>Job History</b>	
Not applicable	
<b>Education</b>	
<input type="button" value="Edit"/>	Highest grade of school completed: 12th grade Approximate date completed: 1986 Any special training, trade, or vocational school: No Special education classes or other education services: No

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**Other Medical Records**

No Other Medical Records listed

**Medical Release**

I agree to print, sign and mail a paper copy of the Medical Release Form after submitting my completed Adult Disability Report. I understand this may delay the processing of my disability claim.

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## Work/Education

**Introduction**

Currently working? No, I have never worked

**Work Activity**

Date became unable to work: 03/04/2011

**Job History**

Not applicable

**Education**

Highest grade of school completed: 12th grade  
Approximate date completed: 1986  
Any special training, trade, or vocational school: No  
Special education classes or other education services: No

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# Adult Disability Report

Overview	Identification	Medical	Work/Education	Remarks	Review	Submit
Printing Instructions	Submit	Receipt	Next Steps			

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## Printing Instructions

**Do you have a working printer right now?**

Yes     No

### Working Printer Directions

Print or save this page for your records. Note: If you choose to save this page, save it as a file and not as a bookmark. [More Info](#)

[Print this page...](#)

Your claim for disability benefits is very important to us. Help us start work on the claim as soon as possible by taking all the following steps.

#### What You Need To Do Next:

1. **Select the Next button to electronically submit the Disability Report and the Medical Release Form.**
2. If you already have copies of your medical records, you can send or bring them to your local Social Security office with the [Cover Sheet](#). However, we do not recommend that you delay submission of this report by requesting medical records yourself. We can do this for you.

#### Your local Social Security office:

SOCIAL SECURITY ADMINISTRATION  
1010 Park Ave  
Suite 200  
Baltimore, MD 21201  
(866) 931-9942

#### If you have printing problems:

Please try again. If you still are unable to print, continue on and submit this report by selecting the Next button.

[Print this page...](#)

[S]ign Off (finish later)

<< [P]revious      [N]ext >>

## Printing Instructions


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Yes  No

### Working Printer Directions

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 [Print this page...](#)

Your claim for disability benefits is very important to us. Help us start work on the claim as soon as possible by taking all the following steps. Even though this is an online report, there is still paperwork involved. (The Medical Release Form (Authorization to Disclose Information to the Social Security Administration) requires [Adobe Reader](#) to open and print it.)

#### What You Need To Do Next:

1. Print the [Cover Sheet](#).
2. Print, sign, and date the [Medical Release Form](#) (Authorization to Disclose Information to the Social Security Administration). (View [instructions](#) for completing this form.)
3. **Select the Next button to electronically submit this Disability Report**
4. Mail or bring the Cover Sheet and signed and dated Medical Release Form to your local Social Security office listed below. DO NOT take these forms to your doctor.

#### Your local Social Security office:

SOCIAL SECURITY ADMINISTRATION  
1010 Park Ave  
Suite 200  
Baltimore, MD 21201  
(866) 931-9942

If you already have copies of your medical records, you can send or bring them to us with the Cover Sheet and Medical Release Form. However, we do not recommend that you delay submission of this report by requesting medical records yourself. We can do this for you.

#### If you have printing problems:

Please try again. If you still are unable to print, continue on. Contact Social Security at the address and phone number listed above to tell us that you could not print the Medical Release Form.

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# Adult Disability Report

## Cover Sheet

 [Print this page...](#)

I have completed the Adult Disability Report and the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) online.

I understand that the full Adult Disability Report that I completed over the Internet and sent to SSA electronically will be used in making a decision on my claim for disability benefits.

### **Kelly G. Anderson's address is:**

400 Cathedral St.  
Apt 7A  
Baltimore, MD 21201

### **Kelly G. Anderson's phone number is:**

410-644-6789  
Alternate phone 443-799-6692

### **Name and address of someone else SSA can contact who knows about**

#### **Kelly G. Anderson's condition:**

Chris Anderson  
400 Cathedral St.  
Apt 7A  
Baltimore, MD 21201

I have attached the following items:

(Check all that apply.)

Copies of Medical Records You Already Have

Other (Please list below.)

**Name of person completing this disability report:** Kelly G. Anderson


### **Mail or bring to:**

SOCIAL SECURITY  
SUITE 200  
1010 PARK AVE  
BALTIMORE, MD 21201



## Adult Disability Report

### Cover Sheet

 [Print this page...](#)

I have completed the Adult Disability Report online.

