

HOW TO REQUEST SSA PROGRAM DATA FOR RESEARCH

To request SSA program data for research, you must complete and sign the application below. We require that you provide us with both a printed version and an electronic version of the completed application and other documentation to support your case for approval.

1. Send the printed version of the completed application and support documentation to the Associate Commissioner for Research, Evaluation, and Statistics (ORES) so that we may evaluate our ability to authorize your use of the data for your research project. Address the envelope to:

Office of Research, Evaluation,
and Statistics (ORES)
Office of Policy
Social Security Administration
Attn: Division of Earnings Statistics and Analysis
4-C-15 Operations/ c/o 4th Floor Meadows East Building
6401 Security Boulevard
Baltimore, Maryland 21235;

AND

2. Email the completed application and support documentation electronically to Ores.research.requests@ssa.gov.

NOTE: Generally, we can provide only aggregations, tabulations and/or statistical outputs of SSA program data to qualified researchers. In rare instances, we release micro data, i.e. individual data records with or without identifiers, to state and federal agencies or their contractors/grantees. Micro data records may also be released to non-government entities provided they have signed SSA, Office of Privacy and Disclosure approved consent forms.

These data records may be used for research and statistical purposes only. You may not use the records for programmatic or enforcement purposes. Requestors of micro data **must** complete questions 12 through 14.

If you wish administrative data for specific individuals, we will require you to submit an input file of the subjects. This input file must include the following information for each subject: Social security number (SSN), full name, date of birth, and sex. To insure that we do not give out inaccurate information, we use the full name, date of birth, and sex

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information to validate each SSN. In turn, we provide information ONLY for those records that pass validation. We do not provide information on non-validated SSNs, e.g. a name that does not match the SSN or the SSN is alphanumeric.

- (1) Your name, agency/organization, address, and phone number and the name, organization, address, and phone number of the organization that will be receiving the data (if different);
- (2) A description of your project, its purpose, and the intended outcome (that is, a dissertation, research for publication, fulfillment of a grant or contract and the grant/contract sponsor, etc.). Please note that you may not use SSA micro data files for non-research purposes;
- (3) A description of the way in which this project will further SSA's mission to promote the economic security of the nation's people through its administration of the Old Age and Survivors Insurance Program, the Disability Insurance Program, and/or the Supplemental Security Income Program;
- (4) A description of the types of data needed (that is, indication of receipt of benefits, age, gender, average earnings, etc.). If you are requesting certain variables, please list these as well as the number of cases in your study;
- (5) Indicate the form of data needed to accomplish the purposes of your study. Options include tabulations, statistical outputs, micro data from SSA's program records for individuals, and SSA data for individuals that have been linked to other sources of data. (Reminder: We normally release information in the form of aggregates or individual data that cannot be associated with an individual, and only in rare instances do we release micro data);
- (6) If data are needed for a particular cohort of individuals, describe the information you have on these individuals (for example, social security numbers, names, and dates of birth);
- (7) An indication of the time frame within which you need the data;
- (8) The Employer Identification Number (EIN) of your organization or the institution supporting the research, the Dun & Bradstreet Universal Numbering System (DUNS) Number, and the specific person (and title) who will sign agreements to reimburse SSA for expenses incurred in supplying the data. If you represent a Federal Agency, the Agency Locator Code (ALC), the Treasury Accounting Symbol (TAS), the Business Partner Network (BPN), and the Business Event Type Code (BETC) are also required;
- (9) To protect data from theft or modification, SSA recommends that requestors encrypt all input files submitted to SSA. Submitting unencrypted data to SSA is not recommended and is done at the requestor's own risk.
- (10) Are you a State or Federal Agency or Affiliate of a State or Federal Agency? If yes, please explain relationship, e.g. University of XYZ owned by the State of XXXXX. Proof of affiliation may be required.
- (11) Provide a list of all persons who will have access to the information provided by SSA. In addition to the staff of the requesting organization, include any "other party" receiving (or having contractual or other rights to) any information

provided by SSA. "Other parties" would include consultants, collaborators, contractors, subcontractors, and sponsoring or participating agencies or organizations.

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Persons of the requesting organization must sign the enclosed "Confidentiality Agreement." "Other parties" must sign the enclosed "Conditions of Use Agreement;"

For those requesting micro data:

- (12) A description of other sources of data to which you will be linking SSA data (if applicable);
- (13) Plans to publish or release the research results including whether any supporting documentation will be made available in identifiable form;
- (14) Your completed "SSA Data Protection Plan" (see enclosed "Guidance for Preparing an SSA Data Protection Plan") detailing the procedures and computer configuration to ensure the confidentiality of the data supplied by SSA;
- (15) Length of time you need to retain the data in identifiable form and the location where the data will be housed.
- (16) Planned final disposition of the SSA data to include the date when the data will be destroyed.
- (17) SSA security policy requires that all data transmissions be completed using a secure electronic file transfer protocol such as Secure File Transfer Protocol (SFTPO or a secure Electronic Data Transmission (EDT) capability compliant with SSA standards. Many State and Federal Agencies already have existing electronic file transfer set-ups with SSA. Please describe in detail your current or suggested electronic capability for two data transmissions.

Requestor's Signature

Date

Print Requestor Name Clearly

Title/Affiliation

This information will be forwarded to the Data Request Review Panel. The Review Panel will address issues such as SSA's legal authorization to release the data to you, the types and format of the data to be released, and reimbursement issues.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 4 hours to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information to facilitate your request for research and statistical purposes. Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may result in the delay or denial of your application.

We rarely use the information for any purpose other than the reasons explained above. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including, but not limited to the following:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and
2. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice entitled, Disability Studies, Surveys, Records, and Extracts (Statistics), 60-0196. This notice, additional information regarding our programs and systems are available on-line at www.socialsecurity.gov or at your Social Security office.