I understand that the full Adult Disability Report that I completed over the Internet and sent to SSA electronically will be used in making a decision on my claim for disability benefits.

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400 Cathedral St.  
Apt 7A  
Baltimore, MD 21201

**Kelly G. Anderson's phone number is:**

410-644-6789  
Alternate phone 443-799-6692

**Name and address of someone else SSA can contact who knows about**

**Kelly G. Anderson's condition:**

Chris Anderson  
400 Cathedral St.  
Apt 7A  
Baltimore, MD 21201

I have attached the following items:

(Check all that apply.)

- Medical Release Form (Authorization to Disclose Information to the Social Security Administration)
- Copies of Medical Records You Already Have
- Other (Please list below.)

**Name of person completing this disability report:** Kelly G. Anderson

**Mail or bring to:**

SOCIAL SECURITY  
SUITE 200  
1010 PARK AVE  
BALTIMORE, MD 21201



# Adult Disability Report

Kelly G. Anderson    xxx-xx-1234

Overview

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Printing Instructions

Submit

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Next Steps

[R]eturn to review

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Submit

## Submit Adult Disability Report and Medical Release Form

You are ready to submit this report and the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) electronically to Social Security. If you were not able to complete all parts of the report, don't worry. We will contact you if we need any more information.

### When you press "Submit":

- You submit your Adult Disability Report and Medical Release Form
- Your name and the date appear in the signature box of the Medical Release Form
- You can print your report receipt and Medical Release Form

**IMPORTANT:** You will NOT be able to come back to this report online after you press the Submit button.

If you want to make changes after submitting the online Disability Report and Medical Release Form, you can contact the Social Security office.

If you are ready to submit, use the Submit button.

[S]ign Off (finish later)

<< [P]revious

Submit

<b>Other Medical Records</b>
No Other Medical Records listed
<b>Medical Release</b>
I agree to electronically sign the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)
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<b>Work/Education</b>
<b>Introduction</b>
Currently working? No, I have never worked
<b>Work Activity</b>



# Adult Disability Report

Kelly G. Anderson xxx-xx-1234

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## Receipts for Your Records

Thank you for completing the Adult Disability Report and the Medical Release Form (Authorization to Disclose Information to the Social Security Administration).

**Print or save this page and the Medical Release Form for your records.** If you choose to save this page, save it as a file and not as a bookmark. [More info](#)

1. [Print this page...](#)
2. [Print the Medical Release Form](#)

**Your Online Adult Disability Report and electronically signed and dated Medical Release Form were received on June 6, 2011 at 11:49:00 am Eastern Time.** We will process them at your local Social Security office.

### What to Expect:

- It takes about 120 days to make a disability decision. Every case is different. We may take more or less time on your case.
- We may contact you for more information while we work on your case.
- If we need more medical evidence, we may ask you to see a doctor for a special exam free of charge.

### Contact us immediately to report:

- A change of address or phone number
- Visit to a new doctor
- A new medical test
- A change in medical condition
- A change in work activity.

### To Contact Social Security:

- Call our toll-free number, **1-800-772-1213**. 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., or
- Contact your local Social Security office at the address below

SOCIAL SECURITY ADMINISTRATION  
 1010 Park Ave  
 Suite 200  
 Baltimore, MD 21201  
 (866) 931-9942

Identification
Applicant Name: <b>Kelly G. Anderson</b> Social Security Number: <b>988-77-1234</b> Date of birth: <b>February 19, 1968</b>
Report Completer
I am completing this disability report for myself
Applicant's Personal Information
Other Names Used on Medical or Educational Records: <b>No</b> Preferred Language: <b>English</b> Mailing Address: <b>400 Cathedral Street, Apt 7A, Baltimore, MD 21201</b> Daytime Phone: <b>410-644-3211</b> Alternate Phone: <b>443-799-6692</b>
Other Contact
Name: <b>Chris Anderson</b> Relationship: <b>Husband or Wife</b> Mailing Address: <b>400 Cathedral Street, Apt 7A, Baltimore, MD 21201</b> Daytime Phone: <b>866-867-5309</b> Preferred Language: <b>English</b>

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## Medical

### Conditions

List of physical and mental conditions:

1: **type 2 diabetes**

2: **heart disease**

3: **COPD**

4: **depression**

Height without shoes: **5 feet, 8 inches**

Weight without shoes: **260 pounds**

Conditions cause pain or other symptoms: **Yes**

Seen a healthcare provider or received treatment, or have an appointment scheduled:

For physical conditions: **Yes**

For mental conditions: **Yes**

### Doctors and Other Healthcare Professionals

Doctor/Professional #1: **Dr. Samantha Gupta**

Office Name: **Physicians Associate Group**

Address: **900 Caton Avenue, Suite 301, Catonsville, MD 21229**

Phone: **410-496-9643**

Reason for visits: **diabetes, heart disease, COPD**

Treatments received: **blood pressure and breathing monitored**

First visit: **2001**

Last visit: **03/2011**

Next scheduled appointment: **None**

Doctor/Professional #2: **Dr. Elijah Saunders**

Address: **2200 Kernan Drive, Room 4611, Baltimore, MD 21207**

Phone: **410-328-4266**

Reason for visits: **depression, pain management**

Treatments received: **therapy**

First visit: **11/2008**

Last visit: **06/2011**

Next scheduled appointment: **08/2011**

<b>Hospitals and Clinics</b>
<p>Hospital/Clinic #1: Union Memorial Hospital  Address: 201 East University Parkway, Suite 226, Baltimore, MD 21218  Phone: 410-554-2532  Inpatient Stays: Date In: 03/2011 Date Out: 03/2011  Outpatient Visits: None  Emergency Room Visits: First visit: 2009 Last Visit: 2011  Reason for visits: heart surgery, couldn't breathe well  Treatments received: surgery</p>
<p>Hospital/Clinic #2: Vancouver General Hospital  Address: 855 West 12th Avenue, Vancouver, Canada V5Z 1M9  Phone: 604-875-4111  Inpatient Stays: None  Outpatient Visits: None  Emergency Room Visits: 10/2010  Reason for visits: thought I was having a heart attack  Treatments received: observation</p>
<b>Tests</b>
<p>Test #1: EKG  Sent for test by: Doctor at Vancouver General Hospital  Date of test: 10/2010</p>
<p>Test #2: x-Ray  Test Description: chest  Sent for test by: Doctor at Vancouver General Hospital  Date of test: 10/2010</p>
<b>Medicines</b>
<p>Medicine #1: Singulair  Reason: for breathing  Prescribed by: Dr. Samantha Gupta</p>
<p>Medicine #2: Plavix  Reason: a blood thinner  Prescribed by: Dr. Samantha Gupta</p>
<p>Medicine #3: Cymbalta  Reason: for depression  Prescribed by: Dr. Elijah Saunders</p>
<p>Medicine #4: Tylenol  Reason: for pain  Prescribed by: Dr. Elijah Saunders</p>

<b>Other Medical Records</b>
No Other Medical Records listed
<b>Medical Release</b>
I agree to electronically sign the Medical Release Form and submit it with my completed Adult Disability Report. My electronic signature is the same as my handwritten signature. (Recommended)

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<b>Work/Education</b>
<b>Introduction</b>
Currently working? No, I have never worked
<b>Work Activity</b>
Date became unable to work: 03/04/2011
<b>Job History</b>
Not applicable
<b>Education</b>
Highest grade of school completed: 12th grade Approximate date completed: 1986 Any special training, trade, or vocational school: No Special education classes or other education services: No

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<b>Remarks</b>
<b>Remarks</b>
None

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[N]ext >>



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  - Submit
- Printing Instructions   Submit   Receipt   **Next Steps**

### Next Steps



**Thank you. You have completed two of the three steps in the Disability Application Process.**

You will need to :

- **Complete the Disability Application** (about 15 minutes) by selecting the **Go to Application** button at the bottom of this page; OR file the application online later by going to [www.socialsecurity.gov/disabilityonline/](http://www.socialsecurity.gov/disabilityonline/) and selecting "Apply for Benefits."

**Send Medical Records** if readily available. You can help us make a faster decision on your application by providing us with any medical records you have. Please mail or bring them into your local Social Security office with the [Cover Sheet](#).

Please visit our [Frequently Asked Questions \(FAQ\) page](#) if you need more information about our disability programs.

To contact Social Security:

- Call our toll-free number, **1-800-772-1213**. 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.
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